Student Employment Paperwork Packet

Name: ____________________________________________

(Last) (First) (Middle Initial)

Date: ___________________________  Student ID: ___________________________

Department for which I’ll be working: __________________________________________

Supervisor, if known: ________________________________________________

Area to be filled out by Student Employment Staff

☐ Paperwork Track __________

☐ Workflow __________

☐ Index (payroll, confidentiality, universal availability notice) __________

☐ E-verify __________

☐ Banner __________

☐ E-verify Workbook __________

☐ Index (I-9 information) __________
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident ( Alien Registration Number/USCIS Number): ____________________________
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ____________________________

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:

1. Alien Registration Number/USCIS Number: ____________________________
   OR
2. Form I-94 Admission Number: ____________________________
   OR
3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

ZIP Code
Authorization for Direct Deposit

Instructions:
1.) Fill in the form and submit it using the buttons in the top right corner of the page. If printing, please return the form to the Payroll office in the Administration Building either in person or via campus mail. Please use the address listed in the top left corner of this form.

2.) You may deposit into a maximum of 4 accounts. To deposit funds into more than the 2 accounts listed on the form, please fill out and attach an additional form. Please make sure to number the accounts in order from 1-4.

9 Digit BSU ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Last Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] First Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Middle Initial: [ ]

START direct deposit to the bank or credit union(s) elected below.

CHANGE my current direct deposit by stopping all authorizations on record.
A new direct deposit record will be created using the bank or credit union information listed below.

1.) Name of Bank or Credit Union: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Account type (select only one):
- Checking Account
- Savings Account

Percent or Dollar Amount to be deposited. Use ONLY if depositing to more than one account:

% OR $ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

9 digit Bank Routing Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Bank Account Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Only complete (2) if you are electing the remaining portion of your direct deposit go to an additional bank or credit union.

2.) Name of Bank or Credit Union: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Account type (select only one):
- Checking Account
- Savings Account

Percent or Dollar Amount to be deposited. Use only if depositing to more than one account:

% OR $ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

9 digit Bank Routing Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Bank Account Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

I authorize Ball State University to deposit my payroll automatically to my account at the financial institution(s) indicated above. I understand that the earliest I can expect my checking or savings accounts to be credited will be on pay day. I further understand that if I change or terminate my account(s) without notifying Ball State’s Department of Payroll and Employee Benefits in writing, my pay will be delayed.

Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
WHAT IS A 403(b) AND 457(b) PLAN?

403(b) and 457(b) plans are tax-deferred retirement plans for employees of certain tax-exempt, governmental organizations or public education institutions. An employer may sponsor 403(b) and 457(b) plans to provide a benefit to its employees to save for retirement on a tax-deferred basis. Contributing to a 403(b) or 457(b) plan may help to give you peace of mind through financial security during your retirement. Participation in the 403(b) or 457(b) plan sponsored by the University is completely voluntary. You may contribute a portion of your pay to the 403(b) plan as a pre-tax contribution or an after-tax (Roth) contribution (and to the 457(b) plan as a pre-tax contribution) in order to save toward your retirement. If you are already contributing to the 403(b) or a 457(b) plan, now may be the perfect time to think about increasing your contributions.

WHO IS ELIGIBLE TO CONTRIBUTE TO A 403(b) AND 457(b) PLAN?

All University employees and students are eligible to participate in the University’s 403(b) plan and non-resident aliens who receive no earned income from the University which constitutes U.S. source income. Students may not participate in the 457(b) plan.

WHAT ARE THE BENEFITS OF CONTRIBUTING TO A 403(b) AND 457(b) PLANS?

LOWER YOUR TAXES

You may make pre-tax contributions to the 403(b) plan and 457(b). This means that you are taxed on a lower amount of income. For example, if your federal marginal income tax rate is 25%, and if you contribute $100 a month to the 403(b) and/or 457(b) plan, you have reduced your federal income taxes by nearly $25. In effect, your $100 contribution costs you only $75. You will realize similar tax savings based on your state income tax rate. The tax savings can grow with the size of your contributions to the plans.

TAX-DEFERRED GROWTH

Interest and earnings on your contributions to the 403(b) and 457(b) plans grow tax-free until you withdraw them from the plan. The compounding interest on your contributions to the 403(b) and 457(b) plans can allow your account to grow more quickly than saving money in a savings account where interest and earnings are generally taxed each year.

TAKING THE INITIATIVE

Contributing to the 403(b) and 457(b) plans can help you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person’s salary upon retirement. The 403(b) plan can be a great way to provide you with additional income at retirement.

POSSIBLE TAX CREDITS

If you contribute to the 403(b) and 457(b) plans, you may be able to receive a tax credit, which could reduce your overall federal income tax paid for the year. Please contact your tax advisor to learn more.

ROTH 403(b) OPTION

You may also choose to contribute a portion of your pay to the 403(b) plan on an after-tax (Roth) basis. If you wait at least five years before taking a distribution of your after-tax (Roth) account and meet certain other requirements, you can request a distribution of your entire account tax-free.

HOW MUCH CAN YOU CONTRIBUTE TO A 403(b) & 457(b) PLANS?

You may elect to contribute up to $19,000 of your pay to the 403(b) and also the 457(b) plan in 2019. (If you are age 50 or older, or will attain age 50 by the end of the calendar year, you may also elect to contribute up to an additional $6,000 of your pay to the 403(b) and/or 457(b) plans in 2019.)

HOW TO ENROLL IN THE PLAN

You must first select an investment provider with which to invest your contributions. Once you have opened an account with an investment provider, you should submit a 403(b) and 457(b) Plan Salary Reduction Agreement (SRA) to the Office of Payroll & Employee Benefits indicating the percentage of pay you would like to contribute to the 403(b) and/or 457(b) plans. A list of approved investment providers under the 403(b) and 457(b) plans and a SRA for making your elections can be found on the Payroll & Employee Benefits website at www.bsu.edu/benefits and following the Retirement Benefits link.

INVESTMENT CHOICES

You can contact the approved investment providers under the 403(b) and 457(b) plans for a comprehensive listing of the investment options offered by each investment provider.

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary can take a distribution from the 403(b) and 457(b) plans at the earlier of:

1. Retirement
2. Total disability
3. Death of participant
4. Termination of employment
5. Attainment of age 59 ½ for 403(b) or age 70 ½ for 457(b)

Your investment provider will provide you with the distribution paperwork.

LOANS (403(b) PLAN ONLY)

Loans are limited to one at a time from all investment providers combined. You may borrow up to ½ of your balance up to a maximum of $50,000. Contact your investment provider for more information.

GENERAL PLAN INFORMATION

To obtain additional information about the 403(b) and 457(b) plans, please contact the Office of Payroll & Employee Benefits at 765-285-8461 or peb@bsu.edu.

Plan Name:
Ball State University Tax Deferred Annuity Plan - 403(b)
Ball State University 457(b) Deferred Compensation Plan

Plan Administrator:
Ball State University

Updated 11/21/18
1. INTRODUCTION

This Confidently and Information Access Employee Agreement must be read, understood, and signed by all employees who either access or may encounter Ball State University confidential information as a part of their assigned duties. Questions which arise during the course of employment may be directed to your immediate supervisor, Career Center, or the Office of Information Security Services. Employees signing this agreement should keep a copy for their records.

2. CONFIDENTIAL INFORMATION DEFINED

Ball State University is dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our student, employee, and organizational information. “Confidential Information” includes all of this information that is personally identifiable and non-public. I understand Confidential Information may be paper-based, electronic, or stored or transmitted in some other form, and that examples of Confidential Information include, but are not limited to:

- Academic information, such as grades and class schedules
- Bank and credit card account information, income, credit history, and consumer report information
- Disciplinary or employment records or related information
- Loan information, including loan applications and loan servicing, collection and processing
- Money wiring and other electronic funds transfers
- Other non-public personally identifiable information relating to a financial transaction
- Social Security Numbers, driver's license numbers, or similar identification codes or numbers
- Student account balance information, financial aid information

I understand the existence of information in one publicly available format does not imply approval to disclose it in another format. For example, I understand certain student directory information (such as telephone numbers and mailing addresses) may appear in the printed Ball State University Directory, however disclosure of the same information in another format such as an electronic file requires separate approval from the appropriate Data Steward. I will contact my supervisor or the Office of Institutional Effectiveness for help in determining the appropriate Data Steward for particular university data when dealing with Confidential Information if I am unsure how to proceed.

3. PROTECTION OF CONFIDENTIAL INFORMATION

Protection of Confidential Information requires the following minimum standards, which I agree as a condition of my continued employment:

- **Download or Transmission of Confidential Information:** I will not download or extract Confidential Information to removable storage devices such as compact discs or flash drives, or transmit such information to any non-university system including personally owned systems or entity without explicit approval to do so from my supervisor or the appropriate Data Steward and the Office of Information Security Services.
- **Access to Confidential Information:** I will safeguard and maintain the confidentiality of all Confidential Information at all times and will only access, use, or disclose Confidential Information necessary to perform my assigned duties. I will disclose such information to other individuals or organizations only for legitimate University business, research, or academic purposes, and only after I have received prior approval to do so from my supervisor or the appropriate Data Steward.
- **Desktop and Laptop Computer Security:** I will maintain the security of any computer or device I use to access or store Confidential Information to the best of my ability including the use of passwords, protected “screen savers”, approved antivirus and anti-spyware software, and other measures as may be required by Information Technology Security procedures available at http://www.bsu.edu/security. If I am uncertain as to how to secure my computers or devices I will obtain the necessary help to ensure they are protected.
3. PROTECTION OF CONFIDENTIAL INFORMATION

(continued)

d. **Servers and Vendors:** I understand implementing servers on or off-campus requires compliance with a separate set of procedures available at http://www.bsu.edu/security. I will not implement servers or hosted systems before contacting the Office of Information Security Services to ensure alignment with applicable hosting procedures.

e. **Duty to Protect Passwords:** I understand passwords used to access university systems are Confidential Information and that I am responsible for access assigned to me. I will not disclose my university passwords for any reason absent the approval of the Office of Information Security Services. In the event I suspect my password has been lost or stolen I will immediately notify the IT Helpdesk (765-285-1517) or Computer Operations (765-285-1549) so that my password may be disabled or reset.

f. **Duty of Renounce Access:** In the event my duties and responsibilities or job assignment changes or my employment with the university ceases I affirm that I will maintain the confidentiality, integrity and availability of all Confidential Information and will promptly notify the appropriate systems administrator or other authority so that my access may be properly adjusted or removed.

g. **Reporting An Information Security Breach Or Policy Violation:** In the event I suspect a security breach or inappropriate disclosure of Confidential Information my first action will be to immediately notify either the Office of Information Security Services (765-285-4390), the Office of University Compliance (765-285-5162), or IT Computer Operations after-hours support (765-285-1419). I will then review the official procedures for Reporting an Information Security Incident or Suspected Violation and will take any additional subsequent steps required.

h. **Appropriate Use of Technology:** I understand the Information Technology Users' Privileges and Responsibilities policy governs my usage and I agree to abide by the terms of this policy regarding the appropriate use of all technology and information systems at Ball State University.

i. **Security Monitoring and Testing Software or Hardware:** I will not use software, tools, or techniques (human, technical, or otherwise) designed or intended to break, exploit, or test the security of university technology resources without explicit written approval from the Office of Information Security Services.

j. **Audit & Security Review of BSU Information Systems:** I understand I have no personal expectation of privacy in any computer or storage system owned, maintained, or utilized by Ball State University. I further understand the university audits, logs, reviews, and utilizes information stored on or passing through information systems for legal or administrative purposes, and that the university may not provide notification of such access or usage.

k. **Sanctions:** I understand violations of this Agreement may result in disciplinary action up to and including termination of employment, suspension and loss of privileges, termination of authorization to Confidential Information, as well as legal sanctions.

**PLEASE REFER ANY QUESTIONS RELATED TO THIS AGREEMENT TO YOUR SUPERVISOR OR THE CAREER CENTER.**

By signing this Agreement, I acknowledge that I have read and fully understand and agree to comply with all of its terms and conditions. I also understand my current access may be revoked and I may be denied future access to university information unless I sign, date and return this Agreement in a timely manner.

Employee’s Signature ___________________________ Date ___________________________

Employee’s Printed Name ___________________________ Date ___________________________

Employee (student) ID ___________________________

Please Return This Completed Agreement To The Career Center.