

**KANSAS STATE UNIVERSITY
APPOINTMENT FORM (University Support Staff and Unclassified)**

REG REQUISITION # _____
(for hires)

REQUIRED	UNIVERSITY SUPPORT STAFF (USS)		UNCLASSIFIED	
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NAME (First, Middle, Last, Suffix)		PREFERRED NAME		
DEPT ID	DEPT NAME	eID		
EMPLOYEE ID	RCD#	*SSN		
EFFECTIVE DATE	END OF APPT DATE	BIRTHDATE		
GENDER	EDUCATION	MARITAL STATUS		

*Employee Notification-Required SSN Disclosure: used for tax withholding, recordkeeping, and government reporting. Solicited per K.S.A. 76-725.

HOME ADDRESS

Ethnic Groups (Mark all that apply)

COUNTRY	Hispanic or Latino?	Yes	No
ADDRESS 1	ETHNIC GROUP: American Indian or Alaska Native		
ADDRESS 2	Asian		
CITY	Black or African American		
COUNTY	ZIP CODE	Native Hawaiian or Pacific Islander	
STATE	HOME PHONE	White	

TAX LOCATION (State where work is performed)	MILITARY STATUS
Disabled	Disabled Veteran

HIRE	ADD CONCURRENT JOB	REHIRE	CORRECT	UPDATE
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ACTION	REASON	POSITION #	JOB CODE
JOB TITLE	REG/TEMP	FULL OR PART TIME	FTE
FLSA	EXEMPT	NON-EXEMPT	9-month basis OR 12-month basis
PAY GRADE	COMP RATE	Hourly	OR Bi-Weekly

EMPLOYMENT DATA (Classified)

PROBATION DATE	EMPLOYMENT STATUS	Probationary	Permanent	Trainee
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BENEFIT PROGRAM PARTICIPATION

BENEFIT PROGRAM	BENEFIT RCD #
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IDENTIFICATION DATA (If not a US Citizen, complete PER-15.)

CITIZENSHIP STATUS	VISA TYPE
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EDUCATION DATA

DEGREE	DATE ACQUIRED	MAJOR
SCHOOL		

UNCLASSIFIED DATA

TENURE	EFF. DATE	TEACHING FAC	FACULTY SENATE
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PREVIOUS EMPLOYMENT	If appointee has previously or is currently employed by State or Local Government, or any other State agency including, KSU, give agency name(s), date(s) of employment and employee ID, if known.
ADDITIONAL INFORMATION	

FUNDING INFORMATION Updated by Departments in HRIS. For department use only.

PROJECT #	PROJECT DESCRIPTION	FUND SOURCE	ORG	AWARD (If applicable)	FTE	ANNUAL AMT

Non-Exempt Positions: hours for Affordable Care Act eligibility will be based on actual hours worked

Exempt Positions: hours for Affordable Care Act eligibility will be based on the FTE equivalency

EMPLOYEE OATH

(K.S.A. 75-4308) I do solemnly (swear) (affirm) that I will support the Constitution of the United States and the Constitution of the State of Kansas and faithfully discharge the duties of my office or employment. So help me God.

Employee's signature _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____ 20__

Notary Public _____

Spoken English Competency must be completed for all new faculty hires. Please complete and attach a PER 20, Faculty and GTA Spoken English Competency Assessment Sheet.

EMPLOYEE SIGNATURE _____

DATE _____

SIGNATURE(S) OF UNIT OR DEPARTMENT HEAD, DEAN AND/OR VICE-PRESIDENT _____

DATE _____

**State of Kansas
SUBSTANCE ABUSE POLICY**

AFFIRMATION FORM

Statement of Policy

Employees are the State of Kansas' most valuable resource and, therefore, their health and safety is a serious concern. The State of Kansas will not tolerate substance abuse or use which imperils the health and well-being of its employees or threatens its service to the public. Furthermore, employees have a right to work in an environment free of substance abuse and with persons free from the effects of drug or alcohol abuse. It shall therefore be the policy of the State of Kansas to maintain a workforce free of substance abuse.

- A. Reporting to work or performing work for the state while impaired by or under the influence of controlled substances or alcohol is prohibited.
- B. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace, or while the employee is on duty, official state business or stand-by-duty.
- C. Violation of such prohibitions by an employee is considered conduct detrimental to state service and may result in a referral to the Employee Assistance Program or discipline in accordance with K.S.A. 75-2949d, or other appropriate administrative regulations.
- D. Employees are required by federal law to notify the employing state agency head in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 - (1) An employee who is convicted of violating any criminal drug statute in such workplace situations as stated above will be subject to discipline in accordance with K.S.A. 75-2949d, or other appropriate administrative regulations.
 - (2) A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury, or both, in any federal or state court.
- E. Agencies that receive federal grants or contracts must, in turn, notify federal granting agencies in writing, within ten calendar days of receiving notice from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.
- F. Employees will be given a copy of the Substance Abuse Policy. Employees will be informed that they must abide by the terms of the policy as a condition of employment and of the consequences of any violation of such policy.

AFFIRMATION OF POLICY

As an employee for the State of Kansas, I affirm that I have read and understand the meaning of the above Substance Abuse Policy. I am aware of the provisions of this policy which is mandated by the Federal Drug-Free Workplace Act, and that a violation of this policy will result in disciplinary action as stated above.

Name of Employee: _____ Soc. Sec. No. _____

Agency Number and Name: _____ Employee ID No. _____

(Signature of Employee)

Date

(Signature of Agency Representative)

Date

**Intellectual Property Agreement
Kansas State University**

Preamble

The Intellectual Property Policy adopted in November 1998 by the Kansas Board of Regents requires that employment contracts or agreements of all Kansas State University employees, including part-time and student employees, will include a formal notice of and acceptance of the KBOR and KSU policies on intellectual property. This form serves as that notice and acceptance. It is completed at the time of initial employment. The original copy will be retained in the employee's personnel records.

One purpose of these intellectual property policies is to foster both the development and the dissemination of useful creations, products or processes. The creation of products and materials is encouraged by providing a mechanism for rewarding their creators. Dissemination of products and materials is encouraged by providing for their protection, thus making their commercial development and public application attractive with the intent of providing the most benefit for society. A second purpose of these policies is to clarify individual rights and institutional rights associated with ownership and with the distribution of benefits that may derive from the creation of various types of intellectual property.

The KSU Intellectual Property Policy may be found online in the University Handbook at <http://www.k-state.edu/provost/universityhb/fhxr.html>. The Kansas Board of Regents policy may be found at http://www.kansasregents.org/about/policies-by-laws-missions/board_policy_manual_2/chapter_ii_governance_state_universities_2

Statement of Agreement:

1. I agree to abide by the stipulations and procedures set forth in the intellectual property policies of Kansas State University and the Kansas Board of Regents, and I agree to assign and do hereby assign to the University my right, title, and interest in inventions resulting from my employment as required by those policies.

2. I will not enter into any agreement creating patent, copyright, or trademark interests or obligations that is in conflict with KBOR and KSU policies.

Signature

Department/Unit

Name (Please Print)

Date

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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

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

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

General Instructions

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

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

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

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2019
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) _____		9 First date of employment _____
		10 Employer identification number (EIN) _____

Please check one: Appointment Change Exempt Renewal

K-4

(Rev. 8-15)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much Kansas income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department of Revenue that: **1)** last year you had the right to a refund

of all STATE income tax withheld because you had no tax liability; and **2)** this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should not exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your

employer. If your employer does not receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A** Allowance Rate: If you are a single filer mark "Single" **A** Single
 If you are married and your spouse has income mark "Single" Joint
 If you are married and your spouse does not work mark "Joint"
- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____
- D** Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____
- F** Add lines **B through E** and enter the total here **F** _____

▼ Cut here and give the lower portion to your employer. Keep the top portion for your records.

K-4

(Rev. 9-12)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Kansas Department of Revenue.

1 Print your first name and middle initial		Last Name	2 Social Security Number	
Mailing Address		3 Allowance Rate Mark the allowance rate selected in line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint		
City or Town, State, and ZIP Code				
4 Total number of allowances you are claiming (from line F above)		4		
5 Enter any additional amount you want withheld from each paycheck (this is optional)		5	\$	
6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line. Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.		6		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.				
SIGN HERE ►		DATE		
7 Employer's name and address			8 EIN (Employer Identification Number)	

State of Kansas Tax Clearance Information Form for Candidates and New Hires

- All citizens of the State of Kansas are expected to fulfill their responsibility to pay their share of state taxes. Through education, enforcement of tax laws, and identification of noncompliance, equal treatment of all taxpayers is ensured. Public trust in state government is strengthened when public servants understand and fulfill their responsibility to pay their share of state taxes. The State of Kansas Tax Clearance Program for New Hires is authorized by Executive Order No.2004-03 signed by Governor Kathleen Sebelius for implementation June 6, 2004.
- Pursuant to Executive Order No. 2004-03, all new employees hired by participating state agencies shall be subject to a tax clearance check.
- Employees of the legislative and judicial branches of state government, employees of elected officials, and students employed by Board of Regents institutions shall not be subject to the tax clearance check for hiring purposes.
- A tax clearance check shall not delay or prevent the hiring of any candidate for employment.
- A tax clearance check consists of a review of the records maintained by the Kansas Department of Revenue for purposes of determining whether an employee is current in the filing of tax returns, payment of tax liabilities and otherwise in compliance with Kansas tax statutes. All information provided to the Department of Revenue shall be confidential. The Department of Administration will electronically submit the hiring information on the new employees to the Department of Revenue.
- If the review of a new employee's tax account(s) indicates that an outstanding tax liability exists or that the new employee is otherwise not in compliance with Kansas law, the employee shall be notified that the tax clearance has been denied. Upon receiving notification of denial the employee shall be required to resolve any outstanding tax liability and correct any form of noncompliance.
- A denial letter does not necessarily mean the employee has done anything wrong or has a tax liability. It simply means the employee should contact the Department of Revenue.
- An outstanding tax liability may be resolved either by payment in full of the balance due or establishment of an installment payment agreement with the Department of Revenue. For Tax Assistance please contact the Department of Revenue at 1-785-368-8222.
- Employees who fail to cooperate with the Department of Revenue in resolving outstanding tax liabilities, including the failure to remain current in making installment payments, shall be referred to the Department of Administration debtor setoff program, under which 25% of an employee's net pay may be offset to satisfy outstanding Kansas tax liabilities. In addition, a collection fee of 17% will be added to the balance.
- All candidates for employment are required to acknowledge that they have been advised of the tax clearance requirement for employees of participating state agencies.

Candidate/Employee Acknowledgement

I acknowledge that I have been informed of the Tax Clearance Program for the State of Kansas and am aware of the requirements for payment, if applicable.

Candidate Name (Signature)

Date

Employee Name (Signature)

Date

Human Resource Office

Date

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAYROLL AND/OR
EMPLOYEE TRAVEL AND EXPENSE REIMBURSEMENT

EMPLOYEE INFORMATION

DEPARTMENT NAME	EMPLOYEE ID	Last four numbers of SSN*	NAME (Last, First, MI)
		XX-XX-	

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION:

You may select up to a maximum of nine accounts within six financial institutions for payroll funds **and only one** account for the travel and expense direct deposit. You should complete additional pages of authorization form, as needed.

SELECT ONE	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Account Change	<input type="checkbox"/> Skylight Paycard Complete Section C Only	EFFECTIVE DATE	
Update Direct Deposit For:	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Only Travel and Expense Direct Deposit	<input type="checkbox"/> Only Payroll Direct Deposit		

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #	
TRANSIT #	
ACCOUNT #	
% NET PAY/AMOUNT	

MARK THE APPROPRIATE BOXES BELOW:

Checking Savings

International ACH Bank – mark this if deposit to this account may be transferred to a financial agency outside the U.S.

Use this account for my travel and expense reimbursements

FINANCIAL INSTITUTION INFORMATION:

NAME	
CITY	

BRANCH			
STATE		ZIP	

ACCOUNT DISTRIBUTION DATA:

PRIORITY #	
TRANSIT #	
ACCOUNT #	
% NET PAY/AMOUNT	

MARK THE APPROPRIATE BOXES BELOW:

Checking Savings

International ACH Bank – mark this if deposit to this account may be transferred to a financial agency outside the U.S.

Use this account for my travel and expense reimbursements

As a new employee, I understand that if only one account is listed above or no travel and expense reimbursement account is selected, the priority#1 account will be the account my travel and expense reimbursement will be deposited into. As a continuing employee, if multiple accounts are listed and no travel and expense account is selected, the priority #1 account will be the account my travel and expense reimbursement will be deposited into. I authorize the State of Kansas to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until the State of Kansas receives written notice from me to change this authorization.

Form must be accompanied by a voided check for checking accounts or deposit slip for savings accounts for EACH account listed.

EMPLOYEE SIGNATURE

DATE