



## New Hire Checklist – Temporary Hourly (Print One Sided)

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

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

Employee ID: \_\_\_\_\_

Title: \_\_\_\_\_

Employee Net ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

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

☐ Administrative Hourly (19 hours/week)

☐ Classified Hourly (40 hours/week)

### **HR Forms**

- ☐ Background Check Authorization
- ☐ I-9 Forms & Forms of ID
- ☐ Employment Data Sheet
- ☐ SSA-1945 Form
- ☐ Workers' Comp. Acknowledgement
- ☐ FERPA
- ☐ Voluntary Disability Form
- ☐ PRWORA

### **Payroll Forms**

- ☐ W-4 Form
- ☐ Direct Deposit
- ☐ PERA Information

### **FOR HR USE ONLY**

☐ PPAIDEN

☐ Generate ID# (90\_)

☐ Update Info

☐ PEAEMPL

☐ GOATPAC (Only if generated 900#)

☐ NBAJOBS

☐ Update Spreadsheet


Completion Dates:

Orientation \_\_\_\_\_

Background Check \_\_\_\_\_

I-9 Form \_\_\_\_\_

The Background Check Disclosure & Authorization form  
Will be emailed to your applicant email address.



**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](mailto:customerservice@hireright.com) or call one of the numbers listed [here](#).

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Sincerely,  
HireRight Customer Support

# I-9 EMPLOYMENT ELIGIBILITY VERIFICATION FORM

Please complete the Employee Portion  
of the I-9 online at -

<https://hrx.talx.com/ec/#/login/17682/Template/6c35ea4a-367e-4b3b-b84d-c0bf29fe2e46?Required=True>

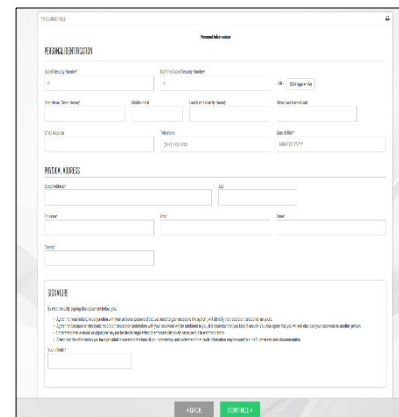
1) Select **MSU Denver Main Campus** and click **“Continue”**



2) **“Welcome to your Employment Center”** – click **“Continue”**

3) Complete the **“Personal Information”** Section

- Fill in the required details
- Sign the bottom of the form using your initials.
- At the bottom select "continue".



4) Complete the **“I-9”** Section

- Fill in your Employment Date.
- Select your Citizenship.
- At the bottom select "continue".

5) Review and verify that your information is correct

- At the bottom you will complete your electronic signature
- Select "continue"



6) Summary Page

- You have the option to email a copy to yourself if you wish to retain a copy for your records

7) Select **“continue”** one last time to **SAVE** everything.

8) 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**

## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



# Employee Data Sheet

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

900# (if known): \_\_\_\_\_

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

Hiring Department: \_\_\_\_\_

New Employee or Returning Employee (**please circle one**)

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

\_\_\_\_\_  
MI:

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

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

\_\_\_\_\_  
Date of Birth:

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

\_\_\_\_\_  
City, State, Zip:

\_\_\_\_\_  
Personal Email:

\_\_\_\_\_  
Telephone Number:      Cell or Home  
(Please circle)

## **EMERGENCY CONTACT INFORMATION:**

\_\_\_\_\_  
Name of Contact

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

\_\_\_\_\_  
Street Address: (if different from above)

\_\_\_\_\_  
City, State, Zip:

## **Citizenship Status: If Other than a United States Citizen:**

Visa Type: \_\_\_\_\_ Country: \_\_\_\_\_ Visa Exp. Date: \_\_\_\_\_



**Equal Employment Opportunity (EEO) Gender & Ethnicity Self Disclosure Form**

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

**Gender:**

☐ Female ☐ Male

**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 of Veteran Status

Disclosure is voluntary and responses will not be used in a discriminatory manner

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: \_\_\_\_\_

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

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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](http://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 \_\_\_\_\_

**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, HealthONE and the Student Health Center 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.

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Signature

Date

**\*Submit to Human Resources after signature**

### **Federal Educational Rights and Privacy Act (FERPA)**

FERPA is a federal law protecting the privacy of a student's educational records and applies to any educational institutions that receive funds under any program administered by the U.S. Department of Education. Violation to FERPA would result to the University losing the ability to provide financial aid to our students.

FERPA rights belong to the student at a postsecondary institution regardless of age. Student applies to all students—including continuing education students, students auditing a class, distance education students, and former students.

Metropolitan State University of Denver maintains educational records for each student who has enrolled at the University. Under the Family Education Rights and Privacy Act of 1974, 20 USC 1232g, and the implementing regulations published at 34 CFR part 99, each eligible student has the right to:

1. Inspect and review his/her educational records;
2. Request the amendment of the student's education records to ensure that they are not inaccurate, misleading or otherwise in violation of the student's privacy or other rights;
3. Consent to the extent that FERPA authorizes disclosure without consent (see Nondisclosure and Exceptions in the University catalog under Student's Rights and Responsibilities.
4. File a complaint under 34 CFR 99.64, concerning alleged failures by the University to comply with the requirements of FERPA, with the Family Compliance Office, U.S. Department of Education.

As a staff or faculty member at MSU Denver, it is your responsibility to oversee and uphold the rights of FERPA grants to our students. Basic guidelines include:

- Do not display any personally identifiable data or information which includes, but is not limited to student's name, the name of the student's parent or other family members, the address of the student or student's family, a personal identifier such as SSN, student number or biometric record. Other indirect identifiers such as the student's date of birth, place of birth, mother's maiden name, or other information alone or in combination that is linked to a specific student.
- Student educational records are considered confidential and cannot be released without the student's prior written consent.
- As a student worker, staff, or faculty member, you are given access to student educational records for the sole purpose of performing your job. It is your responsibility to protect educational records whenever they are used and regardless of the medium in which they are accessed.
- Do not use anyone else's username or password or allow anyone to use yours. Log out of Banner when not in use and lock your computer when you walk away.
- When in doubt, do not give it out. Do not hesitate to call the Office of the Registrar at 303-556-3991 for any FERPA guidance.

**I have read and agree to the above responsibilities regarding FERPA regulations:**

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

900# \_\_\_\_\_

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

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

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

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

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

Employee ID: \_\_\_\_\_

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

**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

**Employee's Withholding Certificate**

OMB No. 1545-0074

**2022**

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

**Step 1:  
Enter  
Personal  
Information**

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

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

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

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

**Step 3:  
Claim  
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . **3** \$

**Step 4  
(optional):  
Other  
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . **4(c)** \$

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

**Employers  
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

# Direct Deposit Authorization Agreement

**COMPANY**

**NAME:** Metropolitan State University of Denver **COMPANY ID:** 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#:** \_\_\_\_\_  
(PLEASE PRINT)

**Work Telephone Number:** \_\_\_\_\_ **Home/Cell Phone 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.**

**Employee Type:**

☐ Full-Time: Faculty, ☐ Part-time Faculty ☐ Admin/Classified Hourly  
Administrators, Classified Staff

**PLEASE ATTACH VOIDED CHECK OR  
BANKING INSTITUTION LETTER**



### 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 303-615-0999.

☐ 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



## Required Trainings

The Metropolitan State University of Denver (MSU Denver) is committed to maintaining environments that are welcoming, safe, and accessible, where all students, staff, faculty, visitors, guests, vendors, contractors, and others can study, work, and/or recreate, free from discrimination, harassment, intimidation, and bullying, consistent with University policies, and relevant law. To advance this goal, we have partnered with one of the leaders in the risk management industry, Campus Prevention Network to provide online training courses. MSU Denver President, Dr. Janine Davidson, has instructed all employees, including student-employees, to take the following online courses every two years. Employees will receive relevant email reminders from the Office of Equal Opportunity (OEO), which administers the courses.

- Accommodating Disabilities; and
- Preventing Harassment and Discrimination.

All employees also must take the following course every year, as required by Colorado State law:

- Check Point: Data Security and Privacy.

All new employees must complete these training courses within 30 days of being hired.

If you have technical questions regarding these online training courses, please contact Campus Prevention Network.

For other questions or concerns, please contact OEO at 303-615-0036, or email Ms. Amanda Miracle, OEO Equity Specialist, at [amiracl1@msudenver.edu](mailto:amiracl1@msudenver.edu)

[Click Here for Trainings](#)

TO: **Employees of MSU Denver**  
FROM: **Human Resources**  
SUBJECT: **Work-Related Injury or Illness**

Attached are the procedures you must follow for a work-related injury or illness. We hope that you will not find it necessary to utilize this benefit, however, if the need arises, you must follow the attached procedures very carefully. Failure to do so may cause a financial burden on you. Your medical insurance might not cover work-related injuries.

Please sign and return the last page (EMPLOYEE NOTIFICATION OF WORKERS' COMPENSATION PROCEDURES) and return the last page to the Human Resources Office at Campus Box 47 indicating your knowledge of and agreement to adhere to MSU Denver Work-Related Injury or Illness procedures.

*Thank you.*

### **Workers' Compensation Procedures (Work Related Injury or Illness)**

#### **I. General Guidelines**

These guidelines may be used treat most emergencies

- A. Immediate attention is to be given to the immediate medical needs of an injured person.
- B. In the case of major trauma or "life or limb threatening" accidents, call an ambulance for transportation to the nearest emergency room.
- C. If there is any doubt about safety, it is strongly advised that a non-medical person refrain from moving an injured person.

#### **II. General Procedures**

- A. Except in the case of a serious or life-threatening emergency, an injured employee must be treated by one of the three MSU Denver designated providers.

Locations Nearest to the Auraria Campus - Full list available online at



- **Concentra Medical Center** - the location nearest to Auraria Campus is 1730 Blake Street, Suite 100, 303-296-2273. (See Page 4 for more locations.)
- **HealthONE** - the location nearest to Auraria Campus is 9195 Grant Street Suite 100 Thornton, CO 80229 Phone: (303) 292-0034. (See Page 5 for more locations.)
- **Midtown Occupational Health Services** (located at Diamond Hill Office Complex Building D, Suite 200, 2420 West 26th Avenue, 303-831-9393.)

Failure to comply may cause you to risk liability for all medical expenses. It is recommended that the employee's supervisor or the Human Resources office call the facility chosen to authorize treatment before sending the patient. The hours of operation of the above facilities are generally 8:00 a.m. - 5:00 p.m., Monday through Friday. Medical evaluation, testing or consultation will be conducted. It is possible that the designated provider will refer the patient for additional medical services. Parking is available at each facility

- B. Workers injured on the jobs, within the course and scope of their job duties, must report the injuries or illness within four days of occurrence, in writing, to their supervisor. For an illness, such as a repetitive motion injury, the date of decision (the day you decide you need to see a doctor) or the date of diagnosis is the date of injury regardless of the length of time passed. The First Report of Injury is then filled out by your immediate supervisor, using your written statement. Because the State is self-insured for workers' compensation, the First Report and your written statement are sent to the Workers' Compensation provider and State Risk Management.
- C. Following examination by the physician, the patient will be given copies of the Worker's Compensation Physician's Initial Report or attending physician's report. The original should be kept in the supervisor's files. A copy will be retained by the employee for medical instruction and return appointments as applicable. The Human Resources Office will receive a copy from the physician's office.
- D. The attending physician's report will indicate when the employee is able to return to work. The employee must show this form to the supervisor, and return to work on the date the physician indicates on this form.
- E. Supervisors should be notified immediately if the employee continues to experience problems or concerns as a result of the injury. All concerns are significant and should be referred to the employee's supervisor, the designated medical provider, and to the Human Resources Office.
- F. The Worker's Compensation provider is responsible for payment of medical expenses if an injury or illness is determined to be work related and the proper procedures have been followed. If an employee's claim is denied, the employee must seek reimbursement from their own insurance carrier and face responsibility of payment if the claim is denied at that point.

## **II. After Hours Procedures**

- A. The employee is responsible for informing the supervisor and the Human Resources office when treatment has been received after hours.
- B. Leave time taken during work hours by administrators and classified employees must be reported as IOJ (Injury on Job) leave. The first 24 hours of any lost time injury will be paid using the injured employee's available sick leave. Please contact Human Resources to discuss documentation of any injury leave so that time off can be coordinated with Pinnacol for appropriate benefits management.