

## ADJUNCT PACKET

### CHECKLIST:

- Offer Letter* (issued through the Dean's office) \*
- Adjunct Application for Employment
- New Hire Orientation Data Collection
- Form W-4
- Form I-9
- Direct Deposit Form/ Void Check
- Email/Web Account Request
- Inquiry of Pension Membership
- Social Security Card (for Payroll purposes) \*\*
- Identification (that complies with the Form I-9) \*\*
- Official* Transcripts (of all degrees earned)
- Ethics Form

### If Applicable:

- Work Authorization
- World Education Services Evaluation

\* Required prior to submitting the checklist items.

\*\*All forms of ID must be presented in their original formats for verification purposes. Copies will be made by respective Dean's Office.

Questions?

Please contact the Office of Human Resources at (908) 737-3300.

## NEXT STEPS

Please contact Heather Brandao by email for a quicker response at [brandaoh@kean.edu](mailto:brandaoh@kean.edu) or by phone (908)-737-3266 to set up an appointment to continue the adjunct hiring process. She is available Monday through Friday 8:00am to 3:30pm excluding 12:00pm to 1:15pm on regular business days (appointments are required) to answer any questions or if you require any additional information.

Please bring the following information indicated below with an (x) to your appointment with the Human Resources department. Please refer to the Human Resources website for access to all forms listed below: <http://www.kean.edu/offices/human-resources/adjunct-faculty>. (**Important Note** – you must have an “Offer Letter” from the Dean’s Office for Human Resources to begin the processing of your application.)

### Documents needed prior to employment:

- x   Adjunct Application for Employment
- x   New Hire Orientation Data Collection
- x   W-4 Form (current year)
- x   Direct Deposit Form/ Voided Check
- x   E-mail/Web Account Request Form
- x   Pension Inquiry form
- x   Ethics Form
- x   the **original/signed** Social Security card (if lost/stolen must immediately initiate the process of replacement with nearest Social Security Administration Office)
- x   Identification (To fulfill the Form I-9)

In order to ensure timely compensation payments, please complete and provide this documentation within fifteen days (15) of receiving your Offer Letter from your respective Dean. If the semester is about to begin, or has begun, you must provide the necessary documentation within three (3) days. Failure to do so, you may be subject to termination of your employment.

**Parking Permits and Identification Card** – Upon receipt of your formal contract, parking permits may be obtained without charge by logging onto <http://www.kean.edu/parking>. Be prepared to enter your Kean ID number, the make and color of your vehicle as well as your VIN (Vehicle Identification Number). Print the receipt at the end of this application. You will need to provide this print out, along with your Kean ID card\* to the Student Accounting office to obtain your parking decal, which will be available for pick up after 72 hours. Please contact the ID OFFICE for hours of operation at [\(908\) 737-3258](tel:9087373258).

\*Prior to picking up your Parking Permit, you must first obtain your Kean ID card. The Photo I.D. Office is located in the Administration Building, 3<sup>rd</sup> floor. There is a nominal charge

for replacement cards if lost. Upon receipt of your card, you may then pick up your decal, located on the same floor.

**Ethics-** Please complete the, “Acknowledgement Receipt” forms and “Disclosure of Outside Activities” form and the “College and University Disclosure Form” provided at the time of your visit. Sign where indicated. The forms must be returned to the respective Dean’s office. If you have questions regarding these forms, please contact the University Counsel office at (908)-737-7028. For your convenience, the following is a link to the Ethics booklet and Training Brochure.

[http://www.kean.edu/sites/default/files/u9/adjunct\\_brochure.pdf](http://www.kean.edu/sites/default/files/u9/adjunct_brochure.pdf)

<http://www.kean.edu/sites/default/files/u9/uniformcode.pdf>

**Orientation Sessions** – You will be contacted by the Office of Academic Affairs concerning an Orientation for New Adjuncts near the beginning of the semester.

**Handbooks** – The Adjunct Faculty Handbook is available online through Kean University’s Human Resource’s website. Please contact the Office of the Human Resources at 908-737-3300 with questions regarding the Handbook and/or Adjunct Union Agreement 2011-2015. For your convenience, the following is a link to the Adjunct handbook.

<http://www.kean.edu/admin/uploads/pdf/hr/AdjunctHandbook.pdf>

### **Human Resources Contact Information**

Heather Brandao  
Adjunct Unit  
Human Resources  
908-737-3266  
[brandaoh@kean.edu](mailto:brandaoh@kean.edu)

Tejal Talati  
Adjunct Unit  
Human Resources  
908-737-3301  
[ttalati@kean.edu](mailto:ttalati@kean.edu)

### **Questions Regarding Pension and Benefits**

Tammina Guillaume  
Pension and Benefits  
Human Resources  
908-737-3314  
[guillaut@kean.edu](mailto:guillaut@kean.edu)

Yrelys Tapanes  
Pension and Benefits  
Human Resources  
908-737-3313  
[ytapanes@kean.edu](mailto:ytapanes@kean.edu)

# KEAN UNIVERSITY

1000 MORRIS AVENUE  
UNION, NJ 07083

Position applied for:

Adjunct     Academic Specialist

## APPLICATION FOR EMPLOYMENT

Availability (Please check each work shift for which you are available):  Day Shift  Evening Shift  Midnight Shift  Weekends

**Please PRINT legibly or TYPE answers. Please be aware that misrepresentation may be cause for removal.**

Last Name	First Name	MI	Date
Street Address			Home Phone #
City	State	Zip	Alternate Phone #
Email Address			Social Security #
Have you ever applied for employment at Kean University? <input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, state month and year):			Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Proof of Age, Education, Military Status, Citizenship and Work Eligibility may be required upon employment offer.**

1. If you are a student, what is your expected graduation date? \_\_\_\_\_
2. Do you possess a driver's license that is valid in New Jersey?     Yes     No
3. Do you possess a Commercial Driver License?     Yes     No  
(Answer question #3 only if it is a requirement as indicated on the job announcement or job specification)
4. Are you either a U.S. citizen or an alien authorized to work in the U.S.?     Yes     No
5. Are you in the U.S. on a visa which permits you to work at Kean University?  Yes     No    Visa Type: \_\_\_\_\_
6. Are you a Veteran?  Yes\*     No  
(\*If yes, have you established Veterans Preference with the New Jersey Civil Service Commission after April 1, 1980?):  
 Yes     No
7. Are you now or have you ever been a member of the NJ State Pension System?  Yes\*     No  
(\*If yes, indicate system name and membership number): \_\_\_\_\_
8. Have you ever worked or been educated under a different name?  Yes\*     No  
(\*If yes, under what name?): \_\_\_\_\_
9. Are you currently on a special or regular reemployment list or any list resulting from an examination administered by the New Jersey Civil Service Commission?  Yes\*     No (\*If yes, provide titles and symbols): \_\_\_\_\_
10. Please list any friends or relatives currently working at Kean University: \_\_\_\_\_
11. Are you currently employed by Kean University?  Yes\*     No (\*If yes, state position): \_\_\_\_\_

### Education, Skills and Abilities

	Name and Location of School	Course of study	No. Years Completed	Did you graduate?	Degree or Diploma
High School (last attended):			1 2 3 4 GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Formal Training (include Military):				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please list any relevant skills, training, licenses, etc. that have given you the knowledge and abilities for this position:**

**List all employment starting with your current or most recent employer, including military experience. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.**

Company Name	Phone #
Address	Employed (Month and Year) From _____ to _____
Name of Supervisor	Last Salary
Job Title and Duties	Reason for Leaving
Company Name	Phone #
Address	Employed (Month and Year) From _____ to _____
Name of Supervisor	Last Salary
Job Title and Duties	Reason for Leaving
Company Name	Phone #
Address	Employed (Month and Year) From _____ to _____
Name of Supervisor	Last Salary
Job Title and Duties	Reason for Leaving

**REFERENCES:** List below 3 people unrelated to you whom we may contact for information concerning your qualifications.

Name	Address	Phone #	Occupation

**Person to Be Notified in Case of Accident or Emergency**

Name	Phone #
Address	Relationship

**Americans with Disabilities Act:** Pursuant to the Americans with Disabilities Act, an individual with a disability may request a reasonable accommodation in order to participate in the employment application process at Kean University. Requests for accommodation should be addressed to the ADA Coordinator in the Office of Human Resources by phone at 908-737-3300 or by email to hr@kean.edu.

**I authorize** my former employers to release any information they may have concerning my employment record and I release Kean University and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of Kean University to verify any and all information contained in this application, including education and to review any and all criminal history, military and disciplinary records of any source.

**I certify** that the information on this application is complete and accurate to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if I become employed by Kean University.

*Signature:*

*Date:*



**Section II: Emergency Contact Information**

*Person to be notified in case of emergency:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Telephone:** \_\_\_\_\_

**Place of Business:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

*Alternate Person to be notified if above named person is unavailable:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Telephone:** \_\_\_\_\_

**Place of Business:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

# Form W-4 (2016)

**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.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>Whether you are 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.</b>		<b>2016</b>
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. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6		\$
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	



### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**



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# E-Mail/Web Account Request Form

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Completed Forms Should Be Returned To:  
(Allow 5 Business Days for Processing)

Kean University  
Account Request: CSS-113  
1000 Morris Avenue  
Union, NJ 07083

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*Please Print or Type All Information Clearly  
(Illegible and incomplete forms will not be processed)*

<b>Name (First, Last):</b>
<b>Colleague ID:</b>
<b>Mailing Address:</b>
<b>City, State, Zip Code:</b>
<b>Daytime Phone:</b>

<b>Affiliation with Kean University:</b> Check one: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Department: _____ <input type="checkbox"/> Student Group: _____ <i>(Desired Department/Student Group name required.)</i>
<b>Access Requested:</b> <input type="checkbox"/> Individual E-Mail Account <input type="checkbox"/> Department/Student Group E-Mail Account - <i>(Form must be completed by Chairperson, Director or Advisor.)</i> <input type="checkbox"/> Web Page – <i>(Individual or Department/Student Group.)</i>
<b>Current TURBO Users:</b> If you have a current <b>TURBO</b> account please supply the User ID: _____

In signing below, I certify that I have read and agree to abide by the Kean University Computer Related Acceptable Use Policy. I agree that I will maintain the privacy of my user ID and password and that I will not enable another person to access information using my account. This account will automatically be deleted upon my termination as an employee, graduation/non-enrollment as a student, or account inactivity of six months.

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**Signature**

**Date**

*For OCIS Use Only----* Do Not Write In This Area

<b>Cougar User ID:</b> _____	<b>Account Group :</b> _____	
<i>Initials</i>	<i>Date</i>	<i>Comments</i>
<b>Affiliation Certification:</b>	_____	_____
<b>Account Created By:</b>	_____	_____

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**KEAN UNIVERSITY**  
**INQUIRY OF PENSION MEMBERSHIP**

**PART A**

1. Are you retired from a New Jersey State-Administered Retirement Plan?  Yes  No  
*If yes*, check the retirement plan from which you retired and indicate the date of your retirement, then skip to PART B.

ABP     PERS     PFRS     SPRS     TPAF

Retirement date: \_\_\_\_\_ Type of Retirement:  Disability  Other

2. Do you currently contribute to a State-Administered Retirement Plan?

Yes  No

*If no*, skip to question 3.

*If yes*, check retirement plan:  ABP  PERS  PFRS  SPRS  TPAF

Your most recent contribution to this retirement account occurred on: \_\_\_\_\_  
Month/Year

What was your employment status?  Full-time  Part-time/Adjunct\*

Name of your location: \_\_\_\_\_

*\*If you were/are an adjunct*, have you filled out an *Election of Retirement Coverage* form?

Yes     No     I do not know

3. If you do not currently contribute to a State-Administered Retirement Plan, have you ever contributed to one in the past?

Yes     No

*If yes*, check the retirement plan you contributed to in the past:

ABP     PERS     PFRS     SPRS     TPAF

Did you withdraw your funds from your past retirement plan?  Yes  No

**PART B**

With my signature below, I certify that the information I provided above is the truth to the best of my knowledge. **Please be advised additional pension forms may be required.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Sign: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
(Kean email **not** required)

For Human Resources Use Only:  
Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Credits: \_\_\_\_\_



**KEAN UNIVERSITY  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize **KEAN UNIVERSITY** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, to my bank accounts indicated below and the financial institutions named below to credit and/or debit the same to such account.

**PRIMARY ACCOUNT**

\_\_\_\_\_ CHECKING ACCOUNT      **select only one  
type of account**  
\_\_\_\_\_ SAVINGS ACCOUNT

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

Address or Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_

Account Number \_\_\_\_\_

**SECOND ACCOUNT  
( if applicable)**

\_\_\_\_\_ CHECKING ACCOUNT      **select only one  
type of account**  
\_\_\_\_\_ SAVINGS ACCOUNT  
\_\_\_\_\_ PERCENT OF NET PAY (remainder will be deposited to your Primary Account)  
**Or**  
\_\_\_\_\_ FIXED AMT (remainder will be deposited to your Primary Account)

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

Address or Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until Kean University has received written notification from me of its termination in such time and in such manner as to afford the University and the Financial Institution a reasonable opportunity to act on it. It is my responsibility to notify the University immediately, should I close or change this account information.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_ Signed X \_\_\_\_\_

PLEASE ATTACH A PHOTOCOPY OF A VOIDED PERSONAL CHECK FOR A CHECKING ACCOUNT OR A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION FOR A SAVINGS ACCOUNT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PAYROLL DEPARTMENT AT 73170.



**Uniform Ethics Code,  
Plain Language Guide to New Jersey's Executive Branch Ethics Standards,  
and Kean University Supplemental Ethics Code**

**Acknowledgment Receipt**

I, \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_, hereby certify that  
(Department)

I have received a copy of the Uniform Ethics Code, Plain Language Guide to New Jersey's Executive Branch Ethics Standards, and Kean University Supplemental Ethics Code as of the date written below. I understand that the Uniform Ethics Code, with attachments, is also available at <http://www.state.nj.us/ethics/docs/ethics/uniformcode.pdf>.

I acknowledge that I am responsible for reading the Uniform Ethics Code, Plain Language Guide to New Jersey's Executive Branch Ethics Standards, and Kean University Supplemental Ethics Code and agree to be bound by the terms and standards contained in all documents.

\_\_\_\_\_  
Signature of Adjunct Faculty Member

\_\_\_\_\_  
Date



## Ethics Standards in Brief – College and University Adjunct Faculty

### Acknowledgment Receipt

I, \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Department)

hereby acknowledge that I have received and reviewed a copy of the ethics brochure entitled, "Ethics Standards in Brief – College and University Adjunct Faculty."

\_\_\_\_\_  
Signature of Adjunct Faculty Member

\_\_\_\_\_  
Date



KEAN  
UNIVERSITY

**STATE OF NEW JERSEY OUTSIDE EMPLOYMENT QUESTIONNAIRE  
FOR SPECIAL STATE OFFICERS AND  
SPECIAL STATE EMPLOYEES**

Name: \_\_\_\_\_

State Position: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Agency Address: \_\_\_\_\_

(Check One) Special State Officer \_\_\_\_\_ Special State Employee \_\_\_\_\_

**Contact Information:**

Telephone Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

**Outside Employment:**

1. Are you currently engaged in any business, trade, profession and/or part-time employment in addition to your State position? \_\_\_ Yes \_\_\_ No

2. Name of outside employer or business: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Describe Responsibilities: \_\_\_\_\_

3. Is your business or employment being performed for or with any other employee or official of your State agency? \_\_\_ Yes \_\_\_ No

4. Does your outside employment or business require/cause you to have contacts with NJ State vendors, consultants or casino license holders? \_\_\_ Yes \_\_\_ No



If yes, explain: \_\_\_\_\_

5. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (ie. Law, Teaching)? \_\_\_Yes \_\_\_No

If yes, type of license \_\_\_\_\_

License is \_\_\_Active \_\_\_Inactive

6. Do you hold outside voluntary position(s)? \_\_\_Yes \_\_\_No

If yes, please list: \_\_\_\_\_

7. Are you an officer in any trade or business organization? \_\_\_Yes \_\_\_No

If yes, please list: \_\_\_\_\_

8. Are you serving in any elected or appointed public office? \_\_\_Yes \_\_\_No

If yes, identify the public office and explain the duties: \_\_\_\_\_

**Relatives:**

(For purposes of this section, "relative" means your spouse, domestic partner, civil union partner or your or your spouse/partner's parent, child, brother, sister, aunt uncle, niece, nephew, grandparent, or grandchild, whether the relative is related to you or your spouse/partner by blood, marriage or adoption.)

9. Are any relatives employed by the State agency on which you serve?

\_\_\_Yes \_\_\_No If yes, please provide name of relative(s): \_\_\_\_\_

10. Are any relatives employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State agency or directly or indirectly receiving funding from the State agency on which you serve? \_\_\_\_ Yes \_\_\_\_ No

If yes, name of family member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that this questionnaire contains no willful misstatement of fact or omission of material fact and that after it is submitted; any future activity subject to disclosure will be reported.

\_\_\_\_\_  
Signature of Special State Officer or Employee

\_\_\_\_\_  
Date