



## NEW HIRE CHECKLIST

*\*Please attach this checklist to the hiring packet*

**Employee: (Full Name):** \_\_\_\_\_ **Search #:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Department/College** \_\_\_\_\_ **Prepared By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**1. Notification of New Employee:** <https://apps.unr.edu/employeenotification/default.aspx>

*(Complete the form to notify Benefits and other campus services of the new employee)*

**Attach the Following Checklist and Submit to HR:** <http://www.unr.edu/vpaf/hr/forms/#hiring>

DOCUMENT TYPE	FACULTY	LETTER OF APPOINTMENT	POSTDOCTORAL SCHOLAR
Payroll Action Form (PAF)			
Terms of Employment (Contract)			
Salary Data Worksheet (Contract Calculator)		NA	NA
Offer Letter & Signed Acceptance		NA	
Provost approval if offer is <b>over Q2</b>	In e-SEARCH	In e-SEARCH	In e-SEARCH
<b>Pre-Employment Certification</b> (signed) Application Form In e-SEARCH	Signed Application Form in e-Search	<input type="checkbox"/>	Signed Application Form in e-Search
<b>OATH</b> ( Not required if on J-1 Visa)	<input type="checkbox"/> Notarized	<input type="checkbox"/> Notarized	<input type="checkbox"/> Notarized
<b>Personal Data Form</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Application Letter &amp; Resume/Curriculum Vitae (CV)</b>	In e-Search	Retained in hiring dept.	In e-Search
<b>New Hire Policy Acknowledgement Form</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Form I-9</b> (International, check with the OISS 784-6874)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Form W-4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Direct Deposit Form</b>	If provided by employee	If provided by employee	If provided by employee
<b>SSA-1945 &amp; FICA Alternative Enrollment Form</b> Or <b>SSA-1945 and FICA Alternative Enrollment Form – Continuing Employee</b> (if employment began prior to 7/1/05 and has had less than 1 year break-in-service)	SSA-1945 ONLY	<input type="checkbox"/>	SSA-1945 ONLY
<b>Transcripts</b> (HR will attempt to verify academic credentials upon receipt of hiring packet. If unable to verify—HR will notify the employee and official transcripts will need to be sent directly to Faculty HR from granting institution within 30 days of hire)	<input type="checkbox"/> Official	Un-official retained at hiring department	<input type="checkbox"/> Official
<b>Background Check</b> (required beginning July 1, 2012) Contact Jennifer Grogan <a href="mailto:grogan@unr.edu">grogan@unr.edu</a>	<input type="checkbox"/> Initiated	N/A	<input type="checkbox"/> Initiated



## HIRING GUIDELINES

*To do list for your new employees*

Please utilize this checklist in orienting a new employee.

**Retain this page for your records. Do not forward this page to Faculty HR!**

### PRIOR TO START

- E-SEARCH**—Upon receipt of signed offer letter, initiate “New Hire” Checklist, provide employee with hiring packet, and select “Hire Docs Sent” in e-SEARCH
- HIRING PACKET**—Ensure HR receives it at least **5 days prior to start** to establish campus services such as: NetID, e-mail, WebCT, keys, ID card, payroll, P-Card, system security, and to list employee in campus directory
- SYSTEM SECURITY**— If needed, initiate security application for student, financial, or HR systems
- WORKSPACE**—Arrange for desk, computer, phone, department mail box, office supplies, business cards, etc. Provide appropriate software and have IT configure computer with NetID login, e-mail, shared network drives, public folders, etc. **NOTE: ALLOW TWO WEEKS FOR PHONE AND COMPUTING WORK ORDERS**
- CAMPUS ORIENTATIONS**— Required for faculty, and HR will register once hiring paperwork is processed in HRMS. If needed, letter of appointments can register at ([www.cis.unr.edu/training/events.aspx](http://www.cis.unr.edu/training/events.aspx))
- DEPARTMENT ORIENTATION/TRAINING**—Create departmental orientation/training outline
- PARKING**—Communicate parking process and options to employee
- MOVING**— If relevant, facilitate reimbursement form for moving costs
- VISA**—Coordinate with OISS for visa processing, if applicable

### FIRST WEEK –CONDUCT DEPARTMENT ORIENTATION/TRAIING

- TRAINING ON ESSENTIAL JOB FUNCTIONS**
- ORGANIZATIONAL INFORMATION**—Provide departmental goals/mission, and organization chart and governing policies; review of UNR Website (ie: campus directory and other important web pages)
- OFFICE TOUR AND INTRODUCTIONS**—Point out location of restrooms, fire exits, and break area
- OFFICE PROCEDURES**—Ordering office supplies, staff meetings, phone and e-mail distribution lists, dress code
- PHONE AND E-MAIL**— How to use
- LEAVE**—Review the procedure for requesting/accounting for leave
- PAY**—Review paydays and how paychecks are distributed; sign-up for direct deposit
- KEYS**— Provide keys (need a NetID for key assignment)
- PDQ OR ROLE STATEMENT**—Provide PDQ for administrative faculty. For academic faculty, establish time frame to develop role statement.
- EVALUATIONS**— Provide links to evaluation information. **For academic faculty**, contact Institutional Analysis at 784-4546 to add new hire to Digital Measures. Discuss performance review and tenure process
- EMPLOYMENT POLICIES**—Policies and procedures that govern employment
- BENEFITS**—Summary of benefits and resources available such as Employee Assistance Program
- SAFETY**— Identify who to call for service or assistance in case of on-the job injury or emergency (Call “9-911”)
- TRAVEL**—Communicate travel and reimbursement procedures
- TRAINING OR PROFESSIONAL DEVELOPMENT**—Career opportunities, professional organizations, Grant-in-Aid, PD&T, WebCampus, and other training available to employee



## Employee's Hire Documents Cover Page

Welcome to the University of Nevada, Reno! A prompt return of this packet is important because the information generates access to important campus services such as email, WebCT, phone, ID card, etc. This packet should accompany, or follow shortly after, your official offer letter and Terms of Employment. For this reason, both of these items are on the checklist below.

With the return of these documents, you will receive an email about registration for New Hire Orientation. During the New Hire Benefits Orientation you will receive the forms and information necessary to register for the University of Nevada, Reno benefits programs.

### List of Documents

Complete, Sign & Return	Document Name	Other Instructions
<input type="checkbox"/>	Offer Letter	
<input type="checkbox"/>	Terms of Employment	Sign & initial, where appropriate
<input type="checkbox"/>	Employment Contract Attachment (oath)	Must be notarized; may be completed at a later date
<input type="checkbox"/>	Form W-4	
<input type="checkbox"/>	Direct Deposit Form	Optional
<input type="checkbox"/>	Form SSA-1945	
<input type="checkbox"/>	Personal Data Form	
<input type="checkbox"/>	Form I-9	Must be witnessed (see instructions)
<input type="checkbox"/>	New Hire Policy Acknowledgement	Initial, where appropriate

#### Other Action Items:

Initiate visa process by contacting Office of International Students and Scholars at (775) 784-6874 or by emailing [ois@unr.edu](mailto:ois@unr.edu).

## Statement Concerning Your Employment in a Job Not Covered by Social Security

**Employee Name:** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

**Employer Name:** Nevada System of Higher Education **Employer ID#:** 88-6000024 \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### **Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### **Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### **For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplmsw.orders@ssa.gov](mailto:oplmsw.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

## NEVADA SYSTEM OF HIGHER EDUCATION PERSONAL DATA FORM

<b>Campus</b>	<input type="checkbox"/> DRI	<input type="checkbox"/> GBC	<input type="checkbox"/> NSHE	<input type="checkbox"/> TMCC	<input type="checkbox"/> UNR	<input type="checkbox"/> WNC
<b>Action</b>	<input type="checkbox"/> New Employee	<input type="checkbox"/> Address Change*	<input type="checkbox"/> Name Change**	<input type="checkbox"/> Mail Stop Change	<input type="checkbox"/> Other	Effective Date _____
<b>Employee Type</b>	<input type="checkbox"/> Classified	<input type="checkbox"/> Temporary	<input type="checkbox"/> Technical	Employee ID # (if assigned) _____		
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Postdoctoral Scholar	<input type="checkbox"/> Graduate Assistant			
	<input type="checkbox"/> Letter of Appointment	<input type="checkbox"/> Medical Resident	<input type="checkbox"/> Volunteer/Adjunct			

\* This form is for human resources and payroll records only. Additional forms are required for insurance /retirement purposes. Contact your human resources office to obtain those forms.  
 \*\*For name changes a copy of a new Social Security Card, W-4, insurance change form, and retirement membership change form must be provided to the respective HR Office/Payroll.

### EMPLOYEE PERSONAL CONTACT INFORMATION

<b>Employee Name</b>	Last _____	First _____	MI _____
<b>Nickname</b>	If changing name, indicate former name here _____		
<b>Mailing Address*</b>	Street _____	City, State _____	Zip _____
<b>Phone and Email</b>	Phone _____	Email _____	
<b>Emergency Contact</b>	Name _____	Relationship _____	Phone _____

\*Mailing address is confidential with the exception that home address of all new or rehired employees is reported to the State of Nevada Department of Employment, Training and Rehabilitation in accordance with NRS 606.120.

### AFFIRMATIVE ACTION INFORMATION

By Federal mandate this institution collects and maintains the data below. Definitions: <http://www.bcn-nshe.org/hr/employment/categories/>

<b>N E W  E M P L O Y E E  O N L Y</b>	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>U.S. Veteran Status:</b> Check as many as apply or none.  <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Active Wartime or Campaign Badge Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran More information on veteran status at: <a href="http://www.bcn-nshe.org/hr/employment/categories/">http://www.bcn-nshe.org/hr/employment/categories/</a>
	<b>Date of Birth:</b> (mm/dd/yyyy) ____/____/____	
	<b>Are you Hispanic or Latino?</b> A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>U.S. Military Discharge Date:</b> (mm/dd/yyyy) ____/____/____
	<b>Racial Category or Categories:</b> Please select the category(ies) with which you most closely identify (check as many as apply or none). <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Visa Status:</b> Expiration Date(mm/dd/yyyy) ____/____/____  Type _____ (F-1/J-1/H-1B )  Country of Citizenship _____

### EDUCATION INFORMATION

Degree	Month/Year	Major	Name of Institution

**EMPLOYEE SIGNATURE:**

**DATE:**

### WORK INFORMATION TO BE COMPLETED BY THE DEPARTMENT

Department	Mail Stop	Building	
Phone	Fax	Room	
Cell	Email		

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### 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.<sup>1</sup> 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

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

## 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.

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<sup>i</sup> 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](http://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.





University of Nevada, Reno

**Constitutional Oath**

Article 11, Section 5 and Article 15, Section 2 of the Constitution of the State of Nevada require all faculty – including part-time faculty - to subscribe to the oath specified below.

Note: Professional, non-academic staff and faculty participating in foreign exchange programs (typically on J1 Visas) are not required to subscribe to the oath. Faculty on H1B Visas or permanent residents are required to subscribe to the oath.

The oath must be subscribed to before a Notary (or other notarial officer, such as a justice of the peace or judge), and may be executed in any jurisdiction prior to employment.

**I, ....., do solemnly swear (or affirm) that I will support, protect and defend the Constitution and Government of the United States, and the constitution and government of the State of Nevada, against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any state notwithstanding, and that I will well and faithfully perform all the duties of the office of**

**....., on which I am about to enter; (if an oath) so help me God; (if an affirmation) under the pains and penalties of perjury.**

\_\_\_\_\_  
Signature

State of \_\_\_\_\_  
County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_.

(Seal, if any)

\_\_\_\_\_  
Signature of Notarial Officer

Distribution: Original – UNR Human Resources File

# I-9 Form

(Employment Eligibility Verifications)

**\*IMPORTANT\***

**New Hires:** Electronic I-9 must be filled out by employee (complete this part on or before first day of work).

Click here: [Electronic I-9](#)

**Forward** this link to the prospective employee: [https://secure.i9.talx.com/preauthenticated/LoginCAPTCHA.aspx?Employer=17696\[secure.i9.talx.com\]](https://secure.i9.talx.com/preauthenticated/LoginCAPTCHA.aspx?Employer=17696[secure.i9.talx.com])

I-9 Management must be used by the department only (when the employee provides documents within 3 business days of hire). Employer Code: **17696**

Click here: [I-9 Management](#)



## UNR Instructions for Form I-9

### Section 1

U.S. Department of Justice Immigration and Naturalization Service		OMB No. 1115-0136 <b>Employment Eligibility Verification</b>		
Please read instructions carefully before completing this form. The instructions must be available during completion of this form. <b>ANTI-DISCRIMINATION NOTICE:</b> It is illegal to discriminate against work eligible individuals. Employers <b>CANNOT</b> specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.				
<b>Section 1. Employee Information and Verification.</b> To be completed and signed by employee at the time employment begins.				
1	Print Name: Last	First	Middle Initial	2
			Maiden Name	
	Address (Street Name and Number)		Apt. #	4
3	City	State	Zip Code	5
	Social Security #			
	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):	
			<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #)	
7	Employee's Signature		Date (month/day/year)	6

- 1) Enter your “legal” name beginning with last name, first name and middle initial;
- 2) Only enter a “Maiden Name” if your last name is not your birth name due to marriage;
- 3) Enter your complete “Physical Address”;
- 4) Enter your birth date. Be sure to enter the month, day and year;
- 5) Enter your social security number obtained from the Social Security Administration Office of the United States;
- 6) This box is very important and must be correct. If you are a permanent resident or an alien authorized to work in the United States additional information must be provided.
  - **Permanent Resident** – must provide your Alien # which is the number located on your Permanent Resident card;
  - **Alien authorized to work** –the expiration date is located on your I-20, DS2019, I-797 or Work Authorization Form;\*
  - **Alien # or Admission #** - located on your I-94 inside your visa;\*
- 7) Sign your “legal” signature and enter the date that you signed.

\* **If these forms do not apply to you, please contact UNR Human Resources for assistance at (775) 784-6082**

### Section 2

**Form I-9** is needed to establish your payroll record and requires a review of documents that confirm your identity and authorization to work in the United States. This review is typically performed by Human Resources or a department administrator. Important: If you need assistance in obtaining a visa, this form will need to be completed on the University of Nevada, Reno campus.

In order to facilitate the completion of this document on a remote basis, you may take the Form I-9 and your identification to be reviewed by a notary public, accountant, attorney, bank officer or personnel officer (human resources office) of your choosing.

**This note authorizes that individual to be our designated agent in completing Section 2 of the Form I-9 on our behalf** and to review your ORIGINAL documents as specified in the Form I-9 instructions. Even though a public notary may be utilized, the form should not be notarized. These instructions are in accordance with the U.S. Citizenship and Immigration Service web site (<http://www.uscis.gov/portal/site/uscis>) which provides for remote hires (search on “Remote Hires”).

Contact for questions: **Human Resources office for assistance at (775) 784-6082 for assistance**

# W-4 Form

(Employee's Withholding Allowance Certificate)

**\*IMPORTANT\***

This form is to be downloaded directly from the IRS website for each Employment New Hire Packet to ensure the most current form is always being used.

[www.IRS.gov](http://www.IRS.gov)

# Electronic Payment of Payroll

The Board of Regents requires electronic payroll delivery. The primary method for delivering electronic payroll is direct deposit. For employees that do not enroll in direct deposit, NSHE contracts with a commercial bank (Bank of America) to provide a payroll VISA debit card program. This program provides employees with options for accessing their payroll funds, including withdrawal of their full net payroll at VISA member banks (such as but not limited to Bank of America) in the same manner as cashing a check, in addition to typical debit card features such as ATM withdrawals and retail purchases. This program is optional for Federal Work Study students.

## *How do I enroll in direct deposit?*

- 1) Option A: Complete the attached form and include a voided check with your new hire paperwork
- 2) Option B: Use the ESS instructions below to input your direct deposit information

The direct deposit form is also available on the [Payroll website](#) or in person at the Cashier's Office (Fitzgerald Student Services 3<sup>rd</sup> Floor) or Payroll Office (Ross Hall, Room 111).

## *Employee Self Service (ESS) Instructions*

**To access Employee Self-Service you will need your Employee ID number, email address and PIN.** Your PIN is mailed to your home address when your employee record is created by Human Resources. Your Employee ID number is located on each pay advice you receive or you may call Human Resources for the number. For a temporary PIN number, please call Human Resources office at 775-784-6082. To access ESS please log on at: <https://mustang.nevada.edu/hrip/unrlog.htm>

### **Directions:**

- 1) The Home page of Employee Self Service has three quick links: The second quick link is "Go Paperless >>Direct Deposit".
- 2) After selecting the link, under Disbursement Choices you are encouraged to select "Direct deposit/Web advice only-PAPERLESS".
- 3) Select continue and then select the "Enter" button at the bottom of the page.
- 4) You will see a message that says, "Your transaction was successful!"

Employee Self Service also offers the following options:

- Changing W4 information,
- View and print your W2, and
- View and print your check stubs.

## *More Information*

For more information on Debit Cards, fees and services visit <http://www.bcn-nshe.org/payroll/>

# Direct Deposit

Please attach a voided check or verification of account and routing number of your financial institution. **A deposit slip is insufficient documentation.**

This authorization form can be returned through campus mail to the Payroll Department (M/S 122) or submitted in person at the Payroll Office, room 102, Ross Hall, University of Nevada, Reno Campus. It is recommended that **you** contact your bank to verify that the direct deposit is in your account each payday.

## Direct Deposit Request

Name (Please Print) \_\_\_\_\_ ID# \_\_\_\_\_

Campus \_\_\_\_\_ Dept. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Transit # \_\_\_\_\_ Acct. # \_\_\_\_\_

**I hereby authorize my employer to initiate credit entries and if necessary debit entries and adjustments for any credit entries in error to the account indicated by me and the depository to credit and/or debit the same to such account.**

Paperless Notification? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes' please provide email address: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_



University of Nevada, Reno  
Statewide • Worldwide

## New Hire Policy Acknowledgement

I hereby certify that I have received and reviewed the following policy statements:

\_\_\_\_\_ Affordable Care Act Notification for Employee

Initial here

\_\_\_\_\_ NSHE Policy Against Sexual Harassment & Complaint Procedure

Initial here

\_\_\_\_\_ Nevada Workplace Safety

Initial here

\_\_\_\_\_ Alcohol/Drug Free Workplace Policy

Initial here

\_\_\_\_\_ Employee Driver's Acknowledgement (If employee will be driving on NSHE business)

Initial here

\_\_\_\_\_ Acknowledgment of Ethical Standards

Initial here

I acknowledge these policies as conditions of employment with the State of Nevada/NSHE. I understand I must also adhere to the policies set forth in the Board of Regents Code and the University Administrative Manual. I understand I can contact UNR Human Resources if I have any questions about these policies.

Name (print clearly): \_\_\_\_\_  
First Name, MI, Last Name Date

Signature: \_\_\_\_\_

This form is to be returned with the employee's New Hire Documents to their department. The form will be retained in employee's file with UNR Human Resources. The attached policy information (listed above) should be retained by the employee for their records.



**Dear New Hire:**

This notice is provided to you in accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA) and describes your options for medical insurance coverage.

Starting January 1, 2014, all individuals will have to carry medical insurance or pay a penalty (through taxes). For eligible employees, all plans provided by the Nevada System of Higher Education (NSHE) qualify as affordable and meet minimum essential coverage standards under PPACA. Under the PPACA requirement, health insurance is affordable if an employee's share of the health insurance offered only to the employee (doesn't include family plans) is less than 9.5% of the employee's taxable income.

If you are a newly hired employee in the following categories, you **will be eligible** for insurance offered by NSHE on the first day of the full month of employment:

- Classified employees at 50% full-time equivalent (FTE)
- Academic and Administrative Faculty at 50% FTE
- Post-Doctoral scholars at 50% FTE
- Employees on a Letter of Appointment with Benefits who are working at 50% FTE
- Graduate Assistants with a 20-hour or half time appointment or 50% FTE. Lower FTE's are funded on a pro rata basis.
- Medical Resident Physicians

Currently employees **not eligible** for medical insurance through NSHE include:

- Casual, Temporary, Seasonal employees not reasonably expected to be full time or work more than 50% FTE
- Student employees
- Employee on a Letter of Appointment who are working less than 50% FTE

NSHE will utilize a ten (10) month initial measurement period to determine the status of new employees who are not reasonably expected to work full time. If an employee averages more than 130 hours of service per month for the initial measurement period, the employee will be offered coverage starting the first day of the calendar month following the end of the initial measurement period.

Employees who do not meet eligibility requirements and do not have coverage through NSHE vendors may purchase affordable health insurance through Nevada Health Link <https://www.nevadahealthlink.com/>. Nevada Health Link can help ineligible employees select a qualified health plan, determine if you and your family are eligible for a health insurance premium tax credit, reduced premiums as well as assist in calculating the net amount of any premiums that you may be required to buy.

**For questions regarding the Health Insurance Marketplace, the plans that are offered on the Marketplace and the cost of those plans, please contact the Nevada Health Link at:**

**Nevada Health Link**

c/o State Health Insurance Exchange  
2310 S. Carson Street, Suite 2  
Carson City, NV 89701

[www.nevadahealthlink.com](http://www.nevadahealthlink.com)

Telephone: 855-768-5464 [855-7-NVLINK]

Fax: 855-687-9932

E-mail: [contact@exchange.nv.gov](mailto:contact@exchange.nv.gov)

**For questions regarding the plans that are offered to eligible NSHE employees, please contact Benefits office in Business Center North (BCN) at:**

**Business Center North**

70 Artemesia Way, Rm 2  
Reno, NV 89557-0055

<http://www.bcn-nshe.org/hr/benefits/>

Telephone: (775) 784-6844 TDD #784-1706

FAX (775) 784-1146



## Equal Opportunity and Title IX Office

University of Nevada, Reno  
1664 North Virginia Street, MS 0158  
Reno, Nevada 89557  
Jones Center, Room 103-C  
Phone: 775-784-1547  
Fax: 775-784-1972  
[www.unr.edu/eotix](http://www.unr.edu/eotix)

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## Mandatory Sexual Harassment and Discrimination Training

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This training is **mandatory** for **all volunteers, and faculty, staff, and student employees** of the University of Nevada, Reno every two years.

*Nevada Administrative Code (NAC) 284.496 (1.)(2.) states:*

***“1. Within 6 months after an employee is initially appointed to state service, the employee shall attend a certified class concerning the prevention of sexual harassment.***

***2. At least once every 2 years after his [her] initial appointment to state service, an employee shall attend a certified refresher class or training concerning the prevention of sexual harassment.”***

The complete list of available upcoming trainings is on our website:

<http://www.unr.edu/eotix/training-and-workshops>.

You will need to register yourself for one of the upcoming trainings by clicking the registration link to the right of the training date.

There is limited space in each training session and once all spots have been filled the session registration will be closed. Please register as soon as possible to ensure you are able to attend the training session of your choice.

**If you have any questions about registering for this training, please contact:**

Heather Erskine  
Administrative Assistant  
Equal Opportunity & Title IX  
University of Nevada, Reno/0158  
Reno, NV 89557  
Office: 775-784-1547  
Fax: 775-784-1972  
Email: [herskine@unr.edu](mailto:herskine@unr.edu)

**University of Nevada, Reno  
Equal Opportunity/Affirmative Action Office  
Jones Center, Suite 103  
<http://www.unr.edu/eoaa/>  
775-784-1547**

**Mandatory Sexual Harassment/Discrimination Prevention Training Notice  
For Student, Faculty and Staff Employees**

As an employee of the University of Nevada, Reno, Nevada Administrative Code 284.496 (1.) (2.) requires that you attend a mandatory Sexual Harassment/Discrimination Prevention Training *within six months* of your initial appointment into state service. This mandatory training is provided by the UNR Equal Opportunity/Affirmative Action Office and is approximately one hour in length.

Faculty and staff who attend New Hire Benefits Orientation receive this training during orientation.

Please call the EO/AA Office at 784-1547 to register for either New Hire Benefits Orientation or Sexual Harassment/Discrimination Prevention Training.

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**NSHE Policy  
Against Sexual Harassment  
And  
Complaint Procedure**

**Effective May, 2003  
Revised April, 2010**



University of Nevada, Reno

**NSHE POLICY AGAINST SEXUAL HARASSMENT  
AND COMPLAINT PROCEDURE  
BOARD OF REGENTS HANDBOOK  
Title 4, Chapter 8, Section 13**

**Policy Against Discrimination and Sexual Harassment: Complaint Procedure**

**Introduction**

This Policy is divided into three parts:

**Section A** states the NSHE policy against discrimination.

**Section B** states the NSHE policy against sexual harassment.

**Section C** contains the complaint and investigation procedure for discrimination and sexual harassment complaints. These procedures are in addition to disciplinary complaints brought against professional employees or students under Title 2, Chapter 6 of the NSHE Code (or if applicable, institution student codes of conduct), or against classified employees under the Nevada Administrative Code. However, information gathered as part of the complaint process under this section may be used in connection with disciplinary proceedings.

**A. NSHE Non-Discrimination Policy**

**1. Policy Applicability and Sanctions.**

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of discrimination on the basis of a person's age, disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy related condition), military status or military obligations, sexual orientation, national origin, race, or religion. Where discrimination is found to have occurred, the NSHE will act to stop the discrimination, to prevent its recurrence, and to discipline those responsible. No employee or student, either in the workplace or in the academic environment, should be subject to discrimination.

It is expected that students, faculty and staff will treat one another and campus visitors with respect.

**2. Policy Applicability and Sanctions.**

All students, faculty, staff, and other members of the campus community are subject to this policy. Students, faculty, or staff who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the NSHE Code (or in the case of students, any applicable student code of conduct) or, in the case of classified employees, the

Nevada Administrative Code. Other lesser sanctions may be imposed, depending on the circumstances. Complaints may also be filed against visitors, consultants, independent

contractors, service providers and outside vendors whose conduct violates this policy, with a possible sanction of limiting access to institution facilities and other measures to protect the campus community.

### **3. Training.**

All employees shall be given a copy of this policy and each institution's Human Resources Office shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and each institution's Human Resources Office shall maintain documentation that each new employee received the policy. Each institution shall include this policy and complaint procedure in its general catalog. Each institution shall have an on-going non-discrimination training program and shall designate a person or office to be responsible for such training.

### **4. Discriminatory Practices.**

It is illegal to discriminate in any aspect of employment, such as:

- hiring and firing;
- compensation, assignment, or classification of employees;
- transfer, promotion, layoff, or recall;
- job advertisements;
- recruitment;
- testing;
- use of employer's facilities;
- training programs;
- fringe benefits;
- pay, retirement plans, and disability leave; or
- other terms and conditions of employment.

Determining what constitutes discrimination under this policy will be accomplished on a case by case basis and depends upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of discrimination. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include non-discrimination related disciplinary processes as stated above.

Discriminatory practices also include:

- discrimination on the basis of a person's age, disability ( including service-connected disabilities), gender (including pregnancy related condition), military status or military obligations, sexual orientation, national origin, race, or religion;
- retaliation against an individual for filing a charge of discrimination, participating in an investigation, or opposing discriminatory practices; and
- employment decisions based on stereotypes or assumptions about the abilities, traits or performance of individuals of a certain age, disability (including service-connected disabilities), gender (including pregnancy related condition), military status or military obligations, sexual orientation, national origin, race, or religion;
- conduct that has the purpose or effect of substantially interfering with an individual's academic or work performance, or of creating an intimidating, hostile or offensive environment in which to work or learn.

This behavior is unacceptable in the work place and the academic environment. Even one incident, if it is sufficiently serious, may constitute discrimination. One incident, however, does not necessarily constitute discrimination.

## **B. Policy Against Sexual Harassment**

### **1. Sexual Harassment is Illegal Under Federal and State Law.**

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal. No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.

It is expected that students, faculty and staff will treat one another with respect.

### **2. Policy Applicability and Sanctions**

All students, faculty, staff, and other members of the campus community are subject to this policy. Individuals who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the NSHE Code (or applicable Student Code of Conduct)

or, in the case of classified employees, the Nevada Administrative Code. Other, lesser sanctions may be imposed, depending on the circumstances.

### **3. Training.**

All employees shall be given a copy of this policy and each institution's Human Resources Office shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and each institution's Human Resources Office shall maintain a record that each new employee received the policy. Each institution shall include this policy and complaint procedure in its general catalog. Each institution shall have an on-going sexual harassment training program for employees.

### **4. Sexual Harassment Practices.**

Under this policy, unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual or gender bias nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic status;
2. Submission to or rejection of the conduct is used as a basis for academic or employment decisions or evaluations, or permission to participate in an activity; or
3. The conduct has the purpose or effect of substantially interfering with an individual's academic or work performance, or of creating an intimidating, hostile or offensive environment in which to work or learn.

Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- It may occur between individuals of the opposite sex or of the same sex.
- It may occur between students, between peers and/or co-workers, or between individuals in an unequal power relationship (such as by a supervisor with regard to a supervised employee or an instructor regarding a current student).
- It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
- It may consist of repeated actions or may even arise from a single incident if sufficiently severe.
- It may also rise to the level of a criminal offense, such as battery or sexual assault.

Determining what constitutes sexual harassment under this policy is dependent upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of sexual harassment. The specific action taken, if any, in a particular instance depends on the



nature and gravity of the conduct reported, and may include disciplinary processes as stated above.

Examples of unwelcome conduct of a sexual or gender related nature that may constitute sexual harassment may, but do not necessarily, include, and are not limited to:

Sexual assault;

Sexually explicit or gender related statements, comments, questions, jokes, innuendoes, anecdotes, or gestures;

Other than customary handshakes, uninvited touching, patting, hugging, or purposeful brushing against a person's body or other inappropriate touching of an individual's body;

Remarks of a sexual nature about a person's clothing or body;

Use of electronic mail or computer dissemination of sexually oriented, sex-based communications;

Sexual advances, whether or not they involve physical touching;

Requests for sexual favors in exchange for actual or promised job or educational benefits, such as favorable reviews, salary increases, promotions, increased benefits, continued employment, grades, favorable assignments, letters of recommendation;

Displaying sexually suggestive objects, pictures, magazines, cartoons, or screen savers; Inquiries, remarks, or discussions about an individual's sexual experiences or activities and other written or oral references to sexual conduct.

Even one incident, if it is sufficiently serious, may constitute sexual harassment. One incident, however, does not usually constitute sexual harassment.

### **C. Complaint and Investigation Procedure.**

This section provides the complaint and investigation procedure for complaints of discrimination or sexual harassment (except that complaints against students may be referred to student disciplinary processes). The Chancellor (for the System Office) and each president shall designate no fewer than two administrators to receive complaints. The administrators designated to receive the complaints may include the following: (1) the Affirmative Action Program Officer; (2) the Human Resources Officer; or (3) any other officer designated by the president. The President shall also designate a primary investigating officer (Primary Officer) to process all complaints. The Primary Officer may be any of the individuals identified above. All complaints, whether received by the Affirmative Action Officer, Human Resources Officer or other designated officer, must immediately be forwarded to the Primary Officer.

An individual filing a complaint of alleged discrimination or sexual harassment shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by the Primary Officer, or by her designee. It shall be the choice of the individual filing the complaint to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the alleged

victim. The means and manner by which an independent advisor shall be made available shall be determined by each institution or unit.

If anyone in a supervisory, managerial, administrative or executive role or position, such as a supervisor, department chair, or director of a unit, receives a complaint of alleged discrimination or sexual harassment, or observes or becomes aware of conduct that may constitute discrimination or sexual harassment, the person must immediately contact one of the individuals identified above to forward the complaint, to discuss it and/or to report the action taken.

Complaints of discrimination or sexual harassment should be filed as soon as possible, but no later than three hundred (300) calendar days after the discovery of the alleged act of discrimination or sexual harassment with the supervisor, department chair, dean, or one of the administrators listed above and/or designated by the president to receive complaints of alleged sexual harassment or discrimination. Complaints of prohibited conduct, including discrimination or sexual harassment, filed with an institution's administrative officer pursuant to NSHE Code Chapter 6, Section 6.8.1, are not subject to this 300 day filing requirement.

### **1. Employees.**

- a. An employee who believes that he or she has been subjected to discrimination or sexual harassment by anyone is encouraged—but it is neither necessary nor required, particularly if it may be confrontational—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the employee.
- b. The employee may also choose to file a discrimination or sexual harassment complaint with his or her immediate supervisor, who will in turn immediately contact one of the officials listed above.
- c. If the employee feels uncomfortable about discussing the incident with the immediate supervisor, the employee should feel free to bypass the supervisor and file a complaint with one of the other listed officials or with any other supervisor.
- d. After receiving any employee's complaint of an incident of alleged discrimination or sexual harassment, the supervisor will immediately contact any of the individuals listed above to forward the complaint, to discuss it and/or to report the action taken. The supervisor has a responsibility to act even if the individuals involved do not report to that supervisor.

### **2. Students.**

- a. A student who believes that he or she has been subjected to discrimination or sexual harassment by anyone is encouraged—but it is neither necessary nor required particularly if it may be confrontational—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the student.
- b. The student may also choose to file a complaint with his or her major department chair or director of an administrative unit, who will in turn immediately contact one of the officials listed above.

c. If the student feels uncomfortable about discussing the incident with the department chair or director of an administrative unit, the student should feel free to bypass the person and file a complaint with one of the above officials or to any chair, dean, or director of an administrative unit who will in turn immediately contact one of the officials listed above to forward the

complaint, to discuss it and/or to report the action taken. The chair, dean or director of an administrative unit has a responsibility to act even if the individuals involved do not report to that person.

### **3. Non-Employees and Non-Students**

Individuals who are neither NSHE employees nor NSHE students and who believe they have been subjected to discrimination or sexual harassment by a NSHE employee during the employee's work hours or by a NSHE student on campus or at a NSHE-sponsored event may utilize any of the complaint processes set forth above in this section.

### **4. Investigation and Resolution.**

a. After receiving a complaint of the incident or behavior, the Primary Officer, or designee, will initiate an investigation to gather information about the incident. If the Primary Officer is unable to initiate an investigation, due to a conflict or for any other reason, the President shall designate another individual to act as Primary Officer for the matter. Each institution may set guidelines for the manner in which an investigation shall be conducted. The guidelines shall provide for the prompt investigation and resolution of complaints, and shall identify the appropriate management level with final decision-making authority. The guidelines shall, at a minimum, provide the person subject to the complaint with information as to the nature of the complaint, and shall further provide that the person filing the complaint and the person who is the subject of the complaint have a right to be interviewed, identify witnesses and provide documentation pertaining to the complaint. In most cases, an investigation should be completed within 45 calendar days of receipt of the complaint.

b. At the completion of the investigation, a recommendation will be made to the appropriate management regarding the resolution of the matter. The recommendation is advisory only.

c. After the recommendation has been made, a determination will be made by appropriate management regarding the resolution of the matter. If warranted, disciplinary action up to and including involuntary termination or expulsion will be taken. Any such disciplinary action shall be taken, as applicable, in accordance with NSHE Code Chapter 6 (or applicable Student Code of Conduct), or, in the case of classified employees, NAC Chapter 284. Other appropriate actions will be taken to correct problems, if any, caused by the conduct. If proceedings are initiated under Chapter 6, the applicable Student Code of Conduct, or the Nevada Administrative Code, the investigation conducted pursuant to this policy may be used as part of such investigations. The administrative officer, in his or her discretion, may also supplement the investigation with additional investigation.

d. After the appropriate management has made a determination regarding the resolution of the matter, and depending on the circumstances, both parties may be informed of the resolution.

e. In the event actions are taken against an individual under NSHE Code Chapter 6 (or applicable Student Code of Conduct) or NAC Chapter 284, such matters generally remain confidential under those sections, except that final decisions following hearings or appeals of

professional employees and State of Nevada personnel hearings involving classified employees are public records. Student matters generally remain confidential under FERPA.

## **5. Prompt Attention.**

Complaints of discrimination or sexual harassment are taken seriously and will be dealt with promptly. Where discrimination is found to have occurred, the NSHE institution or unit where it occurred will act to stop the discrimination or sexual harassment, to prevent its recurrence, and to discipline those responsible.

## **6. Confidentiality.**

The NSHE recognizes that confidentiality is important. However, confidentiality cannot be guaranteed. The administrators, faculty or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of discrimination or sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible. Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstances where the NSHE is required by law to disclose information (such as in response to legal process), or when an individual is in harm's way.

## **7. Retaliation**

Retaliation against an individual who in good faith complains of alleged discrimination or sexual harassment or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including termination and/or expulsion. Any employee or student bringing a discrimination or sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment and/or academic standing, nor discriminated against, terminated, or expelled because of the complaint. Intentionally providing false information is also grounds for discipline. "Retaliation" may include, but is not limited to, such conduct as:

- the denial of adequate personnel to perform duties;
- frequent replacement of members of the staff;
- frequent and undesirable changes in the location of an office;
- the refusal to assign meaningful work;
- unwarranted disciplinary action;
- unfair work performance evaluations;
- a reduction in pay;
- the denial of a promotion;
- a dismissal;
- a transfer;
- frequent changes in working hours or workdays;
- an unfair grade;
- an unfavorable reference letter.

## **8. False Reports**

Because discrimination and sexual harassment frequently involve interactions between persons that are not witnessed by others, reports of discrimination or sexual harassment cannot always be substantiated by additional evidence. Lack of corroborating evidence or "proof" should not discourage individuals from reporting discrimination or sexual harassment under this policy. However, individuals who make reports that are later found to have been intentionally false or made maliciously without regard for truth, may be subject to disciplinary action under the applicable University and Board of Regents disciplinary procedures. This provision does not apply to reports made in good faith, even if the facts alleged in the report cannot be substantiated by subsequent investigation.

### **9. Supervisors' Responsibilities.**

Every supervisor has responsibility to take reasonable steps intended to prevent acts of discrimination or sexual harassment, which include, but are not limited to:  
Monitoring the work and school environment for signs that discrimination or harassment may be occurring;

Refraining from participation in, or encouragement of actions that could be perceived as discrimination or harassment (verbal or otherwise);

Stopping any observed acts that may be considered discrimination or harassment, and taking appropriate steps to intervene, whether or not the involved individuals are within his/her line of supervision; Taking immediate action to minimize or eliminate the work and/or school contact between the two individuals where there has been a complaint of sexual harassment, pending investigation.

If a supervisor receives a complaint of alleged discrimination or sexual harassment, or observes or becomes aware of conduct that may constitute discrimination or sexual harassment, the supervisor must immediately contact one of the individuals identified above to forward the complaint, to discuss it and/or to report the action taken.

Failure to take the above action to prevent the occurrence of or stop known discrimination or harassment may be grounds for disciplinary action.

### **10. Relationship to Freedom of Expression.**

The NSHE is committed to the principles of free inquiry and free expression. Vigorous discussion and debate are fundamental rights and this policy is not intended to stifle teaching methods or freedom of expression. Discrimination or sexual harassment, however, is neither legally protected expression nor the proper exercise of academic freedom; it compromises the integrity of institutions, the tradition of intellectual freedom and the trust placed in the institutions by their members.



## Stop and Learn Your Rights and Responsibilities



The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.

### EMPLOYEE RIGHTS AND RESPONSIBILITIES

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe on the job.

Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Division of Industrial Relations, Occupational Safety and Health Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us). Also, your employer may be required to have a written workplace safety program.



If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, you are responsible to wear and/or use the equipment.

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor. If you see something that's unsafe, report it to your supervisor.

That's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it is your right to file a complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.



There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. Most on-the-job injuries are covered by Workers' Compensation Insurance - from cuts and bruises to serious accidents. Coverage begins the first minute you're on the job. It is your responsibility to report any on-the-job Injury immediately.

Your employer must file an "Employer's Report of Injury" (C-3 Form) within six working days after the receipt of a "Claim for Compensation" (C-4 Form) from a physician or chiropractor.

Remember, it is fraud to file an industrial insurance claim if you are not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

Any employee who does not understand this document should contact his or her supervisor, employment representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-9140 Reno: (775) 824-4630 Elko: (775) 778-3312 Toll Free: (877) 4SAFENV

## EMPLOYER RIGHTS AND RESPONSIBILITIES

The Safety Consultation and Training Section of the Division of Industrial Relations, Nevada Department of Business & Industry, was created to assist employers in complying with Nevada laws which govern occupational safety and health.

A Nevada employer with 11 or more employees must establish a written workplace safety program. If you have more than 25 employees or if an employer's employees are engaged in the manufacture of explosives, the establishment of a safety committee is also required. The Safety Consultation and Training Section of the Division of Industrial Relations is available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at **no charge**. The Division also offers no cost safety training and informational programs for Nevada employers.



You must maintain a workplace that is free from unsafe conditions. As an employer you are responsible for complying with all Nevada safety and health standards and regulations found in:

- The Nevada Occupational Safety and Health Act, and the
- Occupational Safety and Health Standards and Regulations.

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (Safety Consultation and Training Section and the Occupational Safety and Health Enforcement Section) or on the web at [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us).

You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. You must select someone to administer and enforce occupational safety and health programs in your workplace. Before assigning an employee to a job, you must provide proper training in:

- Safe use of equipment and machinery
- Personal protective gear
- Hazard recognition
- Emergency procedures

You must also inform all employees of the safety rules, regulations and standards which apply to their respective duties. It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made available, upon request, to the affected employee and representatives of the Division of Industrial Relations, Occupational Safety and Health Enforcement Section. The Nevada Safety and Health Poster, provided by the Division of Industrial Relations, must be posted in a prominent place on the job site.

Report immediately to the Division of Industrial Relations (Occupational Safety and Health Enforcement Section) all job-related fatalities, as well as those accidents where three or more employees require hospitalization. Employers must acquire and maintain Workers' Compensation Insurance at all times. You are responsible for filing any workers' compensation claims with your employer.

The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.

Employers shall keep a signed copy of the attached receipt in the employee's personnel file to show he or she has been made aware of these rights and responsibilities.



## **ADDITIONAL INFORMATION**

If you require further information or would like to obtain copies of safety and health standards and regulations, contact the following:

### **State of Nevada Department of Business & Industry Division of Industrial Relations Safety Consultation and Training Section**

In Northern/Central Nevada  
4600 Kietzke Lane, Suite E-144  
Reno, NV 89502  
775--824-4630  
FAX: 775-688--1478

In Southern Nevada  
1301 N. Green Valley Pkwy., Suite 200  
Henderson, NV 89074  
702-486-9140  
FAX: 702-990-0362

In Northeastern Nevada Or Call, Toll-Free  
350 W. Silver Street, Suite 210 1-877-4SAFENV  
Elko, NV 89801 (1-877-472-3368)  
775-778-3312 [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us)  
FAX: 775-778-3412

### **State of Nevada Department of Business & Industry Division of Industrial Relations Occupational Safety and Health Enforcement Section**

In Northern Nevada  
4600 Kietzke Lane,  
Suite F-153  
Reno, NV 89502  
775-824-4600  
FAX: 775-688-1378

In Southern Nevada  
1301 N. Green Valley Pkwy.,  
Suite 200  
Henderson, NV 89074  
702-486-9020  
FAX: 702-990-0358

*A video of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section.*

*This document may be copied. For additional copies, contact the Division of Industrial Relations or visit [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us).*



*State of Nevada Department of Business & Industry  
Division of Industrial Relations Safety Consultation and Training Section  
Las Vegas: (702) 486-9140  
Reno: (775) 824-4630  
Elko: (775) 778-3312  
Toll-Free: (877) 4SAFENV*

**POLICY STATEMENT**  
**ALCOHOL/DRUG FREE WORKPLACE**

Alcohol and drug abuse and the use of alcohol and drugs in the workplace are of concern to the State of Nevada and to the northern institutions of the Nevada System of Higher Education (NSHE). These institutions comply with the Omnibus Anti-Drug Abuse Act of 1988 and the Drug-Free Schools and Communities Act of 1989. It is the policy of this State and of NSHE to ensure that its employees do not report for work in an impaired condition resulting from the use of alcohol or drugs; consume alcohol while on duty; or unlawfully possess or consume any drugs while on duty, at a work site or on State or NSHE property, or while driving an NSHE vehicle. Any employee who violates this policy is subject to disciplinary action.

1. As provided by statute, any employee who **(a)** exhibits signs and symptoms consistent with alcohol and/or drug intoxication; **(b)** is involved in a workplace vehicle accident in accordance with NAC 284.888; **(c)** is involved in a workplace accident for which they seek medical treatment in accordance with NAC 284.888 or who **(d)** applies for a position approved by the Personnel Commission as affecting public safety, is subject to a screening test for alcohol, drugs, or both.
2. Employees found to be under the influence of drugs or alcohol while on duty will be referred to the Employee Assistance Program. Nevada Administrative Code 284.884 defines the maximum concentration of alcohol in blood or breath as greater than .02 grams. The Appointing Authority shall take into consideration the circumstances and actions of the employee in determining appropriate disciplinary action.
3. Each employee is required to inform their supervisor as soon as possible after consuming any drug which could interfere with the safe and efficient performance of the employee's duties (NRS 284.4063).
4. Any employee who is convicted of violating a federal or state law prohibiting the sale of a controlled substance must be terminated as required by NRS 193.105, regardless of where the incident occurred.
5. Any employee who is convicted of driving under the influence in violation of NRS 484.379 or of any other offense for which driving under the influence is an element of the offense is subject to discipline up to and including termination if the offense occurred while he was driving a State vehicle or a privately owned vehicle on State business.
6. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace is prohibited. Any employee who is convicted of unlawfully giving or transferring a controlled substance to another person or who is convicted of unlawfully manufacturing or using a controlled substance while on duty or on the premises of State/NSHE property will be subject to discipline up to and including dismissal.
7. The term, "controlled substance" means any drug defined as such under the regulations adopted pursuant to NRS 453.146. Many of these drugs have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and "crack". They also include "legal drugs" which are not prescribed by a licensed physician.
8. Each employee is required to inform his or her employer in writing within five days after he or she is convicted for violation of any federal or state criminal drug statute when such violation occurred while on duty or on the employer's premises.
9. All of the NSHE health insurance plans include coverage for chemical dependency treatment programs. Coverage differs so please contact your health care provider to find out what benefits are specific to your plan.
10. The NSHE Employee Assistance Program (EAP) also provides help to Nevada System of Higher Education employees and their families with alcohol and/or drug problems. The EAP can be reached by calling 1-877-234-5151. (Español 1-888-732-9020). This assistance is provided by off-campus resources and is completely confidential. Administrative leave may be granted for two visits to the EAP.
11. Faculty and Staff of these institutions may refer students for assistance through the appropriate Student Services office.

This policy is applicable to all employees. Specific federal guidelines, statutory provisions and regulations applicable to this policy are set down in the Drug Free Workplace Act and Chapter 284 of the Nevada Revised Statutes and Nevada Administrative Code.

The policy does not restrict agencies from augmenting the provisions of this policy with additional policies and procedures which are necessary to carry out the regulatory requirements of the Drug Free Workplace Act. In accordance with the *Governor's Alcohol and Drug-Free Workplace Policy*, all new employees must receive a copy of this policy. They are required to sign a form acknowledging receipt of the policy for inclusion in their personnel file.

# Nevada System of Higher Education

## Business Center North

### EMPLOYEE DRIVING RULES

#### Work Related Business

##### Drivers License:

A current valid driver's license is required.

Employees are required to inform their department supervisor of any changes in their driving status, specifically a suspension, cancellation or revocation of a license-within 24 hours or the next business day from the date of the action.

##### Safety:

Seat belts must be worn at all times during vehicle operation and the drive must require all passengers to wear seat belts.

Cell phones can only be used in hands-free mode or while parked and TEXTING IS NOT ALLOWED while driving.

Employees cannot drive a vehicle for work-related business if they are impaired in any way (use of prescription drugs, ill, sleep deprived or under the influence of alcohol or illegal drugs). Use of prescription drugs that may interfere with driving must be reported to a supervisor.

Defensive Driving Training is required post hire and every 4 years thereafter.

##### Accidents:

Accidents that occur during work related business must be reported to a supervisor and the BCN Risk Management Office within 2 hours, or if hospitalized or in a remote location, as soon as possible.

Drug and alcohol testing will be initiated in the event of an accident involving bodily injury or damage to property.

Information and instructions related to a vehicle accidents and 3<sup>rd</sup> party involvement are maintained in the glove box of the NSHE-owned vehicles and must be followed, including calling the police to initiate a report.

Employees that are involved in one or more at-fault traffic accidents during the course of performing their duties may be required to take a defensive driving refresher or a regular class within 3 months of the accident.

Employees that have more than one "at fault" accident while working in a one year period of time, may be asked to obtain a copy of their motor vehicle driving record and submit it for review prior to being allowed to continue to operate a motor vehicle for work purposes.

##### General:

Smoking is not allowed by driver or passengers in a NSHE-owned vehicle.

NSHE/State-owned vehicles cannot be driven for personal use.

Passengers not related to formal NSHE business activities are not allowed in NSHE-owned vehicles.

Employees are personally responsible to pay for any driving or parking citation, regardless if it is received while driving a university or personal automobile, while conducting university-related business.

##### Personal Vehicle Use

Employees who use personal automobiles for NSHE-related business, are responsible to ensure that the vehicle is legally registered and insured and maintained in a safe operating condition. NSHE does not have insurance to cover damages to personal automobiles. An employee's personal automobile insurance is primary in the event of an accident while on work-related business. The mileage rate allowed is intended to compensate for insurance and maintenance costs for personal vehicles.



## **Nevada Executive Branch Employees Acknowledgment of Ethical Standards**

NRS 281A.500(2) requires that each new public employee receive information regarding Nevada Ethical Standards. The Nevada Ethics in Government Manual and a link to NRS 281A can be located on the Nevada Commission on Ethics website at the following: <http://ethics.nv.gov> or on the Division of Human Resource Management's website at: <http://hr.nv.gov/Resources/Forms/Ethics/Ethics/>.

By initialing and signing the UNR/NSHE Classified Employee Policy Acknowledgement, I acknowledge that I have been provided information on Ethics as required by NRS 281A.500(2) and I acknowledge that I must familiarize myself with the Ethics in Government laws as they pertain to my conduct as a public employee.