



IMPORTANT I-9 INFORMATION

Complete the Form I-9 within three (3) business days of your date of hire (see page 7). Submit your citizenship documents in person to the Office of Human Resources between 8 a.m. and 4:30 p.m.

Please read the **List of Acceptable Documents** on p.8 of this packet. You **MUST** show:

- **One original** document from List A
- OR—
- **Two original** documents:
 - one from List B (Identity) **AND**
 - one from List C (work eligibility). *

NOTE: You CANNOT use two documents from the same list to meet the DHS regulations of employment.

COPIES OF DOCUMENTS ARE NOT ACCEPTABLE

* International employees on an F-1, J-1 or H1B visa status must also present form I-20, DS-2019 or I-797 to determine sponsorship and length of employment eligibility.

TAX QUESTIONS

FEDERAL

Internal Revenue Service (IRS)
Taxpayer Assistance 800-829-1040

STATE

Arizona Dept. of Revenue (ADOR)
Taxpayer Assistance 602-255-3381

The ASU Payroll Office cannot offer tax advice.

NEW HIRE PACKET

YOUR NEW EMPLOYEE TO-DO LIST

Before Your First Day

- p.2 **Complete** all requested data on the Personal Data Form
- p.4 *For U.S. Citizens and Permanent Residents only:*
Read, **sign** and date the Public Employee or Officer Loyalty Oath
- p.5 *For Graduate Assistants/Associates and Student Workers only:*
Read and understand the Tax Withholding on Student Wages information. Keep for your records.
- p.6 Read, **sign** and date the Conditions of Employment form.
- p.7 **Complete** Form I-9 as instructed.
- p.9 **Review** New Health Insurance Marketplace Coverage Options

After Your First Day

Go to **My ASU > Faculty or Staff link > My Employment > Payroll**, then:

Complete your Arizona State (A-4) and Federal W-4 forms online:

Payroll > Tax Information > A-4 Tax Information or W-4 Tax Information

FOR DIRECT DEPOSIT OF YOUR PAYCHECK

Complete the direct deposit information online:

Payroll > Direct Deposit

TO GET A PAPER PAYCHECK

Do nothing and your department will be sent your check each pay period.

Go to **My ASU > Faculty or Staff link > Employment > Personal**, then:

Use **Veterans Status link** to **complete** Protected Veteran Post-Offer Invitation to Self-Identify

Use the **Disability Status link** to **complete** Voluntary Self-identification of Disability

RETURN THIS PACKET IN PERSON

DOWNTOWN PHOENIX CAMPUS

Return to your department contact

—OR—

OHR Office Post Office Building
522 N. Central, Room 245, Phoenix 85004

Office Hours: Monday, 9 am. – 4 p.m.

Phone: 855-278-5081

POLYTECHNIC CAMPUS

Return to your department contact.

TEMPE CAMPUS

Office of Human Resources Employee Service Center
University Center (UCNTRA)

1100 E. University Drive, Tempe 85287

Office Hours: Monday–Friday, 8 a.m. – 5 p.m.

Phone: 855-278-5081

WEST CAMPUS

Office of Human Resources
Faculty/Administration Building (FAB), Third Floor South
13591 N. 47th Ave., Phoenix 85306

Office Hours: Monday, Wednesday, Thursday, 8 a.m. – 5 p.m.

Phone: 855-278-5081



Personal Data Form

ASU ID Number		<input type="checkbox"/> New Employee		<input type="checkbox"/> Current Employee		<input type="checkbox"/> Rehire	
Please enter your NAME as it appears on your Social Security card							
Last Name			First Name			Middle Name	
Home Address			Apt/Suite/Unit #	City		State	Zip Code
Mailing Address (if different from Home Address)			Apt/Suite/Unit #	City		State	Zip Code
PHONE NUMBERS (include area code)							
Home:		Cell:		ASU:			
EMAIL ADDRESSES							
Personal:				ASU:			
Social Security Number				Date of Birth			
Marital Status: <input type="checkbox"/> Single (S) <input type="checkbox"/> Married (M) <input type="checkbox"/> Legally Separated (L) <input type="checkbox"/> Divorced (D) <input type="checkbox"/> Widowed (W)							
EMERGENCY CONTACT							
Name:		Relationship:			Phone Number:		
Highest Education Level							
<input type="checkbox"/> Less than H.S. Graduate (B)		<input type="checkbox"/> 2-Year College Degree (F)			<input type="checkbox"/> Doctorate-Academic (J)		
<input type="checkbox"/> H.S. Graduate/Equivalent (C)		<input type="checkbox"/> Bachelor's-Level Degree (G)			<input type="checkbox"/> Doctorate-Professional (K)		
<input type="checkbox"/> Some College (D)		<input type="checkbox"/> Some Graduate School (H)					
<input type="checkbox"/> Technical School (E)		<input type="checkbox"/> Master's-Level Degree (I)					
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male							
Are you Hispanic or Latino? (Definitions on Back)				What is your race? Select one or more (Definitions on Back)			
<input type="checkbox"/> Yes, I am Hispanic or Latino				<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> No, I am not Hispanic or Latino				<input type="checkbox"/> Asian			
				<input type="checkbox"/> Black or African American			
				<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
				<input type="checkbox"/> White			
<p>The information stated above is correct and accurate to the best of my ability. I understand all future changes must be made through MY ASU as soon as possible.</p> <p>Employee Signature: _____ Date: _____</p>							

Race/Ethnicity Definitions

The National Center for Education Statistics bases ethnicity on the following categorization:

HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The National Center for Education Statistics bases race on the following categorizations:

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



PUBLIC EMPLOYEE OR OFFICER LOYALTY

Arizona State University is required by state law to reproduce the following statute and obtain each employee’s signature in paragraph E. Sec. 38-231, Arizona Revised Statutes.

38-231. Officers and employees required to take loyalty oath; form; classification; definition

- A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.
- B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does take and subscribe to the form of oath or affirmation prescribed by this section.
- C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer’s or employee’s term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in section 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in section 13-2301 of the government of this state or any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.
- D. Any of the persons referred to in article XVIII, section 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.
- E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer of employee shall take and subscribe the following oath or affirmation:

State of Arizona, County of Maricopa I, _____ (type or print name) do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of _____ (name of office) according to the best of my ability, so help me God (or so I do affirm). Date _____ (signature of officer or employee)

- F. For the purposes of this section, “officer or employee” means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.



TAX WITHHOLDING ON STUDENT WAGES

Wages paid to a student employee through the payroll system are subject to the following withholding taxes: Federal Income Tax, State Income Tax, and FICA (Social Security and Medicare).

The withholding of federal and state taxes is dependent upon the student's biweekly gross income and how the student files their W-4 and A-4 forms. A student may seek advice from the Internal Revenue Service regarding how to file their W-4 Form by calling the **IRS toll-free number at 1.800.829.1040**. A student may seek advice from the Arizona Department of Revenue regarding how to file their A-4 Form by calling the **toll-free number at 1.800.843.7196**.

The number of credit hours a student is enrolled for at the end of the drop/add period determines whether or not FICA tax is withheld. To be exempt from FICA tax a student must be enrolled at least half time:

Spring or Fall Term (Comprised of Session A and/ or Session B and/or Session C)	Undergraduate	6 or more hours
	Graduate	5 or more hours
	Graduate Assistant*	3 or more hours
Summer Term (Comprised of Session A and/ or Session B and/or Session C)	Undergraduate	2 or more hours
	Graduate	2 or more hours
	Graduate Assistant*	1 or more hours

If break between classes is more than 5 weeks, FICA exemption does not apply.

*For enrollment verification purposes, Graduate Assistant is a generic term used in the table above that includes Graduate Assistants, Graduate Research Assistants/Associates and Graduate Teaching Assistants/Associates.

F1 and J1 Status Non-resident Alien Student Exemption

Non-resident Alien (NRA) student admitted to the United States on an F1 or J1 (Scholar) visa remain in a FICA tax exempt status regardless of the credit-hour enrollment requirement until they have passed the substantial presence test (i.e., been present in the United States more than four calendar years.)

MORE INFO

Substantial presence test: IRS Publication 519 at www.irs.gov/pub/irs-pdf/p519.pdf

ASU Foreign Visitors Tax Guide: cfo.asu.edu/fs-taxguide



CONDITIONS OF EMPLOYMENT FORM

(Required of New Hire)

Instructions

1. Required of ALL EMPLOYEES prior to employment.
2. Please read the following statements and sign.
3. The signed form will be placed in the your personnel file.

False Statements

In applying for positions at ASU, I understand that any false statement, misrepresentations or omission of requested information will disqualify me for employment consideration or cause my subsequent dismissal.

Drug-Free Workplace Requirements

It is prohibited to unlawfully manufacture, sell, possess, distribute, dispense, or use controlled substances in the workplace. As a condition of employment, each staff member must agree to:

1. Abide by the term policy SPP 315 (Drug Free Workplace Requirements).
2. Notify the ASU General Counsel’s Office of any criminal drug conviction for a violation occurring in the workplace within five days after such conviction.

Commercial Driver’s License (CDL)

Any employee who drives or repairs commercial vehicles must have a Commercial Driver’s License (CDL) and is subject to alcohol and drug testing in accordance with the Employee Testing Act of 1991 and the U.S. Department of Transportation/Alcohol and Drug Testing Compliance regulations: 49CFR part 382.102.

Proof of Citizenship

I understand that I will be required to show proof of citizenship or the legal right to work in the United States within 3 working days of the hire date.

Authorization

I authorize ASU to investigate all statements on my application materials, including contacting my professional references. I realize that I have the right to make a written request within 6 months to receive information about the nature and scope of this investigation.

Overtime

The overtime policy of ASU for non-exempt employees is to provide, at its discretion, either one and one-half hours compensatory time off or additional pay at one and one-half times the regular rate of pay for each hour worked in excess of 40 hours per week (exclusive of flexible work schedules/work weeks). The compensatory time off may be preserved, used or cashed out as provided by the Fair Labor Standards Act. I understand and agree to accept this overtime policy as a condition of employment as non-exempt staff with ASU. In the event I am exempt staff at the time of initial hire and subsequently reclassified to non-exempt staff, I understand and agree to accept this overtime policy as a condition of my continued employment. My decision to accept this overtime policy is made knowingly, voluntarily and without coercion by ASU.

I have read and understand the above statements. I verify that the information I have submitted on this form is accurate and complete.

<i>Signature</i>	<i>ASU ID Number</i>	<i>Date Signed</i>
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I-9 Instructions

Per federal regulations, ASU must document that each new employee (both citizen and noncitizen) hired after Nov. 6, 1986, is authorized to work in the United States. To complete this documentation, fill out the Form I-9 online.

NOTE: Paper I-9 forms will continue to be accepted for a limited time, but submitting a paper form may delay your employment eligibility verification.

ONLINE PROCESS

Step 1: Log onto Equifax Employee site: secure.i9.talx.com/preauthenticated/LoginCAPTCHA.aspx?Employer=13789

Step 2: Complete Section 1 of Form I-9:

- **Start date:** Enter your first day of work (listed on your Offer Letter).
- **Location code:** Select the location where you will present your original documentation.
- **Citizenship status:** You must select the correct status based on your situation.
 - Need more details? See p. 2 of the I-9 Instructions: www.uscis.gov/sites/default/files/files/form/i-9.pdf
- Print and/or email confirmation and gather your original documents

Step 3: Visit an ASU Office of Human Resources location to complete Section 2 of Form I-9.

- You must bring the appropriate original documents:
 - Your offer letter and I-9 Confirmation Email
 - The required documentation (see the list on p. 8 of this packet)
 - one (1) document from List A OR
 - two (2) documents, one from List B and one from List C

FIND AN ASU OHR OFFICE LOCATION

cfo.asu.edu/hr-oncampus

PAPER PROCESS

Step 1: Download the paper form: www.uscis.gov/sites/default/files/files/form/i-9.pdf

Step 2: Complete Section 1 of the form in **blue** or **black ink**.

- Remember to sign and date the form after filling out all fields.

Step 3: Visit your department for I-9 verification (OHR offices will only accept online Form I-9)

- Bring appropriate original documents:
One (1) document from List A OR two (2) documents, one from List B and one from List C (see p.8)

QUESTIONS?

By Phone

Employee Service Center
855-ASU-5081 (855-278-5081)

Faculty Services
480-727-9900

Visit the Knowledge Base

asu.service-now.com/ess/search_content.do?sysparm_search_type=knowledge&sysparm_search=I-9

By Email

HRESC@asu.edu

Online

webapp4.asu.edu/myasu/employee/service?src=hr

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 10. School record or report card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information

When key parts of the health care reform law (the Affordable Care Act or ACA) take effect in 2014, there will be a new way to buy health insurance: through the health insurance marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new marketplaces and employment based health coverage offered by your employer.

What is the health insurance marketplace?

The marketplace is designed to help you find health insurance that meets your needs and fits your budget. The marketplace offers "one-stop shopping" to find and compare private health insurance options. You can enroll for health insurance coverage through the Marketplace during an enrollment period that begins in October 2013. Coverage can begin as early as January 1, 2014.

Can I save money on my health insurance premiums in the marketplace?

If you're eligible for coverage through your employer, you most likely will not be eligible for the subsidy through the marketplace because the State of Arizona Benefit Options Plan meets ACA requirements for minimum value and employee-only coverage is intended to be affordable. However, if you're not eligible for medical coverage through your employer, you may be eligible for a subsidy that lowers your monthly premium for coverage purchased through the marketplace.

Please note: The marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If,

for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a subsidy.

Alternatively, if you are not eligible for coverage through your employer, you may qualify for Medicaid depending on your household income. Please visit www.HealthCare.gov for more information.

How will enrolling in the marketplace affect health coverage through my employer?

If you purchase a health plan through the marketplace instead of enrolling for health coverage offered by your employer, you will lose any employer contribution to the State of Arizona Benefit Options Plan. Future enrollment in the State of Arizona Benefit Options Plan will be limited to open enrollment (which typically happens in the fall).

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Office of Human Resources Employee Service Center contact information included in employer information chart.

The marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. Visit <http://www.HealthCare.gov> for more information, including an online application for health insurance coverage and a Health Insurance Marketplace in your area.

Information about health coverage offered by your employer

If you decide to complete an application for coverage in the marketplace, you will

New Health Insurance Marketplace Coverage Options and Your Health Coverage

be asked to provide the information included in the chart below. **This employer information is numbered to correspond to the marketplace application.**

- This coverage provided meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.

If you decide to shop for coverage in the marketplace, <http://www.HealthCare.gov> will guide you through the process. The employer information you can enter when you visit www.HealthCare.gov will help you determine if you can get a subsidy (in the form of a tax credit) to lower your monthly premiums for coverage purchased through the marketplace.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to some employees and dependents. Eligible employees and dependents are:

Defined in the EPO, PPO and HSA plan descriptions (Article 2 Eligibility and Participation) posted on the Benefit Options website www.benefitoptions.az.gov

Employer Information	
3. Employer Name Arizona State University	4. Employer Identification Number (EIN) 86-0196696
5. Employer Address PO BOX 871304	6. Employer Phone Number (855) 278-5081
7. City Tempe	8. State AZ
9. Zip Code 85287-1304	12. E-mail Address <u>HRESC@asu.edu</u>
10. Who can we contact about employee health coverage at this job? Human Resources Employee Service Center	