

San José State University Research Foundation
FACULTY NEW HIRE FORMS COMPLETION INSTRUCTIONS

Please note: SJSU Research Foundation is an E-Verify employer.

All of these forms must be completed and returned to SJSU Research Foundation Human Resources before beginning any work on the project.

1. **E-Verify**—employment Eligibility Verification. Go to <http://www.newi9.com/> to access the **electronic I-9 Form** and complete the employee section (use Employer Code-14365). **Once you complete employee section online, you will see the list of acceptable documents. You must present “acceptable” documents within 3 days of your hire date to Human Resources or the assigned Location Specialist or HR at 210 N. 4th St, 3rd floor, San Jose, CA 95112.** Please note that the Research Foundation is a separate employer than SJSU and does not have access to SJSU documents.
2. **Appointment Form**- Must be completed by employee and the project director/account signer. The start date on the appointment form will be adjusted according to the e-verify and HR approval date. Employee is not authorized to work until HR approves the form. Please find the form at [NEW ELECTRONIC FACULTY APPOINTMENT FORM USING DOCUSIGN](#).
3. **Confidential Employee Data Form**- Employee provides emergency contact information.
4. **W-4 Form**—Employee’s tax withholding allowance document.
5. **Direct Deposit Form**-Employee provides banking information to deposit the paycheck directly in employee’s account. **Direct deposit is highly encouraged, employees with no direct deposit will be given pay cards. Please see [U.S. Bank Focus Card™ Pre-Acquisition Disclosure](#) for more information on the pay cards.**
6. **Voluntary Self-Identification of Disability**-Employee completes this information.
7. **Conflict of Interest Summary**- Employee reviews and signs.
8. **Statement of Confidentiality & Disclosure of Records**-Employee reviews and signs.
9. **Discrimination, Harassment and Retaliation Prevention Policy Acknowledgement**- Employee reviews and signs.
10. **Handbook Acknowledgement**- Employee reviews and signs.

New hires and rehires can review the [Non-benefited Employee Handbook](#) and [New Hire Information](#) page to familiarize themselves with the Research Foundation’s policies and procedures. If you wish to receive hard copy of these documents, please contact Human Resources at foundation-hr@sjsu.edu.

San José State University Research Foundation

INSTRUCTIONS FOR COMPLETING E-VERIFY

U.S. law requires that employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee hired after November 6, 1986, to work in the United States.

Effective June 1, 2011, the San Jose State University Research Foundation is a designated E-Verify employer. In undertaking and administering this federal compliance initiative, the Research Foundation has partnered with Equifax. Equifax's I-9 management service is fully compliant with government regulations and integrates seamlessly with the government's E-Verify portal and program.

Instructions:

As a new hire/rehire at the Research Foundation, you must complete and sign (electronically) Section 1 no later than the **first day of employment**.

- Go to www.newi9.com to complete the employee section.
- The first page will ask for employer code, type 14365.
- The next screen will ask for the location. Choose location as follows:
 - a. for on campus employees, choose Central office,
 - b. NASA employees, choose NASA
 - c. MLML employees has two locations, MLML and Norte.
 - d. If you do not know your location you can choose 'default'.
- The next page will let you know what information you will be completing and click on 'Continue' button.
- Follow the instructions on following pages to complete your personal and I-9 information.

Once you complete Section 1 in the I-9 portal, a complete list of acceptable documents will be accessible for your review. **You must provide those original documents to your designated site specialist or to Human Resources for verification within three days of your employment.**

If you need additional information regarding e-verify, you can go to this [link](#). If you have any questions or concerns, please feel free to call Research Foundation Human Resources at (408) 924-1460.

San José State University Research Foundation

Confidential Employee Data Form

In order to comply with Affirmative Action and Equal Employment Opportunity laws and regulations, the San Jose State University Research Foundation required to solicit gender and ethnic identification and other information of all our employees. All information provided will be maintained in a confidential Human Resources file and will not be disclosed to other persons, agencies or organizations except with your written consent or as otherwise authorized by law.

Personal Data

Name _____ Home/Cell Phone _____

Work Phone _____ Email _____ Gender _____

Date of Birth _____ Married _____ Ethnicity _____

Disabled _____ Will special accommodation required? _____

If yes, please explain _____

Military Status _____

Emergency Information

Contact Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Check Designee (In case of death or total incapacitation)

Contact Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

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	
▶ 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.		2019			
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 filing separately, check "Married, but withhold at higher Single rate."			
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. • 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.) ▶					
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)	

San José State University Research Foundation

Payment Authorization Form

Fill out the form and return it to Human Resources.

First Name

Last Name

EE ID

Phone no.

Email

Two Convenient Options

Direct Deposit: By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday. If choosing direct deposit, please attach a voided check or copy of check to this form. You can change this information by going to [Employee Online](#) once you are hired. Do not attach a deposit slip.

Fill in the account information and the deduction amount. For each account, you may select a whole dollar amount, 100% or the remaining balance to be deposited:

Bank Name	Routing no.	Account no.	Type of Account	Deduction Amount
			Checking Savings	\$ 100% Remaining balance
			Checking Savings	\$ 100% Remaining balance

Focus Card: With the Focus Card, your pay will be deposited onto a prepaid Visa or Mastercard. Your card can be used anywhere Visa or Mastercard debit cards are accepted worldwide. It's not a credit card and there is no cost to enroll. Fees and transaction limits apply. See Cardholder Agreement and Fee Schedule for details.



I acknowledge receipt of the [Pre-Acquisition Disclosure, the Fee Schedule, and the Pre-Enrollment Disclosures](#), as evidenced by my signature below.

By selecting the payment method above and signing this document, I authorize my employer to initiate credit entries (deposits or loads) and debit entries and adjustments for any credit entries made in error to the bank account or Focus Card indicated above. This authorization will remain in effect until cancelled by me with written notification to Human Resources.

If you do not make a selection, you will automatically receive the Focus Card.

Signature

Date

San José State University Research Foundation

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number
1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.* To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Employee Signature _____

Date _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

San José State University Research Foundation
ACKNOWLEDGEMENT & RECEIPT
OF
Discrimination, Harassment, and Retaliation Prevention Policy

I acknowledge that I have received, read, and that I understand the Research Foundation's *Discrimination, Harassment and Retaliation Prevention Policy*. I agree to abide by and be bound by the rules, provisions and standards set forth in this policy.

I further acknowledge that the Research Foundation reserves the right to revise, delete and add to the provisions of the *Discrimination, Harassment and Retaliation Prevention Policy* at any time and I will be provided notice of the change.

Employee Signature

Print Name

Date

[TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE]

San José State University Research Foundation

Conflict Of Interest Summary

Conflicts of interest, which can be either actual or perceived, are not permitted, regardless of the amount of compensation or time base. A conflict of interest is defined as any situation in which an employee has an outside personal economic interest that actually does or could potentially adversely influence their judgement or actions regarding the best interests of the San Jose State Research Foundation. Where there is a question as to potential conflict, it is expected that each employee will consider and take the most conservative view or approach before deciding to engage or not engage in any endeavor that may be viewed as a conflict.

The following guidelines are used to determine whether a real or apparent conflict of interest exists. Questions concerning potential conflicts of interest should be referred to the Research Foundation's Director of Human Resources or designee.

- a. **Avoidance of Unfair Competitive Advantage:** An employee's outside employment, consulting, or other business activity outside the Research Foundation may not influence decisions made at the Research Foundation in such a way as to give unfair competitive advantage to the outside business organization.
- b. **Separation of Research Foundation and Private Interests:** An employee's outside employment, consulting, or other outside business activity financially must not affect the Research Foundation's dealing with an outside business organization in which the employee or a near relative of the employee has a financial interest as defined by SJSU Academic Senate Policy S99-8 Academic Freedom and Professional Responsibility.
- c. **Use of Privileged or Official Information:** The use of privileged or official information for personal financial gain is a type of conflict of interest and is prohibited. Privileged or official information is information that is known to an individual because of his or her connection with the Research Foundation but is not available to the public. In this connection, the term "privileged information" includes but is not limited to: Medical, Personnel, Salary or Patent Records of Individuals. Individual employees have a right to access their own records except as limited by law. Access to records of other employees is normally limited to legitimate need-to-know situations.
- d. **Protection of Information Not Yet in Public Domain:** A Research Foundation employee, acting as an independent consultant or as an employee of another organization, may not use information, technical skills, or knowledge obtained as a result of Research Foundation employment, that is material or necessary to current or proposed Research Foundation research or development work and that is proprietary to the Research Foundation and not yet in the public domain.
- e. **Non-competitive with Research Foundation Projects:** An employee's consulting or outside employment activity must not compete with current or proposed Research Foundation projects.

The Research Foundation expects each employee to use good judgment and to maintain high ethical standards and honesty in all business dealings. It is the practice of the Research Foundation to respect the rights of its employees to engage in activities outside their employment that are private in nature and which in no way conflict with or reflect upon the Research Foundation or its corporate image.

A complete copy of this policy may be obtained from the Human Resources department.

Acknowledge Receipt: _____

Signature

Date

San José State University Research Foundation

Statement of Confidentiality and Non - Disclosure of Records

Information contained in or pertaining to the business operations of the San Jose State University Research Foundation must be maintained in a confidential manner at all times.

As an employee who has or may be granted access to records in computer information systems, including Human Resources, Payroll, Finance, IT or any other source data, you are required to maintain this information in a confidential manner. Unauthorized access to, modification, deletion or disclosure of information, either internally among employees or departments or externally to outside parties, may compromise the integrity of the Research Foundation's business operations, violate individual rights of privacy, and/or constitute a criminal act.

The Research Foundation's computer information systems, which include third party vendor payroll systems, are to be accessed by authorized users only. Reproduction or distribution of any record, document, or information outside of its intended and approved use either verbally, electronically or by hard copy is strictly prohibited and will result in disciplinary action, up to and including termination of employment.

Further, illegal access and/or misuse of this information may be punishable by fine and/or imprisonment in accordance with applicable local, state and federal laws.

I acknowledge that I have received this information, and agree to adhere accordingly.

Employee Signature

Date

San José State University Research Foundation

Handbook Acknowledgment (Non-Benefited Employees Only)

I acknowledge that I have been given the San José State University Research Foundation (“Research Foundation”) [Employee Handbook](#). I understand that this edition of the Handbook supersedes any and all previous Handbooks and any and all previous summaries, statements, or descriptions of the Research Foundation’s policies, procedures, and employee benefits.

I also understand that this Handbook describes important information about the Research Foundation. This Handbook is presented as a matter of information only, and the Research Foundation reserves the right to change, amend, modify, and/or eliminate any or all of the policies, procedures, or other statements contained in this Handbook at any time, with or without notice, within its sole discretion and judgment.

I understand that I am responsible for reading the Handbook and for knowing and complying with the policies set forth in the Handbook during my employment with the Research Foundation. I have reviewed, or will, in a timely manner, review, the contents of this Handbook, and understand that I have the opportunity to ask or raise any questions or concerns regarding the terms of the Handbook as it relates to my employment status by directing my questions, issues, or concerns to my Manager, functional Director, or the Director of Human Resources. I understand the terms of this Handbook, and I agree to adhere to its provisions, as they may be modified from time to time, as a requirement of my employment.

I understand that nothing contained in this Handbook, as it is currently stated or as may be modified from time to time, should be interpreted as creating any expectation of continued employment or any contract relationship with the Research Foundation. I understand that my employment with the Research Foundation is “At Will,” that is, that both the Research Foundation and I are free to terminate the employment relationship at any time, with or without cause, and with or without advance notice. I also understand that the Research Foundation may demote or discipline me or otherwise alter the terms of my employment at any time at its sole discretion, with or without cause or advance notice. I understand that this “At Will” employment relationship can only be changed by an express written contract signed by the Executive Director of the Research Foundation. The “At Will” employment policy is the sole and entire agreement that exists between the Research Foundation and me as to the duration of employment and the circumstances under which employment may be terminated.

I understand that this signed Employee Acknowledgment will be placed in my personnel file. Additionally, I have been provided link to the [New Hire Information](#) page which contains important information regarding procedures at the Research Foundation and it is my responsibility to follow these guidelines. If you wish to receive a hard copy of handbook and other materials, please contact HR at foundation-hr@sjsu.edu.

Signature

Date

NOTE: Benefited employees will receive ‘Handbook for Benefited Employees’ at the time of benefits orientation.