

New Hire Paperwork Checklist

FOR EMPLOYEE AND SUPERVISOR'S USE ONLY

ALL EMPLOYMENT FORMS ARE AVAILABLE AT HUMAN RESOURCES

<input type="checkbox"/>	BACKGROUND CHECK DISCLOSURE & AUTHORIZATION FORM
	SUBMITTED PRIOR TO SE-NHO: _____ DATE: _____
<input type="checkbox"/>	STUDENT EMPLOYMENT FORM (SEF)
<input type="checkbox"/>	I-9 EMPLOYMENT ELIGIBILITY VERIFICATION FORM
<input type="checkbox"/>	EMPLOYEE DATA SHEET
<input type="checkbox"/>	POSITION DESCRIPTION FORM
<input type="checkbox"/>	WORKER'S COMPENSATION NOTIFICATION
<input type="checkbox"/>	CONFIDENTIALITY AGREEMENT & STUDENT EMPLOYEE HANDBOOK ACKNOWLEDGMENT
<input type="checkbox"/>	SOCIAL SECURITY COVERAGE STATEMENT (SSA-1945) FORM
<input type="checkbox"/>	VOLUNTARY DISABILITY FORM
<input type="checkbox"/>	PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT FORM
<input type="checkbox"/>	PERA SB 04-257
<input type="checkbox"/>	W-4 FOR THE CURRENT YEAR
<input type="checkbox"/>	DIRECT DEPOSIT FORM WITH A VOIDED CHECK OR LETTER FROM THE BANK
<input type="checkbox"/>	CLASS SCHEDULE: STUDENT DETAIL SCHEDULE FROM STUDENT HUB OR SFAREGS BANNER PRINTOUT WORK-STUDY AWARD: AID BY YEAR OR AWARD HISTORY FROM STUDENT HUB; RPAAWRD BANNER PRINTOUT (IF APPLICABLE)
INTERNATIONAL STUDENT EMPLOYEES	
<input type="checkbox"/>	EMPLOYMENT ELIGIBILITY FORM FOR INTERNATIONAL STUDENT EMPLOYEES FORM
<input type="checkbox"/>	W4 (NOTICE 1392)
<input type="checkbox"/>	FOREIGN NATIONAL FORM

MOST COMMONLY PROVIDED DOCUMENTS FOR THE I-9 FORM –MUST BRING TO ORIENTATION *

* BRING 1 ITEM FROM LIST A OR 1 FROM LIST B AND 1 FROM LIST C		FULL LIST PROVIDED IN THE PACKET
LIST A	LIST B	LIST C
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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	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)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)

OFFICE OF FINANCIAL AID FORMS

MUST BE SUBMITTED TO THE OFFICE OF FINANCIAL AID TO SECURE A WORK-STUDY AWARD FOR STUDENT

1.	FALL/ SPRING SEMESTERS – WORK-STUDY REQUEST FORM – WKYY	WK19
2.	SUMMER SEMESTERS - WKSUM	WKSUM

USE OF THIS FORM: This appointment must comply with MSU Denver's student employment policies. All student employment forms are available on the HR Website. This form must always be accompanied by a class registration and work-study award if applicable. **All required forms must be completed prior to the students' start date.**

I. TYPE OF EMPLOYMENT (Indicate all that apply- One form may be used to set up two jobs at the beginning of the semester, i.e. Hourly and Work-Study. Indicate the two desired jobs in this section and the 2 FOAPs in Section IV; the percentage would be 100% for both positions.)

- | | | |
|--|--|--|
| <input type="checkbox"/> On-Campus Employment | <input type="checkbox"/> Work Study | <input type="checkbox"/> SGA |
| <input type="checkbox"/> Off-Campus Employment | <input type="checkbox"/> Hourly/ Institutional Funds | <input type="checkbox"/> Grant/Foundation Funded |

II. EMPLOYEE INFORMATION

Employee Name: _____ **Employee 900#:** _____
(Last, First, Middle Initial)

Student Email Address: _____

Enrollment Status	Enrolled at :	Is this the last semester before graduation?
<input type="checkbox"/> 6 or more credits <input type="checkbox"/> Less than 6 credits <input type="checkbox"/> Student graduated <input type="checkbox"/> Graduate Program Student	<input type="checkbox"/> MSU <input type="checkbox"/> UCD <input type="checkbox"/> CCD <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure.

III. JOB/ POSITION DATA (Indicate all that may apply; also attach a Student Position Description Form, for all new employees, transfers & level increases)

A. Action

- | | | | | |
|--|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Continuing Employee/Rehire | <input type="checkbox"/> Split Assignment | <input type="checkbox"/> FOAP: Change | <input type="checkbox"/> Pay Increase |
| <input type="checkbox"/> Job Transfer/New Department | <input type="checkbox"/> Supervisor Change | | | |

B. Job Information/ Compensation

Effective Date: _____ End Date: _____ Department: _____

Supervisor Name: _____ Phone Number: _____ Campus Box: _____

Rate of Pay: \$ _____ Job Level: _____ Earnings Limit: \$ _____

IV. FUNDING (FOAP)

WORK STUDY FUNDS: CWS: 401502 FWS: 400152 NNWS: 401533

1 st ON-CAMPUS FOAP	2 nd ON-CAMPUS FOAP	FUNDING FOR OFF CAMPUS AGENCIES ONLY																	
Fund: _____ ORG: _____ Account: _____ Program: _____ Activity code: _____ Percent: _____ %	Fund: _____ ORG: _____ Account: _____ Program: _____ Activity code: _____ Percent: _____ %	<p align="center"><small>Insert Assigned Agency # in the Gray Box Below</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fund</th> <th>ORG</th> <th>Account</th> <th>Program</th> <th>% of charged earnings.</th> </tr> <tr> <td>400152</td> <td>SFIN2</td> <td>6191</td> <td>1300</td> <td>75% = FWS</td> </tr> <tr> <td></td> <td>SFIN2</td> <td>6197</td> <td>1300</td> <td>25% = Agency</td> </tr> </table> <p>For work-study funding split with grant funding, please use the FOAP Boxes to the left. ⇐</p> <p>Grant/Foundation Approval</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 40px;"></td> <td style="width: 20%;">Date: _____</td> </tr> </table>	Fund	ORG	Account	Program	% of charged earnings.	400152	SFIN2	6191	1300	75% = FWS		SFIN2	6197	1300	25% = Agency		Date: _____
Fund	ORG	Account	Program	% of charged earnings.															
400152	SFIN2	6191	1300	75% = FWS															
	SFIN2	6197	1300	25% = Agency															
	Date: _____																		

V. SIGNATURES

Signature of Student: _____ Date: _____

*****This employment contract is subject to termination by either party at any time and the employee shall be deemed at will. I hereby certify that I am a registered student and understand I am subject to immediate termination when I graduate or cease to be a registered student. ******

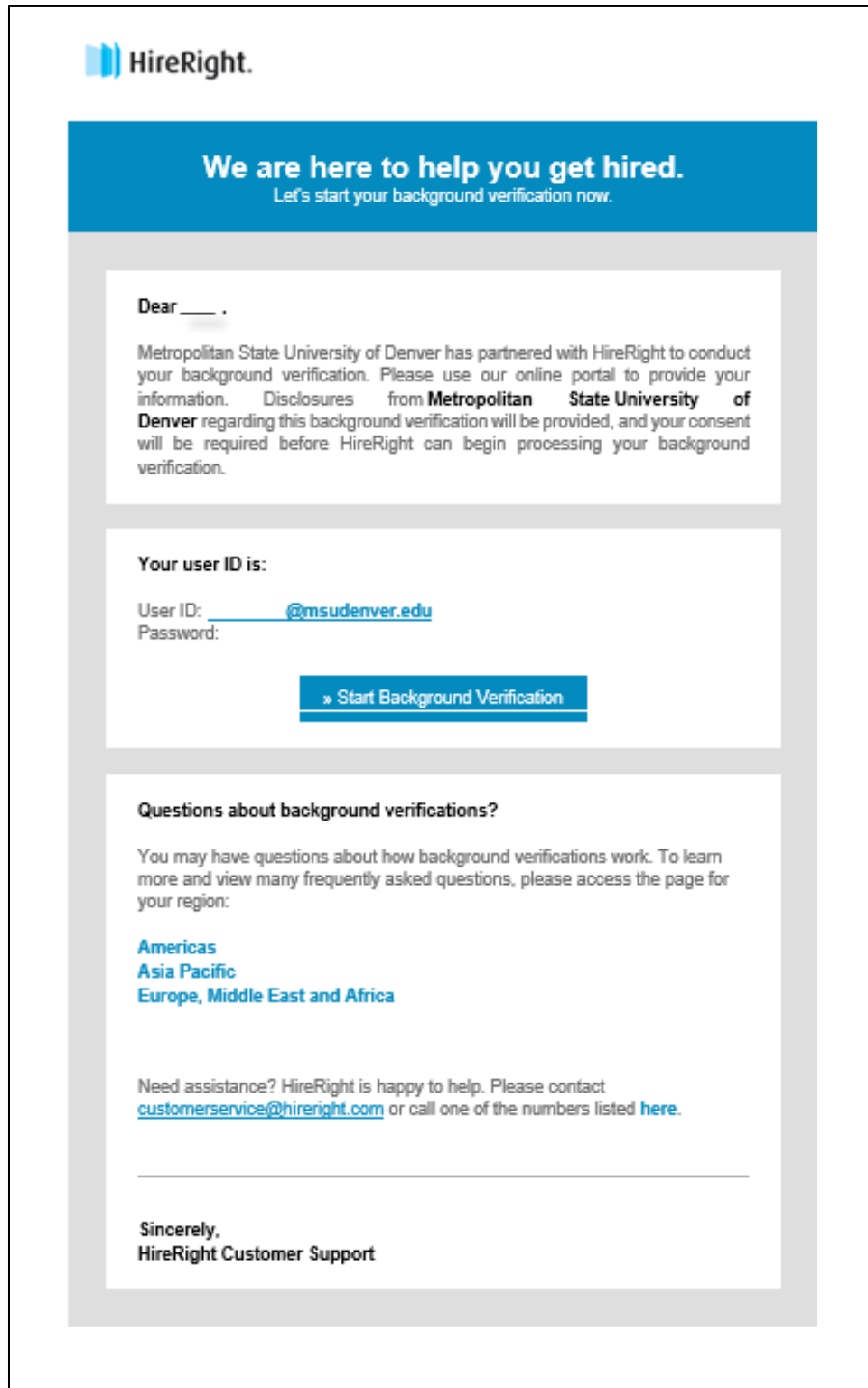
Signature of Supervisor: _____ Date: _____


Account Custodian Signature: _____ Date: _____

Level V– VP Signature: _____ Date: _____

FOR HUMAN RESOURCE USE ONLY					
Background Authorization	HR Forms	Payroll Forms	Registration	Work-Study Award	Banner Input
Date Received By HR	<input type="checkbox"/> I-9 E-Form / ID:	<input type="checkbox"/> W-4	<input type="checkbox"/> Credits -	<input type="checkbox"/> CWS	<input type="checkbox"/> PPAIDEN
	<input type="checkbox"/> Data Sheet	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Term -	<input type="checkbox"/> FWS	<input type="checkbox"/> PEAEMPL
	<input type="checkbox"/> Position Description	<input type="checkbox"/> PERA		<input type="checkbox"/> NNWS	<input type="checkbox"/> WEBTIME
	<input type="checkbox"/> Worker's Compensation	International Students	Level 1 & 2 Increases	Level 3, 4 & 5 Increase	<input type="checkbox"/> WKS
	<input type="checkbox"/> Confidentiality/Handbook	<input type="checkbox"/> EEIS Form	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Evaluation	<input type="checkbox"/> HRL
	<input type="checkbox"/> SSA 1945 Form	<input type="checkbox"/> Foreign National Form	<input type="checkbox"/> Schedule/Award	<input type="checkbox"/> Position Description	<input type="checkbox"/> INT
	<input type="checkbox"/> Disability Disclosure	Summer Hourly – Below 6 Credits		<input type="checkbox"/> Letter Justification	<input type="checkbox"/> OFF
	<input type="checkbox"/> PRWORA	<input type="checkbox"/> Enroll in TIAA (Spreadsheet)	Processed By: _____		Rep/Date _____

The Background Check Disclosure & Authorization form
will be emailed to your MSU Denver email.



 HireRight.

We are here to help you get hired.
Let's start your background verification now.

Dear _____,

Metropolitan State University of Denver has partnered with HireRight to conduct your background verification. Please use our online portal to provide your information. Disclosures from **Metropolitan State University of Denver** regarding this background verification will be provided, and your consent will be required before HireRight can begin processing your background verification.

Your user ID is:

User ID: _____ [@msudenver.edu](#)
Password: _____

[» Start Background Verification](#)

Questions about background verifications?

You may have questions about how background verifications work. To learn more and view many frequently asked questions, please access the page for your region:

[Americas](#)
[Asia Pacific](#)
[Europe, Middle East and Africa](#)

Need assistance? HireRight is happy to help. Please contact customerservice@hireright.com or call one of the numbers listed [here](#).

Sincerely,
HireRight Customer Support

I-9 EMPLOYMENT ELIGIBILITY VERIFICATION FORM

ELECTRONIC PROCESS

Employee Portion: Link to Equifax Secured website:

<https://secure.i9.talx.com/FormI9/Section1/LoginCaptcha.aspx?Employer=17682>

1) Complete Section 1

- Name (if no middle name enter "n/a")
- Address
- Date of Birth
- Social Security Number
- Email Address
- Telephone Number
- Location – **MSU Denver Main Campus**
- Employment Date
- Citizenship Status
- Preparer

2) Click Continue

3) 2nd Page

- Verify Information
- Complete Electronic Signature

4) Click Continue

5) 3rd Page

- Email Copy – Optional
- Click "**LOGOUT**" to save

6) Bring in the acceptable Forms of Identification to your orientation session (see next page)

- One item from List A
- Or
- One item from List B plus one item from List C

The screenshot shows the I-9 form interface. At the top, it says 'Employment Eligibility Verification' and 'Department of Homeland Security'. Below that, it says 'U.S. Citizenship and Immigration Services'. On the right, it says 'USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2019'. The main heading is '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.)'. The form fields include: Last Name (Family Name), First Name (Given Name), Middle Initial, Other Last Names Used (if any), Address (Street Number and Name), Apt. Number, City or Town, State, Zip Code, Date of Birth (mm/dd/yyyy), U.S. Social Security Number, Employee's E-mail Address (optional), Employee's Telephone Number (optional), Location, and Employment Date (mm/dd/yyyy). The 'Section 1' heading is highlighted with a red circle.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND	Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Metropolitan State University of Denver
Employee Data Sheet
(2pages)

EMPLOYEE CONTACT INFORMATION AS OF:

(DATE)

First Name:

MI:

Last Name:

Social Security Number:

Date of Birth:

Street Address:

City, State, Zip:

Personal Email:

Telephone Number: Cell Home
(Please circle)

EMERGENCY CONTACT INFORMATION:

Name of Contact

Telephone Number:

If different from above:

Street Address:

City, State, Zip:

VOLUNTARY INFORMATION SELF IDENTIFICATION:

Disclosure of self-identification information is voluntary and responses will not be used in a discriminatory manner.

Gender:

☐ Female ☐ Male

Citizenship Status: If Other than a United States Citizen

Visa Type

Country

Visa Exp. Date

Ethnicity (select one):

☐ Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American

☐ Non-Hispanic/Latino

Race (regardless of answer above, select all that apply):

☐ American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ Black or African-American – A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White, Anglo, Caucasian – A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Voluntary Self-Identification – Protected Veteran Status:

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

These classifications are defined as follows:

- ☐ I am not a Veteran.
- ☐ I am not a protected veteran.
- ☐ A “**disabled veteran**” is one of the following:
- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- ☐ A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Date of Separation: _____
- ☐ An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- ☐ An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

EMPLOYEE SIGNATURE: _____

DATE: _____

The purpose of this form is to ensure that there are no arbitrary pay rates. Student employees must be paid within the same pay level if they are performing the same duties with the same complexity. This ensures equality in the workplace and justifies the level in which a student is hired. Departments must keep a record of all work study job descriptions to comply with federal regulations and to continue to receive annual funding.

Section I

Student Name: _____ 900# _____
 Department: _____ ORG: _____ Campus Box: _____
 Phone Number: _____ Fax Number: _____

Section II

Student Position Title: _____
 Position Reports To: _____ Title: _____
 (Print Name)
 Supervisor email: _____ Employment Begin Date: _____
 Level: _____ Starting Rate of Pay: \$ _____ Estimated hours per week: _____
 General Position Statements:

Section III

Duties and Responsibilities: (List duties according to percentage of time spent on each duty)

1. _____ % _____
2. _____ % _____
3. _____ % _____
4. _____ % _____
5. _____ % _____

Complexity of Skills and Abilities: (Check those that Apply)

Office work:

- ☐ Answering Telephones
- ☐ Operating the Copier Machine
- ☐ Filing
- ☐ Mail Merge
- ☐ Typing (Forms, letters, etc.)
- ☐ Data Verification
- ☐ Reception Duties
- ☐ Process Forms

Computer Skills:

- ☐ PC
- ☐ Macintosh
- ☐ Use MS Word
- ☐ Use MS Excel

- ☐ Use MS Publisher
- ☐ Use MS Access
- ☐ Use MS Front Page
- ☐ Use MS Power Point
- ☐ Create Spreadsheets
- ☐ Use Spreadsheets
- ☐ Data Entry
- ☐ Create Databases
- ☐ Create Forms
- ☐ Installing software
- ☐ Installing hardware
- ☐ Troubleshooting
- ☐ Formatting Disks
- ☐ PDF Maker

- ☐ Use Dreamweaver
- ☐ Flash Web Design
- ☐ HTML writing and editing
- ☐ Web Page Design
- ☐ Use Graphics and Photo Programs

Miscellaneous:

- ☐ Works with Special Need Individuals
- ☐ Tutoring/ Mentoring
- ☐ Works with Children
- ☐ Fluency in another language
- ☐ Customer Service Skills
- ☐ Operating a Cash Register
- ☐ Keep records and logs
- ☐ Use Banner

I have read and fully understand the responsibilities and duties required in this position

Student Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____

EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES*

I, _____ (print your name), have been notified by my employer/supervisor of the Worker's Compensation Procedures. In the event I am involved in a work related injury or illness, I understand that MSU Denver has designated Concentra Medical Center, Midtown Occupational Health Services, and CareNow Urgent Care as the approved medical providers for all work related injuries or illnesses. I understand that if I do not receive medical care for work related injuries or illnesses from the designated clinic or an approved 24-hour after care facility, or any specialists to which they refer me, EXCEPT IN THE CASE OF A SERIOUS EMERGENCY; I could be financially responsible for payment of that care. I have received the above referenced procedures and have been informed that authorization is required from my employer before I seek medical care for non-emergency, work related injuries or illnesses.

Signature

Date

***Submit to Human Resources after signature**

STUDENT EMPLOYMENT CONFIDENTIALITY AGREEMENT

The Family Educational Rights and Privacy Act (also called the Buckley Amendment) is a federal law enacted in 1974 that guarantees the confidentiality of a student record. As a student employee of the Metropolitan State University of Denver, you may have access to records that contain Personally Identifiable Information, the disclosure of which is prohibited by FERPA. I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosures also violates the MSU Denver policy and constitutes just cause for possible disciplinary action up to and including termination of employment regardless of whether criminal or civil penalties are imposed.

As a student employee, I may have access to the university Banner system, student records, and other sensitive data. I must abide by the following rules and regulations:

- Information is to be accessed for the sole purpose of his/her job responsibilities.
- I will not attempt to alter, change, add or delete student record information or University documents, unless the supervisor provides specific instruction.
- I will not seek personal benefit or permit another to benefit personally by any confidential information which has come to them through their work assignment.
- I should not exhibit or divulge the contents of any record, report, or any information gained from verbal exchanges to any person except in the conduct of their regular assignment.
- I should not include or cause to be included in any record or report, a false, inaccurate or misleading entry.
- I should not release University data other than what is required in completion of job responsibilities.
- I should immediately report any violation of these regulations to the supervisor.

All student employees hold a position of trust and must preserve the security and confidentiality of the information he/she uses. By signing below, you acknowledge that you have read and understand the above regulations and as an employee of the university agree to the terms listed.

Student Name: _____

900#: _____

Student Signature: _____

Date: _____

STUDENT EMPLOYEE HANDBOOK ACKNOWLEDGMENT

I have been given a copy or have had access to the MSU Denver's *Student Employee Handbook*. I acknowledge that I have read and understood the policies and procedures of the *Student Employee Handbook* and understand that failure to comply with the stated policies may lead to my termination. If you require policy interpretation and/or have questions in regards to your student employment, please contact the HR Student Employment Manager at 303-615-0999. The handbook is available on the Student Employment Portal at:

<https://msudenver.edu/se/studentresources/>

Student Name: _____

900#: _____

Student Signature: _____

Date: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



PRWORA Form

The ***Personal Responsibility and Work Opportunity Reconciliation Act*** (PRWORA) of 1996, known as welfare reform, require all employers to report certain information on their newly hired employees to a designated state agency within time parameters.

For additional information, visit the U.S. Department of Health and Human Services, Administration for Children and Families website:

<http://www.acf.hhs.gov/programs/css/resource/new-hire-reporting-answers-to-employer-questions>

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK:

Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

For Human Resources:

Hire Date: _____

TO: Colorado Department of Human Services

FROM: Metropolitan State University of Denver
P.O. Box 173362, Campus Box 47
Denver, CO 80217-3362
Federal Employer I.D. Number: 84-0559160



PERA INFORMATION

As a result of Senate Bill 04-257, effective July 1, 2005, PERA employers are required to begin paying employer contribution salaries paid to PERA retirees. To ensure that we have correct information on our employee population, please complete this form and return it with your contract to the Office of Human Resources. If you have questions, please contact the Office of Human Resources at 6-3120.

☐ I am not a retiree.

☐ I am a PERA retiree and currently receiving a monthly benefit.

☐ I am receiving a retirement benefit from another retirement plan other than PERA.

Plan Name: _____

Print Name

Date

Signature

Form W-4 (2018)

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

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

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

Line C. Head of household please note:

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

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

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • 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.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____			
B	Enter "1" if you will file as married filing jointly	B _____			
C	Enter "1" if you will file as head of household	C _____			
D	Enter "1" if: <table border="0"> <tr> <td> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td>}</td> <td>D _____</td> </tr> </table>	<ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	D _____	
<ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	D _____			
E	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 \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E _____			
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 	F _____			
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G _____			
H	Add lines A through G and enter the total here	H _____			

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details	1 \$ _____			
2	Enter: <table border="0"> <tr> <td> <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately </td> <td>}</td> <td>2 \$ _____</td> </tr> </table>	<ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately 	}	2 \$ _____	
<ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately 	}	2 \$ _____			
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____			
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____			
5	Add lines 3 and 4 and enter the total	5 \$ _____			
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6 \$ _____			
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____			
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____			
9	Enter the number from the Personal Allowances Worksheet , line H above	9 _____			
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____			

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

☐ **I Accept Direct Deposit**

(Must Complete All Information Below)

COMPANY NAME: Metropolitan State University of
Denver

COMPANY ID
NUMBER: 84-0559160

I hereby authorize MSU Denver, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my () Checking () Savings account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK DEPOSITORY
NAME:

ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ **900 Number** _____
(PLEASE PRINT)

Work Telephone Number: _____ **Home/Cell Telephone**
Number: _____

DATE _____ **SIGNED** _____

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY
REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER
SPECIFIED IN THE AUTHORIZATION.**

ATTACH
Voided Personal Check or Banking Institutional Letter
HERE

☐ **I Decline Direct Deposit**

(Paycheck available for pickup in the Cashiers
Office – Student Success Bldg.)

Print Name

900 #

REQUIRED: PLEASE INCLUDE WITH THE PACKET!

CLASS SCHEDULE:

- STUDENT DETAIL SCHEDULE FROM STUDENT HUB
OR
- SFAREGS/SFARGSQ BANNER PRINTOUT

The screenshot shows a Banner printout titled "Student Detail Schedule". It includes fields for Term (2020), ID (000), Date (07/29/2020), and a "Print" button. Below this is a section for "Enrollment Information" with checkboxes for "Display to Register" and "Process Block", and fields for "Status Date", "Minimum", and "Maximum". The main section is "Course Information", which is a table with columns: CRN, Subject, Course, Section, Grade Mode, Credit Hours, Bill Hours, Attempted Hours, Status, Status Level, After Need Override, Part of, Method, and Campus. The table lists several courses including ENG 101, ENG 102, ENG 103, ENG 104, and ENG 105. At the bottom, there is an "Error Flag" section and a "Status Type" field.

AND IF APPLICABLE

WORK-STUDY AWARD:

- AWARD HISTORY FROM STUDENT HUB
OR
- AID BY YEAR-OVERVIEW TAB FROM STUDENT HUB
OR
- RPAAWRD BANNER PRINTOUT

The screenshot shows a Banner printout titled "RPAAWRD". It includes fields for "Award Year" (2020) and "ID" (000). Below this is a section for "Fund Awards" with a table that has columns: Fund, Description, Status, Offered, Accepted, Declined or Cancelled, Amount or Authorized, and Paid. The table lists several funds including "CO Work Study", "Federal Direct Unsub Loan", and "Federal Direct Unsub Loan". At the bottom, there is a "Summary" section with fields for "Offered", "Resources", "Crossover Paid Award", "Crossover Aid Year", "Budget Group", "Period Budget Group Detail", "Budget", "EFC", "Gross Need", and "Unmet Need".