



# New Hire Data Form

Have you previously worked at ATU?  Yes  No

Russellville \_\_\_\_\_  
Ozark \_\_\_\_\_

Employee Classification:  Staff  Faculty  Adjunct  Student Worker  Graduate Assistant  Extra Labor

T Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  male  female  prefer not to say

Full Legal Name: \_\_\_\_\_ Social Security Number (optional): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  Primary  Cell

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Citizenship:  Citizen  Non-Citizen  Resident Alien

Marital Status:  Single  Married  Divorced  Widowed

Ethnicity (choose one):  Hispanic or Latino  Not Hispanic or Latino

Race (choose all that apply):  American Indian or Alaska Native  Asian  White  Hispanic  
 Black/African American  Native Hawaiian or Other Pacific Islander

**OPTIONAL:** Military Status Self-Identification: This information is requested for statistical reporting purposes to government agencies. Completion of this information is voluntary All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject your to any adverse treatment.

Not a Veteran  Active Wartime or Campaign Badge Veteran  Not a Protected Veteran  Other Protected Veteran

Disabled Veteran  Armed Forces Service Medal Veteran  Recently Separated Veteran - Separation Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM**

**This form is to be completed by all interviewed applicants for a position.**

**Definitions for the symbols in questions 1 – 9 below. Please read before continuing.**

- A State Employee** any employee of any state agency employed in a regular salary position or extra-help position not to include contract labor.
- B Former** is defined as within the last 24 months.
- C Constitutional Officer:** Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner, General Assembly member.
- D General Assembly member:** member of the Arkansas Senate or the Arkansas House of Representatives.
- E Relative includes:** husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.
- F Public Official:** constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.
- G Agency or State Agency:** every agency, board, commission, department, division, institution, and other office of state government located within the executive branch of government and under the control of the Governor.

- 1.  Yes  No Are you a current **state employee**<sup>A</sup>?
- 2.  Yes  No Are you a **former**<sup>B</sup> **state employee**<sup>A</sup>?
- 3.  Yes  No Are you a current **Constitutional Officer**<sup>C</sup>?
- 3a.  Yes  No If "Yes", were you employed prior to your election into office?
- 3b.  Yes  No If "Yes", give date elected \_\_\_\_\_
- 4.  Yes  No Are you the spouse of a current **Constitutional Officer**<sup>C</sup>?
- 4a.  Yes  No If "Yes", give spouse's name \_\_\_\_\_  
position/office \_\_\_\_\_
- 4b.  Yes  No If "Yes", is your expected salary above \$37,649 annually or above \$18.10 per hour?
- 5.  Yes  No Are you the spouse of a **former**<sup>B</sup> **Constitutional Officer**<sup>C</sup>?
- 5a.  Yes  No If "Yes", give spouse's name \_\_\_\_\_  
position/office \_\_\_\_\_
- 6.  Yes  No Are you or your spouse a **former**<sup>B</sup> **General Assembly member**<sup>D</sup>?
- 6a.  Yes  No If "Yes", give spouse's name \_\_\_\_\_  
position/office \_\_\_\_\_
- 6b.  Yes  No If "Yes", within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action?
- 7.  Yes  No Are you a **relative**<sup>E</sup> of the **Public Official**<sup>F</sup> in charge of the **agency**<sup>G</sup> in which you are applying?
- 7a.  Yes  No If "Yes", give **relative's**<sup>E</sup> name \_\_\_\_\_  
position/office \_\_\_\_\_  
relationship \_\_\_\_\_
- 8.  Yes  No Are you a **relative**<sup>E</sup> of a **state employee**<sup>A</sup>, state board or commission member or are you a **relative**<sup>E</sup> (**other than the spouse**) of a **Constitutional Officer**<sup>C</sup> or an Arkansas **General Assembly member**<sup>D</sup>?
- 8a.  Yes  No If "Yes", give **relative's**<sup>E</sup> name \_\_\_\_\_  
position/office \_\_\_\_\_  
relationship \_\_\_\_\_
- 9.  Yes  No If you checked "Yes" in #8 above, does this **relative**<sup>E</sup> work within the **state agency**<sup>G</sup> in which you are applying?
- 9a.  Yes  No If "Yes", is the position for which you are applying in the direct line of supervision of your **relative**<sup>E</sup> or will the position be a supervisory employee of the **relative**<sup>E</sup>?

*I understand to be eligible for employment with the State of Arkansas, I must comply with Governor's Executive Order 98-04, ACA §21-1-401-408, and ACA §25-16-1001-1007. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative specifically under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.*

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**EXCERPTS FROM ARKANSAS CODE ANNOTATED §19-11  
SUBCHAPTER 7**

**19-11-702. Penalties.**

Any employee or nonemployee who shall knowingly violate any of the provisions of this subchapter shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

**19-11-706. Employee disclosure requirements.**

(a) **Disclosure of Benefit Received from Contract.** Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.

(b) **Failure to Disclose Benefit Received.** Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

**19-11-709. Restrictions on employment of present and former employees.**

(a) **Contemporaneous Employment Prohibited.** It shall be a breach of ethical standards for any employee who is involved in procurement to become or be, while such an employee, the employee of any party contracting with the state agency by which the employee is employed.

(b) **Restrictions on Former Employees in Matters Connected with Their Former Duties.**

(1) **Permanent Disqualification of Former Employee Personally Involved in a Particular Matter.** It shall be a breach of ethical standards for any former employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy

in which the employee participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while an employee, where the state is a party or has a direct and substantial interest.

(2) **One-Year Representation Restriction Regarding Matters for Which a Former Employee Was Officially Responsible.** It shall be a breach of ethical standards for any former employee, within one (1) year after cessation of the former employee's official responsibility in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy

knowingly to act as a principal or as an agent for anyone other than the state in matters which were within the former employee's official responsibility, where the state is a party or has a direct or substantial interest.

(c) **Disqualification of Partners.**

(1) **When Partner Is a State Employee.** It shall be a breach of ethical standards for a person who is a partner of an employee

knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
  - (B) Contract;
  - (C) Claim; or
  - (D) Charge or controversy
- in which the employee either participates personally and substantially through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise, or which is the subject of the employee's official responsibility, where the state is a party or has a direct and substantial interest.

(2) **When a Partner Is a Former State Employee.** It shall be a breach of ethical standards for a partner of a former employee knowingly to act as a principal or as an agent for anyone other than the state where such former employee is barred under subsection (b) of this section.

(d) (1) **Selling to State After Termination of Employment Is Prohibited.** It shall be a breach of ethical standards for any former employee, unless the former employee's last annual salary did not exceed ten thousand five hundred dollars (\$10,500), to engage in selling or attempting to sell commodities or services to the state for one (1) year following the date employment ceased.

(2) The term "sell", as used in this subsection, means signing a bid, proposal, or contract; negotiating a contract; contacting any employee for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling disputes concerning performance of a contract; or any other liaison activity with a view toward the ultimate consummation of a sale although the actual contract therefore is subsequently negotiated by another person.

(e) (1) This section is not intended to preclude a former employee from accepting employment with private industry solely because his employer is a contractor with this state.

(2) This section is not intended to preclude an employee, a former employee, or a partner of an employee or former employee from filing an action as a taxpayer for alleged violations of this subchapter.

**19-11-712. Civil and administrative remedies against employees who breach ethical standards.**

(a) **Existing Remedies Not Impaired.** Civil and administrative remedies against employees which are in existence on July 1, 1979, shall not be impaired.

(b) **Supplemental Remedies.** In addition to existing remedies for breach of the ethical standards of this subchapter, or regulations promulgated thereunder, the Director of the Department of Finance and Administration may impose any one (1) or more of the following:

- (1) Oral or written warnings or reprimands;
- (2) Forfeiture of pay without suspension;
- (3) Suspension with or without pay for specified periods of time; &
- (4) Termination of employment.

(c) **Right to Recover from Employee Value Received in Breach of Ethical Standards.** The value of anything received by an employee in breach of the ethical standards of this subchapter, or regulations promulgated thereunder, shall be recoverable by the state as provided in § 19-11-714, which refers to recovery of value transferred or received in breach of ethical standards.

(d) **Due Process.** Notice and an opportunity for a hearing shall be provided prior to imposition of any of the remedies set forth in subsection (b) of this section.

## Employee Disclosure Requirements/Restrictions Notice

### Employee Disclosure Requirements Notice

Employees must report any benefit obtained from a state contract by a business in which the employee has a financial interest. Ark. Code Ann. § 19-11-706. The employee must report this benefit to the Director of the Department of Finance and Administration.

A state employee has a "financial interest" in a business if he/she:

- has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- owns more than a five percent (5%) interest in the business; or
- holds a position in the business such as an officer, director, trustee, partner, employee, or the like, or holds any position of management.

Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of Ark. Code Ann. § 19-11-706.

### Employee Disclosure Restriction Notice

State employees are restricted from employment under certain conditions, both during the time they are employed by the state and after they leave state employment. Ark. Code Ann. § 19-11-709. These restrictions include:

- employment of a current state employee involved in procurement by any party contracting with the state;
- former employees from representing anyone other than the state under certain conditions in matters which the employee participated personally and substantially or which were within the former employee's official responsibility;
- partners of a current or former state employee from representing anyone other than the state under certain conditions;
- selling to the state after termination of employment under certain conditions.

Any current or former state employee who violates any of these employment restrictions is in breach of the ethical standards of Ark. Code Ann. § 19-11-709.

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### Penalties for Non-Compliance with Ark. Code Ann. § 19-11-706 or § 19-11-709

In addition to civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose against any employee who fails to comply with Ark. Code Ann. § 19-11-706 or § 19-11-709, after notice and an opportunity for a hearing, any one or more of the following:

- oral or written warnings or reprimands;
- forfeiture of pay without suspension;
- suspension with or without pay for specified periods of time; and
- termination of employment.

Pursuant to Arkansas Code Annotated § 19-11-702, any employee who shall knowingly violate either of these restrictions shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

*I certify that I have read this Notice and the Ark. Code Ann. §§ 19-11-706, 19-11-702, 19-11-709 and 19-11-712 on the reverse side. The Rule promulgated to enforce Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13 & 14, posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the requirement to report as explained in Ark. Code Ann §§ 19-11-706 & 19-11-709, this Notice and the rule.*

Arkansas Tech University

HR at ATU

Agency Name

Hiring Official

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Name of Applicant/Employee (Please Print)

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Applicant/Employee Signature

Date

See back for Arkansas Code Annotated §§ 19-11-702, 19-11-706, 19-11-709 and 19-11-712

**Employee Disclosure Requirements**

In Compliance with Governor's Executive Order 98-04  
Arkansas Code Annotated § 19-11-706

Pursuant to Arkansas Code Annotated § 19-11-706, employees are required to disclose any benefit received from any state contract. Specifically:

- (a) Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.
- (b) Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

This employee disclosure shall be made within 30 days after the employee has actual or constructive notice of a benefit received or to be received. Such disclosure shall be made by completing this **Employee Disclosure Requirements** form and forwarding this completed form to:

Director  
Department of Finance and Administration  
P. O. Box 3278  
Little Rock, AR 72203-3278

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Applicant/Employee Name:

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Agency Name/Division where employed:

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Name of Person/Business involved with State Contract:

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Name of Government Body with which the Business has a Contract:

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Dollar Amount and Nature of Contract:

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Nature and extent of the benefit received or to be received:

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Applicant/Employee Signature

Date

### Section III—Selective Service Status

To be eligible for employment with the State of Arkansas, Ark. Code Ann. §21-3-102 requires you to register, or be exempt from registration, with the Selective Service System.

The undersigned swears or affirms under penalty of perjury that he or she has registered with the Selective Service System, or is exempt from such registration due to the following:

- I am female
- I am a current member of the armed forces on active duty, other than in a reserve of guard unit
- I am under 18 years of age
- I am 26 years of age or older
- I am an exempted resident alien
- Other: \_\_\_\_\_

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Applicant Signature

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Date

## Arkansas Tech University - Non-Disclosure Agreement

This agreement is to ensure that ATU employees who have access to information that contains personal and/or confidential information about ATU employees, students, or other individuals (hereinafter "records") are aware of their responsibility to maintain the privacy and security of such records.

Arkansas Tech University employees are authorized to access and modify records only to the extent necessary to perform their duties. Employees who have access to these records are responsible for protecting them from unauthorized access and inappropriate disclosure.

1. I will access records only as required to perform my assigned duties.
2. I will store and protect records under secure conditions and make every effort to maintain their confidentiality.
3. I will not divulge, copy, release, sell, loan, review, alter, or destroy records except as properly authorized by the appropriate University official within the scope of applicable state or federal laws, record retention schedules, internal policies, and departmental procedures.
4. I will forward all Freedom of Information Act requests and all other external data requests to the University's General Counsel for approval prior to releasing any data.
5. When I release student records, I will divulge only "directory" information, which may include a student's name, address, telephone, major, classification, participation in any officially recognized activities and sports, weight or height of members of athletic teams, dates of attendance, or degrees awarded.
6. I will not allow any other person to login into OneTech, Internet Native Banner, Self Service Banner, Blackboard, or any other University electronic system with my user name and password.
7. I will not use the login ID and password of any other person to access any University electronic system.
8. If I do not know or understand the proper procedure for recording, updating, or deleting an electronic record I will ask someone for assistance and/or training before modifying that record.

I have read the ATU Non-Disclosure Agreement and agree to comply with its provisions. I understand that failure to comply may result in disciplinary action.

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**Printed Name**

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**Signature**

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**Date**

The following is the Campus Security and Fire Safety Report Notice for Arkansas Tech University that is required by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, federal statute codified at 20 U.S.C. § 1092(f), with implementing regulations in the U.S. Code of Federal Regulations at 34 C.F.R. 668.46.

### **The Clery Act**

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, more commonly known as the Clery Act, requires institutions of higher education to distribute to all current and prospective students and employees two types of information: (1) Descriptions of policies related to campus security, and (2) Statistics concerning specific types of crimes. Amendments enacted in 1998, renamed Title II, which is now known as the “Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act.” The amendments require the disclosure of crimes that are reported to police and to campus officials other than police, along with a breakdown of locations of criminal activity to be specified as on-campus, non-campus, residence hall, or public property.

The Clery Annual Security Report is prepared and distributed by the Arkansas Tech University Department of Public Safety. This information along with the Student Right to Know report can be found as a digital version at <http://www.atu.edu/securityact/> and a hard copy can be requested from the Department of Public Safety. To request a copy of the report you can contact DPS at (479) 968-0222. In addition, DOS notifies the University community via email message of the availability of this report and how it can be obtained.

The procedures for preparing the annual disclosure of crime statistics include reporting statistics to the university community are obtained from the following sources: the Arkansas Tech University Department of Public Safety, the Russellville Police Department, the Pope County Sheriff’s Office, the Ozark Police Department, the Franklin County Sheriff’s Department, the Arkansas State Police, Campus Security Authorities, and non-police campus officials. For statistical purposes, crimes reported to any of these sources are recorded in the calendar year the crime was reported. Criminal activities, if any, at off-campus student organizations (those officially recognized by the university) are required to be monitored and reported from information collected from local police agencies. This is required under the Jeanne Clery Disclosure of Campus Security Police and Campus Crime Statistics Act. A written request for statistical information is made to all Campus Security Authorities (as defined by Federal law) which includes, but is not limited to, all university deans, directors, and department heads, the Russellville Police Department, the Pope County Sheriff’s Office, the Ozark Police department, the Franklin County Sheriff’s Department and the Arkansas State Police.

### Acknowledgement

I, \_\_\_\_\_, an employee of Arkansas Tech University, hereby certify that I have received a copy of this agency’s policy regarding the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. I acknowledge that I can obtain a copy of the Clery Act at <http://www.atu.edu/securityact/> and a hard copy can by requested from the Department of Public Safety. To request a copy of the report you can contact DPS at (479) 968-0222.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



## **SMOKE AND DRUG FREE WORKPLACE POLICY**

**Clean Air on Campus Act of 2009; A.C.A. §§6-60-801 through 807; A.C.A. §20-27-1801**

### ***Clean Air on Campus Act***

#### Definitions

“Campus” means all property, including buildings and grounds that are owned or operated by Arkansas Tech University.

“E-cigarette” means an electronic oral device that provides a vapor of nicotine or other substance that, when used or inhaled, simulates smoking, including without limitation a device that:

- A. Is composed of a heating element, battery, or electronic circuit or a combination of heating element, battery, and electronic circuit;
- B. Works in combination with a liquid nicotine delivery device composed, either in whole or in part, of pure nicotine and propylene glycol and manufactured for use with e-cigarettes; and
- C. Is manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, or under any other name or descriptor.

“Employee” means an individual who is employed by a state-supported institution of higher education in consideration for direct or indirect monetary wages or profit;

“Governing authority” means the administrative branch of the state-supported institution of higher education.

“Guest” means a visitor to the campus of a state-supported institution of higher education;

“Secondhand smoke” means smoke:

- A. Emitted from lighted, smoldering, or burning tobacco when the person is not inhaling;
- B. Emitted at the mouthpiece during puff drawing; and
- C. Exhaled by the person smoking.

“Smoking” means inhaling, exhaling, burning, or carrying any:

- A. Lighted tobacco product, including cigarettes, cigars, and pipe tobacco; and
- B. Other lighted combustible plant material; and

“Student” means an individual enrolled in a credit or non-credit course at a state-supported institution of higher education.

#### Specific Provisions

Effective August 1, 2009, use of any tobacco product, including, but not limited to smoking, dipping, or chewing tobacco is prohibited on campus. This policy shall be enforced by the Arkansas Tech University Department of Public Safety.

Smoking or the use of e-cigarettes is prohibited on each campus of state-supported institutions of higher education.

An individual or campus subject to the smoking prohibitions of this section shall not discriminate or retaliate in any manner against a person for making a complaint of a violation of this section or furnishing

information concerning a violation to a person, campus, or governing authority.

Pursuant to Act 743 of 2009, beginning August 1, 2010, any person who smokes on campus shall in addition to the penalties set forth above, be guilty of a violation and upon conviction in Russellville District Court, shall be punished by a fine of not less than (\$100) one hundred dollars nor more than (\$500) five hundred dollars.

### **Student discipline**

Students who violate this policy shall be disciplined as follows:

1. First Offense –Written warning.
2. Second Offense –Six months probation as defined in the Student Code of Conduct.
3. Third and subsequent Offenses - \$50.00 fine.

### **Employee discipline**

Employees who violate this policy shall be disciplined as follows:

1. First offense – written warning
2. Second offense –Written reprimand placed in personnel folder
3. Third and subsequent Offenses - \$50.00 fine

### **Visitors/independent contractor discipline**

Visitors or employees of independent contractors who violate this policy shall be disciplined as follows:

1. First offense –written warning
2. Second offense –banishment from campus

Students may appeal their sanction pursuant to the terms of the Student Code of Conduct. All others may appeal the sanction imposed pursuant to this policy by submitting a written appeal to the Human Resources Committee within five calendar days of the infraction.

### ***Drug Free Workplace***

State agencies that receive federal funds certify that they will maintain a drug free workplace. Failure to do so may result in a suspension of contracted payments, contract termination or debarment from future government awards. Any employees violating this policy will be subject to discipline up to and including termination.

State agencies, boards and commissions are required to certify that they are in compliance with the Drug Free Workplace Act of 1988. It is the policy of the State of Arkansas that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in a state agency's or institution's workplace is prohibited. Violation of this policy can subject employees to discipline up to and including termination. Accordingly, the following are policy statements which shall govern the various forms of controlled substance abuse on the university campus or in the university workplace.

1. The university will not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way illegally transfers a controlled substances to another person, or illegally sells or manufactures a controlled substance, or illegally uses a controlled substance while on the job, on university premises, or in university vehicles will be subject to discipline up to, and including, termination.
2. The term "controlled substance" means any drug listed in 21 USC §812 and other federal regulations. Generally, these are drugs that have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, "crack", and "ice". Also included are

- legal drugs which are not prescribed by a licensed physician.
3. Each employee is required by law to inform the university within five days after he or she is convicted of violation of any federal or state criminal drug statute if such violation occurred on university premises. A conviction means a finding of guilt (including a plea of *nolo contendere*) or the imposition of a sentence by a judge or jury in any federal court, state court, or other court of competent jurisdiction.
  4. The university will notify the federal funding agency of the conviction of any employee for drug use or abuse who is employed in a position utilizing federal funds or a federal grant within ten days of receiving notice of the conviction from the employee or otherwise receiving actual notice of such conviction.
  5. If an employee is convicted of violating any criminal drug statute while in the workplace, he or she will be subject to discipline up to, and including, termination. Alternatively, and at the sole discretion of the university, the employee may be required to successfully complete a drug rehabilitation program sponsored by an approved private or government institution.
  6. Abiding by the Drug-Free Workplace policy is considered to be a condition of employment for all university employees. Human Resources will ensure that all employees acknowledge, in writing, receipt of a copy of this policy.

### **Acknowledgement**

I, \_\_\_\_\_, an employee of Arkansas Tech University, hereby certify that I have received a copy of this agency's policy regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on this agency's premises and violation of this policy can subject me to discipline, up to and including termination. I realize that as a condition of employment on such federal contract, I must abide by the terms of this policy and will notify my employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that my employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information the federal agency.

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Signed

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Date



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <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 individual's status or parole 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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. 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>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS  
Form I-9  
Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here			<b>3</b> \$ _____

<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period	<b>4(c)</b> \$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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 with no other entries on the form; 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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

## STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Print Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### How to Claim Your Withholding

*See instructions below*

**Employee:**

File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.

**Employer:**

Keep this certificate with your records.

1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED

- a.  You claim yourself. *(Enter one exemption)* ..... 1a
- b.  You claim yourself and your spouse. *(Enter two exemptions)* ..... 1b
- c.  Head of Household, and you claim yourself. *(Enter two exemptions)* ..... 1c

2. NUMBER OF CHILDREN or DEPENDENTS. *(Enter one exemption per dependent)* ..... 2

3. TOTAL EXEMPTIONS. *(Add Lines 1a, b, c, and 2)*  
If no exemptions or dependents are claimed, enter zero..... 3

4. Additional amount, if any, you want deducted from each paycheck. *(Enter dollar amount)* ..... 4

5. I qualify for the low-income tax rates. *(See below for details)* ..... 5  
Please check filing status:  Single  Married Filing Jointly  Head of Household

Number of Exemptions  
Claimed

Yes  No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

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

## Instructions

**TYPES OF INCOME** - This form can be used for withholding on all types of income, including pensions and annuities.

**NUMBER OF EXEMPTIONS** – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

**DEPENDENTS** – To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

**CHANGES IN EXEMPTIONS OR DEPENDENTS** – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low-income tax rates if your **total** income from all sources is:

- (a) Single \$13,055 to \$15,700
- (b) Married Filing Jointly \$22,016 to \$26,100  
(1 or less dependents)
- (c) Married Filing Jointly \$26,497 to \$32,200  
(2 or more dependents)
- (d) Head of Household/Qualifying Widow(er) \$18,561 to \$22,600  
(1 or less dependents)
- (e) Head of Household/Qualifying Widow(er) \$22,126 to \$26,000  
(2 or more dependents)

**For additional information consult your employer or write to:**

Arkansas Withholding Tax Section  
P. O. Box 8055  
Little Rock, Arkansas 72203-8055

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# Arkansas Tech University

## Payroll Direct Deposit Authorization Form

Return this completed form with a voided check or direct deposit authorization form to the Payroll Department at 404 N. El Paso Ave.

**Do Not Email or Fax Form**

**You must show an ATU campus ID**

Employee Name \_\_\_\_\_

T# \_\_\_\_\_

Phone # \_\_\_\_\_

Department \_\_\_\_\_

New Enrollment

Change in Current Bank and/or Account

Please read this section and completely fill out the required information. If you are making a change, you must complete all account(s) information in order of priority.

**Banking Priority**— Your net pay can be distributed into different accounts even if they are with different banks. Your pay will be distributed to each account according to the **order** you have listed them below.

**Example:** Priority 1 = \$10.00 to one savings account, priority 2= 100.00 to a checking account, priority 3 would be the balance of your check to either checking or savings account.

**Allocation of Net Pay**— Write in the amount you would like to go into each account **per pay period**, only one dollar amount can be indicated for each account. For the last priority that you use, write "Remaining NET Amount" in the Dollar Amount column.

**You must attach a voided check or direct deposit authorization form from your bank for each account listed to validate the account information.**

Banking Priority	Bank Name	Bank Routing Number	Account Number	C= Checking S=Savings	Dollar Amount
1.					
2.					
3.					
4.					

\*\*\* The total amount of your direct deposit must be equal to your net salary.\*\*\*

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Payroll Office Use	
Initials	Date

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# ARKANSAS TECH UNIVERSITY

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## Holiday Schedule 2024

The holidays listed below will be granted to all non-academic personnel for 2024. When it is necessary for non-academic employees to work on these days, those employees will be granted compensatory time off at a date convenient to the University. Absent of an emergency, employees should only have to work due to continuous operation of a department (power plant operators, public safety officers, coliseum workers, etc.). The supervisor should notify the Payroll Office prior to the holiday if someone is required to work.

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January 1, 2024	Monday	New Years Day
January 15, 2024	Monday	Dr. Martin Luther King, Jr. Birthday
May 27, 2024	Monday	Memorial Day
July 4, 2024	Thursday	Independence Day
September 2, 2024	Monday	Labor Day
November 28, 2024	Thursday	Thanksgiving
November 29, 2024	Friday	Thanksgiving Holiday (If declared by Governor)
December 24, 2024	Tuesday	Christmas Eve
December 25, 2024	Wednesday	Christmas Day
December 26, 2024	Thursday	In lieu of Washington's Birthday
December 27, 2024	Friday	In lieu of Veteran's Day
December 30, 2024	Monday	Annual Leave
December 31, 2024	Tuesday	Annual Leave
Applicable Date		Employee's Birthday

# 2024 ATU Payroll Check Disbursement Dates

## Monthly Employees

<b>January</b>	Wednesday, January 31, 2024
<b>February</b>	Thursday, February 29, 2024
<b>March</b>	Friday, March 29, 2024
<b>April</b>	Tuesday, April 30, 2024
<b>May</b>	Friday, May 31, 2024
<b>June</b>	Friday, June 28, 2024

<b>July</b>	Wednesday, July 31, 2024
<b>August</b>	Friday, August 30, 2024
<b>September</b>	Monday, September 30, 2024
<b>October</b>	Thursday, October 31, 2024
<b>November</b>	Wednesday, November 27, 2024
<b>December</b>	Monday, December 23, 2024

**Monthly employees include full time faculty and staff, graduate assistants (GA), and adjuncts.**

- Adjunct contracts are paid in the fall semester- September to December and in the spring semester- February to May

## Semi-Monthly and Extra Labor

<b>January</b>	Friday, January 12, 2024	Wednesday, January 31, 2024	<b>July</b>	Monday, July 15, 2024	Wednesday, July 31, 2024
<b>February</b>	Thursday, February 15, 2024	Thursday, February 29, 2024	<b>August</b>	Thursday, August 15, 2024	Friday, August 30, 2024
<b>March</b>	Friday, March 15, 2024	Friday, March 29, 2024	<b>September</b>	Friday, September 13, 2024	Monday, September 30, 2024
<b>April</b>	Monday, April 15, 2024	Tuesday, April 30, 2024	<b>October</b>	Tuesday, October 15, 2024	Thursday, October 31, 2024
<b>May</b>	Wednesday, May 15, 2024	Friday, May 31, 2024	<b>November</b>	Friday, November 15, 2024	Wednesday, November 27, 2024
<b>June</b>	Friday, June 14, 2024	Friday, June 28, 2024	<b>December</b>	Friday, December 13, 2024	Monday, December 23, 2024

## Student Workers

<b>January</b>	Friday, January 12, 2024
<b>February</b>	Thursday, February 15, 2024
<b>March</b>	Friday, March 15, 2024
<b>April</b>	Monday, April 15, 2024
<b>May</b>	Wednesday, May 15, 2024
<b>June</b>	Friday, June 14, 2024

<b>July</b>	Monday, July 15, 2024
<b>August</b>	Thursday, August 15, 2024
<b>September</b>	Friday, September 13, 2024
<b>October</b>	Tuesday, October 15, 2024
<b>November</b>	Friday, November 15, 2024
<b>December</b>	Friday, December 13, 2024