

PERSONNEL ACTION NOTICE

New/Rehires complete all information blocks. For data changes, complete only applicable fields.

Please indicate the required personnel action:

NEW HIRE

REHIRE

DATA CHANGE

PERSONAL PROFILE

Last Name: _____ First Name & Middle Initial: _____

Employee ID: _____ Birth Date: ____/____/____ Birth Country: _____

Gender: Male Female **Marital Status:** Single Married **Student Data:** Half-time Student

EMAIL/PHONE: (optional)

Phone Number (Home): _____ Phone Number (Cell): _____

Email Address: _____

US LOCAL STREET ADDRESS:

Street Address: _____

City: _____

State: _____ Zip: _____

County: _____

MAILING ADDRESS:

Same as Local

Street Address: _____

City: _____

State: _____ Zip: _____

County: _____

EDUCATION LEVEL:

Less than HS Diploma

High School Graduate or Equivalent

Some College

Technical School

2-Year College Degree

Bachelor's Degree

Some Graduate School

Master's Level Degree

Doctorate (Academic)

Doctorate (Professional)

Post Doctorate

Other: _____

MILITARY STATUS:

Armed Forces Service Metal Veteran

Service Medal & Other Veteran

Military Discharge Date: _____

No Military Service

Veteran of the Vietnam era

Other Protected Veteran

Vietnam & Other Protected Veteran

DISABILITY STATUS:

No Disability

Disabled

Disabled Veteran

ETHNIC GROUP:

(1) Are you Hispanic or Latino?

Yes; I am Hispanic or Latino

No; I am not Hispanic or Latino

(2) What is your race? *Select one or more:*

American Indian or Alaskan Native

Native Hawaiian/Other Pacific Islander

Asian

White

Black/African American

EMERGENCY CONTACT:

Name: _____

Relationship to Employee: _____

Phone Number: _____

Same Address/Home Phone as Employee? Yes No

Street Address: _____

City: _____ State: _____ Zip: _____

I hereby certify that all of the above information is true and correct.

Signature: _____

Date: _____

**UNIVERSITY OF LOUISVILLE
REQUEST FOR DIRECT DEPOSIT /PLASTIC PAY CHECK FORM**

Instructions:

Please complete the appropriate sections of this form. Incomplete or missing information will delay processing. Please be sure to include a voided check if you are requesting to begin or change your direct deposit. The completed form should be returned to: University of Louisville Payroll Office, 1980 Arthur Street, Louisville, Kentucky 40208-2772. Any questions should be directed to payroll@gwise.louisville.edu. All employees hired after January 1, 2001 must have their net pay electronically deposited as a condition of continued employment.

PERSONAL INFORMATION

Last Name: _____ First Name & Middle Initial: _____
Employee ID: _____ Social Security Number: _____ Date of Birth: ___ / ___ / ___
Phone Number: _____ E-mail Address: _____
Department Name: _____ Pay Basis: Monthly Biweekly

Please initial your choice: _____ **Direct Deposit** _____ **Plastic Pay** (for more information on Plastic Paycheck, visit <http://louisville.edu/hr/forms/plasticpaycheck.pdf>)

**REQUEST TO BEGIN/CHANGE
DIRECT DEPOSIT**

Bank Name: _____
Account Number: _____
Routing Number: _____
Account Type: Checking Savings

**A VOIDED CHECK OR XEROX COPY OF CHECK FROM THIS ACCOUNT
MUST BE INCLUDED WITH THIS REQUEST.**

**REQUEST TO STOP OR CHANGE
DIRECT DEPOSIT/PLASTIC PAY CHECK**

Bank Name: _____
Account Number: _____
Routing Number: _____
Account Type: Checking Savings

Initial here _____ to stop plastic paycheck.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize the University of Louisville, acting as my agent, to deposit my net pay each pay period and until further notice, in the account identified above.

I acknowledge that:

- Provided my respective financial institution has adequate electronic transfer facilities, my net pay will be deposited on the morning of each official university pay day;
- In order to remain eligible for this service, I will notify the Payroll Department of any changes to this authorization at least one complete **pay period prior to the next deposit**; and,
- The university may cancel this service if it is determined that frequent alternations to this agreement are initiated in order specifically to avoid anticipated financial responsibilities.
- I agree and understand that if I need to terminate my direct deposit that I have three (3) business days to provide a new direct deposit form or I will be issued a stored value debit card/plastic paycheck for electronic transfer of my net pay.

Employee Signature: _____

Date: _____

State Withholding Certificates

Please complete only the state in which you reside.

Last Name: _____ First and Middle Initial: _____
 Home Address: _____ City/State/Zip: _____
 Social Security Number: _____ Employee ID: _____

K-4 KENTUCKY Employee's Withholding Exemption Certificate

County of Residence: _____

	HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS
<p>I certify that I am not subject to Kentucky withholding under the Military Spouses Residency Relief Act. See instructions on the back of Form K-4 before checking this box..... <input type="checkbox"/></p> <p>EMPLOYER:</p> <p>Keep this certificate with your records.</p>	<ol style="list-style-type: none"> 1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" 2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate. <ul style="list-style-type: none"> (a) If you claim both of these exemptions, enter "2" } (b) If you claim one of these exemptions, enter "1" } (c) If you claim neither of these exemptions, enter "0" 3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents): <ul style="list-style-type: none"> (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" 4. If you claim exemptions for one or more dependents, enter the number of such exemptions 5. National Guard exemption (see instruction 1) 6. Exemptions for Excess Itemized Deductions (Form K-4A) 7. Add the number of exemptions which you have claimed above and enter the total 8. Additional withholding per pay period under agreement with employer. See instruction 1.....\$ _____
<p>I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.</p> <p>Date _____ Signed _____</p>	

WH-4 INDIANA Employee's Withholding Exemption and County Status Certificate

Indiana County of Residence as of January 1: _____ (See instructions)
 Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions	
<ol style="list-style-type: none"> 1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" Nonresident aliens must skip lines 2 through 6. See instructions 2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" 3. You are allowed one (1) exemption for each dependent. Enter number claimed..... 4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. <p>Check box(es) for additional exemptions: You are 65 or older <input type="checkbox"/> or blind <input type="checkbox"/> Spouse is 65 or older <input type="checkbox"/> or blind <input type="checkbox"/></p> <p>Enter the total number of boxes checked</p>	<ol style="list-style-type: none"> 5. Add lines 1, 2, 3, and 4. Enter the total here 6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions)..... 7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____ 8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$ _____ <p>I hereby declare that to the best of my knowledge the above statements are true.</p> <p>Signature: _____ Date: _____</p>

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	<u> </u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
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	<u> </u>
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.) ▶	H	<u> </u>
	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. }		

----- 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 style="margin: 0;">▶ 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 2011
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 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
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 <u> </u>
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)

**Authorized Use Agreement
For Employee Access To
University Business and Student Information Systems**

**Initial By
Each Item**

- _____ 1. I understand that information contained within the University of Louisville (“university”) information systems shall NOT be shared with anyone not currently authorized to receive such information.

- _____ 2. I shall not access, copy, or disseminate university information except to the extent necessary to fulfill my assigned duties and responsibilities and then only to the extent that my access is authorized.

- _____ 3. I shall take appropriate action to ensure the protection and security of the university’s and other information contained within the information system.

- _____ 4. I understand that improper access to and/or unauthorized disclosure of University information could be a violation of state and federal laws. Consequently, I may be subject to civil or criminal liability.

- _____ 5. I understand that improper access to or unauthorized disclosure of University information could subject me to disciplinary action up to and including termination of my relationship with the university.

- _____ 6. I understand that the obligation to maintain security of this information continues beyond the termination of my relationship with the university.

By signing this document, I acknowledge this Authorized Use Agreement and agree to abide by it.

Print Employee Name

Employee Signature

User ID

Date

FOREIGN NATIONAL INFORMATION FORM (page 1)

The Foreign National Information Form must be completed before you can receive any kind of payment.

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record," copy of your U.S. Visa from your passport, and I-20 or IAP66 must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

(1) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security #: _____ Employee ID: _____

(4) **US LOCAL STREET ADDRESS:** _____

 (4) Address Line 2: _____
 (4) Address Line 3: _____
 (4) City: _____
 (4) State: _____ Zip: _____

(5) **FOREIGN RESIDENCE ADDRESS:** _____

 (5) Address Line 2: _____
 (5) Address Line 3/City: _____
 (5) Postal Code: _____ Province/Region: _____
 (5) Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country that Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(10) Have you ever had another immigration status in the U.S.? Yes No If yes, see page 2.

(11) **IMMIGRATION STATUS:**
 U.S. Immigrant/Permanent Resident F-1 Student
 J-1 Exchange Visitor H-1 Temporary Employee
 J-2 Spouse or Child of Exchange Visitor Other: _____

(12) **IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:**
 01 Student Research Scholar
 02 Short Term Scholar Other: _____
 03 Professor

(13) **WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:**
 Studying in a Degree Program Lecturing Conducting Research Clinical Activities
 Studying in a Non-Degree Program Observing Training Temporary Employee
 Teaching Consulting Demonstrating Special Skills Here with Spouse
 Other: _____

(14) **WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?**
 ____/____/____
 month day year

(15) **WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?**
 ____/____/____
 month day year

(16) **WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION PRIMARY ACTIVITY?**
 ____/____/____
 month day year

(17) **INCOME PROVIDING ACTIVITY (e.g., professor of chemistry)**

(18) **WHAT TYPE OF STUDENT?**
 Undergraduate
 Masters
 Doctoral
 Other: _____

(19) **SPOUSE IN U.S.A?**
 Yes No
 Number of Dependents: _____

(20) **FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:**
 Do you/will you have an office (fixed base) in the USA?
 Yes No If yes, how many days in this tax year did you/will you have an office? _____ days

(21) **COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:**
 Did tax residency end? Yes No
 If yes, when? ____/____/____
 month day year

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: (____) _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (page 2)

The Foreign National Information Form must be completed before you can receive any kind of payment.

LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 01/01/85:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Any Treaty Benefits?
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

VISA IMMIGRATION STATUS:

- U.S. Immigrant/Permanent Resident
- J-1 Exchange Visitor
- J-2 Spouse or Child of Exchange Visitor
- F-1 Student
- H-1 Temporary Employee
- Other: _____

J-1 SUBTYPE:

- 01 Student
- 02 Short Term Scholar
- 03 Professor
- Research Scholar
- Other: _____

PRIMARY ACTIVITY:

- Studying in a Degree Program
- Studying in a Non-Degree Program
- Teaching
- Other: _____
- Lecturing
- Observing
- Consulting
- Conducting Research
- Training
- Demonstrating Special Skills
- Clinical Activities
- Temporary Employee
- Here with Spouse

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form, I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: (____)_____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name
2. Social Security Number: Enter U.S. Social Security Number issued by the U.S. Social Security Administration. All employees must have a social security number in order to work. If none, enter your ITIN issued by the IRS.
3. ID#: Enter your Employee/Student/Faculty Identification number
4. Local Street Address: List your local U.S. address
5. Residence: List your non-U.S. address
6. Country of Citizenship(s)
7. Country that Issued Passport: List country in which you were issued your passport.
8. Passport #: Enter your passport number
9. Visa#: Enter your Visa number
10. Immigration Status: Check yes or no. If yes, complete the form for the time you were present in the U.S. Approximate if you don't know.
11. Immigration Stats: Check the type of immigration status that you Currently hold. If you check Immigrant/Permanent Resident, holder of a "green card," you may proceed to bottom of form. Sign and date.
12. Immigration Status for J-1: Check appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the U.S.: Must include month, day, and year. Approximate if you don't know.
15. Start date: Must include month, day, and year. Approximate if you don't know.
16. End Date: Must include month, day, and year. Approximate if you don't know.
17. Occupation: Describe in general the service you will perform
18. Check the appropriate box.
19. Is your spouse in the U.S.? Check the appropriate box. Give number of other dependents in the U.S.
20. Consultants/Self-Employed Individuals: Check the appropriate box. This includes any office at the location specifically identified with you.
21. Tax residence is where you last paid as a resident and can be different from legal residence. Do not include the U.S.