



UMDNJ
UNIVERSITY OF MEDICINE &
DENTISTRY OF NEW JERSEY

Federal Work-Study Student Hiring Packet

FEDERAL WORK STUDY

Federal Work Study Program is a need-based Title IV program administered by the Student Financial Aid Office. Federal funds are granted to the University which enables us to create job opportunities for eligible students. Such employments must be in the public interest and the creation of the job must not result in displacement of currently employed workers, or impair existing contracts for services. Monies allocated to UMDNJ, combined with a 25% contribution from the employing department, pay 100% of the student's salary.

In the spring prior to the start of the upcoming academic year, the Student Financial Aid Office sends to all Department Heads, Key Personnel and previous FWS employers a cover letter with a Federal Work-Study Job Description Form and a FWS Community Service explanation. Any department interested in employing Federal Work-Study student(s) for the upcoming academic year must completed the Federal Work-Study Department Request Form

COMMUNITY SERVICE

Community services are defined as services that are identified by the institution of higher education through formal or informal consultation with local nonprofit, governmental and community-based organizations, as designed to improve the quality of life for community residents, particularly low income individuals or to solve particular problems related to their needs.

The salary for Community Services employment is covered 100% by the Office of Student Financial Aid Matching Reserve Account.

Community service jobs may be set up on or off-campus and may provide "direct" or "indirect" services. The primary component of an allowable community service job is that the services provided by the job are "open and accessible to the community and that they meet the regulatory and statutory provisions pertaining to the applicable FWS Program employment limitations and conditions."



UMDNJ
UNIVERSITY OF MEDICINE &
DENTISTRY OF NEW JERSEY

UMDNJ – Department of Human Resources Work-Study Student Information Sheet

Please Print

Name _____
(Last Name) (First Name/Initial) (Middle Initial/Name) (University ID #)

Address _____
(Street) (Apt. #) (City) (State) (ZIP Code)

Home # _____ Cell/Alt.# _____

Emergency Contact Information

Name _____ Relationship _____
(Last Name) (First Name)

Address _____
(Street) (Apt. #) (City) (State) (ZIP Code)

Home # _____ Work # _____

Cell # _____ Alt.# _____

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • 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 _____
C	Enter "1" for your spouse. 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.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H _____

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ 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.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em; margin: 0;">2011</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, 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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete 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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$	_____
6	Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 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.

**State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate**

1. SS#			2. Filing Status: (Check only one box)		
Name			1. <input type="checkbox"/> Single		
Address			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City			State	Zip	3. <input type="checkbox"/> Married/Civil Union Couple Separate
					4. <input type="checkbox"/> Head of Household
					5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here					3.
4. Total number of allowances you are claiming (see instructions)					4.
5. Additional amount you want deducted from each pay					5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here . . .					6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature				Date	
Employer's Name and Address				Employer Identification Number	

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Couple Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union couple works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION COUPLE SEPARATE** and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED JOINT/CIVIL UNION COUPLE**, and your wages combined with your spouse's/civil union partner wages plus your taxable non-wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOWER/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable non-wage income will be \$20,000 or less for the current year.
- Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is **not intended to provide withholding for other income or wages**. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(ers)/surviving civil union partner. **Single individuals or married/civil union couples filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

		Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R	0 10,000		B	B	B	B	B	B	B	B	B	B
	10,001 20,000		B	B	B	B	C	C	C	C	C	C
	20,001 30,000		B	B	B	A	A	D	D	D	D	D
	30,001 40,000		B	B	A	A	A	A	A	E	E	E
	40,001 50,000		B	C	A	A	A	A	A	E	E	E
	50,001 60,000		B	C	D	A	A	A	E	E	E	E
	60,001 70,000		B	C	D	A	A	E	E	E	E	E
	70,001 80,000		B	C	D	E	E	E	E	E	E	E
	80,001 90,000		B	C	D	E	E	E	E	E	E	E
	over 90,000		B	C	D	E	E	E	E	E	E	E
W A G E S	0 10,000		B	B	B	B	B	B	B	B	B	B
	10,001 20,000		B	B	B	B	C	C	C	C	C	C
	20,001 30,000		B	B	B	A	A	D	D	D	D	D
	30,001 40,000		B	B	A	A	A	A	A	E	E	E
	40,001 50,000		B	C	A	A	A	A	A	E	E	E
	50,001 60,000		B	C	D	A	A	A	E	E	E	E
	60,001 70,000		B	C	D	A	A	E	E	E	E	E
	70,001 80,000		B	C	D	E	E	E	E	E	E	E
	80,001 90,000		B	C	D	E	E	E	E	E	E	E
	over 90,000		B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have:

RATE 'A'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	1.5%	Of Excess Over	Over	But Not Over	Of Excess Over	1.5%	Of Excess Over
\$ 0	\$ 384	\$ 0		\$ 0	\$ 0	\$ 20,000	\$ 0		\$ 0
\$ 384	\$ 673	\$ 384	5.76 + 2.0%	\$ 384	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%		\$ 20,000
\$ 673	\$ 769	\$ 673	11.54 + 3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%		\$ 35,000
\$ 769	\$ 1,442	\$ 769	15.28 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%		\$ 40,000
\$ 1,442		\$ 1,442	56.34 + 7.0%	\$ 1,442	\$ 75,000		\$ 2,930.00 + 7.0%		\$ 75,000
\$ 9,615		\$ 9,615	628.45 + 9.9%	\$ 9,615	\$ 500,000		\$ 32,680.00 + 9.9%		\$ 500,000

RATE 'B'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	1.5%	Of Excess Over	Over	But Not Over	Of Excess Over	1.5%	Of Excess Over
\$ 0	\$ 384	\$ 0		\$ 0	\$ 0	\$ 20,000	\$ 0		\$ 0
\$ 384	\$ 961	\$ 384	5.76 + 2.0%	\$ 384	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%		\$ 20,000
\$ 961	\$ 1,346	\$ 961	17.30 + 2.7%	\$ 961	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%		\$ 50,000
\$ 1,346	\$ 1,538	\$ 1,346	27.70 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%		\$ 70,000
\$ 1,538	\$ 2,884	\$ 1,538	35.18 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%		\$ 80,000
\$ 2,884		\$ 2,884	117.29 + 7.0%	\$ 2,884	\$ 150,000		\$ 6,100.00 + 7.0%		\$ 150,000
\$ 9,615		\$ 9,615	588.46 + 9.9%	\$ 9,615	\$ 500,000		\$ 30,600.00 + 9.9%		\$ 500,000

RATE 'C'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	1.5%	Of Excess Over	Over	But Not Over	Of Excess Over	1.5%	Of Excess Over
\$ 0	\$ 384	\$ 0		\$ 0	\$ 0	\$ 20,000	\$ 0		\$ 0
\$ 384	\$ 769	\$ 384	5.76 + 2.3%	\$ 384	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%		\$ 20,000
\$ 769	\$ 961	\$ 769	14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%		\$ 40,000
\$ 961	\$ 1,153	\$ 961	19.99 + 3.5%	\$ 961	\$ 50,000	\$ 60,000	\$ 1,040.00 + 3.5%		\$ 50,000
\$ 1,153	\$ 2,884	\$ 1,153	26.71 + 5.6%	\$ 1,153	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%		\$ 60,000
\$ 2,884		\$ 2,884	123.65 + 6.6%	\$ 2,884	\$ 150,000		\$ 6,430.00 + 6.6%		\$ 150,000
\$ 9,615		\$ 9,615	567.90 + 9.9%	\$ 9,615	\$ 500,000		\$ 29,530.00 + 9.9%		\$ 500,000

RATE 'D'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	1.5%	Of Excess Over	Over	But Not Over	Of Excess Over	1.5%	Of Excess Over
\$ 0	\$ 384	\$ 0		\$ 0	\$ 0	\$ 20,000	\$ 0		\$ 0
\$ 384	\$ 769	\$ 384	5.76 + 2.7%	\$ 384	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%		\$ 20,000
\$ 769	\$ 961	\$ 769	16.16 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%		\$ 40,000
\$ 961	\$ 1,153	\$ 961	22.68 + 4.3%	\$ 961	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%		\$ 50,000
\$ 1,153	\$ 2,884	\$ 1,153	30.94 + 5.6%	\$ 1,153	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%		\$ 60,000
\$ 2,884		\$ 2,884	127.88 + 6.5%	\$ 2,884	\$ 150,000		\$ 6,650.00 + 6.5%		\$ 150,000
\$ 9,615		\$ 9,615	565.40 + 9.9%	\$ 9,615	\$ 500,000		\$ 29,400.00 + 9.9%		\$ 500,000

RATE 'E'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	1.5%	Of Excess Over	Over	But Not Over	Of Excess Over	1.5%	Of Excess Over
\$ 0	\$ 384	\$ 0		\$ 0	\$ 0	\$ 20,000	\$ 0		\$ 0
\$ 384	\$ 673	\$ 384	5.76 + 2.0%	\$ 384	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%		\$ 20,000
\$ 673	\$ 1,923	\$ 673	11.54 + 5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%		\$ 35,000
\$ 1,923		\$ 1,923	84.04 + 6.5%	\$ 1,923	\$ 100,000		\$ 4,370.00 + 6.5%		\$ 100,000
\$ 9,615		\$ 9,615	584.20 + 9.9%	\$ 9,615	\$ 500,000		\$ 30,370.00 + 9.9%		\$ 500,000

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	AND
1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		
4. Employment Authorization Document that contains a photograph (Form I-766)		
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
	5. U.S. Military card or draft record	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	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	8. Native American tribal document
9. Driver's license issued by a Canadian government authority		6. U.S. Citizen ID Card (Form I-197)
For persons under age 18 who are unable to present a document listed above:		
10. School record or report card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
11. Clinic, doctor, or hospital record		
12. Day-care or nursery school record		
		8. Employment authorization document issued by the Department of Homeland Security

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

UMDNJ - EMPLOYEE CONDUCT AND PERFORMANCE

As an employee of the University of Medicine and Dentistry of New Jersey, you are expected to conduct yourself in an ethical and professional manner consistent with State and Federal laws, regulations and University policies. Failure to do so may result in disciplinary action, up to and including termination of employment (even on the first offense). Listed below are conduct and performance guidelines for your reference. This list is not intended to cover every possible situation that may arise, however, it will provide you with a basic understanding of a number of common types of unacceptable conduct or performance:

- Falsification of the UMDNJ Employment Application, related documents or other UMDNJ records.
- Unauthorized employment while on a leave of absence.
- Felony convictions.
- Failure to demonstrate fitness for duty.
- Unsatisfactory work performance.
- Soliciting tips or gratuities from patients or visitors or unauthorized soliciting of employees.
- Inappropriate or unprofessional behavior.
- Immoral action which would discredit the University.
- Indecent or disorderly conduct of any nature.
- Theft, fraud, or misappropriation of property.
- Sleeping/loafing during work hours.
- Video/Tape (audio) recording of employees, patients or visitors without proper authorization.
- Failure to cooperate in an official investigation.
- Gambling on UMDNJ premises during or after working hours.
- Failure to comply with your Supervisor's instructions/assignments (insubordination).
- Violating the University's Attendance Control Policy.
- Lacking an understanding of Departmental and University emergency operation procedures as well as emergency numbers.
- Non compliance with safety regulations.
- Failure to comply with the University's Code of Conduct/Conflict of Interest policy.
- Removing University property without proper authorization.
- Failure to complete your time sheets accurately. Signing, punching or swiping in or out for a coworker's time is strictly prohibited.
- Reporting to work under the influence of intoxicants, alcohol or illegal drugs. Remember you should not possess, distribute, sell, transfer or use alcohol or illegal drugs in the work place, while on duty or while operating University owned vehicles or equipment.
- Harassing other employees, students, patients, or visitors. Using of racial, religious or sexual epithets.
- Threatening, intimidating, coercing or fighting with employees, students, patients or visitors.
- Using vile or abusive language.
- Possession Unauthorized firearms or other types of weapons
- Violating the University's smoke-free environment. Smoking is prohibited at all UMDNJ facilities.
- Breaching the confidentiality of University information/documents.
- Patient Abuse or neglect.
- Misuse of the University's Computer System/Internet.
- Violating the University's HIPAA Policy.

COMPLIANCE

The University of Medicine and Dentistry of New Jersey has a tradition of ethical and responsible conduct. Each employee of UMDNJ is expected to adhere to this standard whenever he or she acts on behalf of UMDNJ.

To that end, a Compliance Program has been established to define and govern the conduct expected of employees, to provide guidance on resolving questions related to business conduct and ethical issues, and to establish a mechanism by which employees can report possible violations.

Listed below are certain activities which are strictly prohibited. Staff members who engage in these or other prohibited activities may be disciplined and may be subject to termination even for the first offense, depending on the seriousness and intensity of the violation. This list is not intended to cover every possible situation that may arise, but is designed to give you a basic understanding of common types of unacceptable conduct or performance.

Failure to satisfy mandatory compliance training requirements. Failure to adhere to the Code of Conduct. Failure to cooperate with internal attorneys, auditors and compliance officer during investigations and audits. Disclosing information in violation of the privacy rights of our patients. Failure to report possible violations of law or ethical standards. Failure to abide by UMDNJ's Conflict of Interest Policy. Failure to comply with Antitrust laws. Failure to comply with Anti-kickback/anti-referral laws. Failure to conform to EMTALA regulations. Failure to properly handle and dispose of hazardous materials and wastes; i.e., chemical, biological and radioactive. Failure to comply with the proper distribution and handling of pharmaceutical products; including, but not limited to, prescription drugs, controlled substances, hypodermic needles and drug samples. Failure to follow policies and procedures that ensure that research grants and their implementation are consistent with federal, state, local and UMDNJ rules and regulations. Participating in concealing improper discharge or disposal of hazardous materials or pollutants. Failure to comply with all safety instructions and procedures, which are established to prevent safety and health hazards. Retaliating in any form against an individual who in good faith reports a suspected violation of policy and/or law. Perform any type of scientific misconduct. Failure to adhere to all Medicare and Medicaid laws and regulations. Failure to abide by all applicable laws and regulations.

FITNESS FOR DUTY

All UMDNJ staff members are expected to report to work ready and able to perform their job responsibilities. You must be free of the influence of any intoxicant, including but not limited to alcohol or any controlled substance. Failure to adhere to any of the above will result in disciplinary action or termination of employment. A staff member who has a physical and/or mental impairment, which could adversely affect the ability to perform job duties, shall report this to the immediate supervisor. The impairment may be the result of an illness, injury, emotional disorder, medication use or use of a chemical substance, including alcohol and controlled substances.

NON-HARASSMENT

The University is committed to creating and maintaining a working environment where all University employees can fulfill their responsibilities and perform their work to their fullest potential. Therefore, all employees shall have the right to work in an environment free from objectionable and disrespectful conduct, discriminatory harassment, intimidation, ridicule, and insult whether based on sex, race, religion or national origin, sexual orientation or any other impermissible factor.

The University will not tolerate any form of harassment on the basis of race, religion or national origin, age, sexual orientation, disability, and sex including sexual harassment, and will take affirmative action to eliminate it from the workplace. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct that constitutes harassment under the following circumstances:

- Submissions to such conduct is made either explicitly or implicitly a term or condition of an individual's employment. Submission to or rejection of such conduct by an employee is used as the basis for decisions affecting an employee's employment.
- Conduct which has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidation, hostile or offensive working environment.
- Sexual harassment may include sexual innuendoes or jokes, unnecessary touching, brushing against a person's body, etc., or direct propositions of a sexual nature.

The University strongly discourages any amorous or consensual relationships between a faculty member and student, supervisor or staff member, resident or student, administration or staff member, especially where one individual has authority, influence, or responsibility with regard to the other person. Such relationships can lead to circumstances that can be interpreted as sexual harassment. Persons engaging in such conduct may be subject to disciplinary action, if the conduct results in an offensive or hostile environment or interferes with the proper functioning of the University or any of its components or constituents.

An individual with supervisory or educational responsibility for an employee, faculty member or student should inform his or her superior of the consensual relationship, so that the University may consider taking action to change the reporting relationship between the two people. Failure to give proper notice to the supervisor's immediate superior may result in denial of legal representation and indemnification by the State in the event that a lawsuit is filed in connection with the relationship.

If you have a complaint about sexual harassment or any other form of harassment you are encouraged to report the complaint to your supervisor, or the next level of management within your area, or the Affirmative Action/Equal Employment Opportunity Office. A confidential investigation of the allegation will be conducted.

SEXUAL ASSAULT

The University is committed to maintaining an environment free from sexual assault and all other forms of violence. The University prohibits sexual assault and all other forms of violence. The University prohibits sexual assault as well as other forms of sexual harassment, and advises that such conduct may result in criminal prosecution by the State, as well as disciplinary action by the University.

Sexual assault is the legal term used to refer to nonconsensual sexual contact. It may involve sexual contact with a person who is unable to consent due to incapacity of impairment.

If you have been sexually assaulted contact the Department of Public Safety. For additional information refer to New Jersey's Campus Sexual Assault Victim's Bill of Rights or contact the Ethics and Compliance Hotline at 1-800-215-9664.

UMDNJ - Receipt of Code of Ethics: General Conduct

ACKNOWLEDGMENT OF RECEIPT

I, _____ (Print Name) hereby acknowledge receipt of the following excerpts from the University of Medicine and Dentistry of New Jersey's Staff Handbook:

EMPLOYEE CONDUCT AND PERFORMANCE

COMPLIANCE

FITNESS FOR DUTY

NON-HARASSMENT

SEXUAL ASSAULT

I understand these excerpts from the handbook are intended as a general source of information and nothing contained in these excerpts or the handbook constitutes a contractual agreement between myself and the University. I further understand that the University reserves the right to change, rescind or add to its policies, benefits and/or practices at any time without prior notice.

Employee Signature _____ Date _____

HR Generalist _____ Date _____

UMDNJ - Confidentiality Statement

University of Medicine and Dentistry of New Jersey

All patient Protected Health Information (PHI) – which includes patient medical and financial information, employee records, student records, financial and operating data of the University of Medicine and Dentistry of New Jersey, and any other information of a private or sensitive nature are considered confidential. Confidential Information should not be read or discussed by any employee unless pertaining to his or her specific job requirements.

Examples of inappropriate disclosures include:

- Employees discussing or revealing PHI or other Confidential Information to friends or family members
- Employees discussing or revealing PHI or other Confidential Information to other employees without a legitimate need to know.
- The disclosure of a patient's presence in the office, hospital, or other medical facility, which may reveal the nature of the illness, without the patient's consent, to an unauthorized party without a legitimate need to know.

The unauthorized disclosure of PHI or other Confidential Information by employees can subject each individual and the University of Medicine and Dentistry of New Jersey to civil and criminal liability. Disclosure of PHI or other Confidential Information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, are grounds for immediate disciplinary action up to and including termination.

Employee Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that PHI and Confidential Information and data to which I have knowledge and access in the course of my employment with the University of Medicine and Dentistry of New Jersey is to be kept confidential, and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer employed. Further, upon termination with the University of Medicine and Dentistry of New Jersey, I shall return to the University all Confidential Information.

I am familiar that the University of Medicine and Dentistry of New Jersey has guidelines in place pertaining to the use and disclosure of patient PHI and other Confidential Information. Approval should first be obtained before any disclosure of PHI or other Confidential Information not addressed in the guidelines and policies and procedures of the University of Medicine and Dentistry of New Jersey is made. I also understand that the unauthorized disclosure of patient PHI and other Confidential Information of the University of Medicine and Dentistry of New Jersey is ground for disciplinary action, up to and including immediate termination.

In the event of a breach of this agreement, the University of Medicine and Dentistry of New Jersey may pursue equitable relief. The laws of the State of New Jersey shall govern this agreement.

Print Name

Signature of Employee

Date

This notice will be placed in your personnel file.

DISCLOSURE AND AUTHORIZATION FORM
(Faculty, Staff, Housestaff, Volunteers)

In connection with my application for employment or volunteer service with UMDNJ, I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended (FCRA), 15 U S C 1681 et seq., may be obtained by UMDNJ from a consumer reporting agency. I understand that the report may include but not be limited to my consumer credit history, education, professional licensing, professional liability claims history, criminal history, driving history, personal character, abilities, work habits, charges of research misconduct, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for employment or volunteer service, including reasons for termination of past employments. I further understand that the consumer reporting agency may not give out information about me to UMDNJ without my written consent.

I understand that I am entitled to be informed if an offer of employment or volunteer assignment is withheld because of information obtained from the consumer reporting agency; and in that event, I have sixty (60) days within which to submit a written request to the consumer reporting agency which will provide me with a copy of my file and a "Summary of Your Rights Under the Fair Credit Reporting Act."

I hereby authorize UMDNJ and affiliated clinical facilities where I will be expected to work to obtain consumer reports in connection with my application for employment or volunteer service with UMDNJ. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to UMDNJ and/or their representatives information pertaining to me.

Note: The phrases and wording contained in this authorization are required under the FCRA. UMDNJ will not run a credit check on an applicant as part of the investigation unless the position or volunteer assignment for which applied requires financial information on a prospective candidate. The candidate will be notified if a credit check is required.

Please Print

Name: _____ SS#: _____ Telephone#: _____

Other name(s) used: _____ Email: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Revised May 30, 2008