

ADJUNCT PACKET

CHECKLIST:

- ☐ *Offer Letter* (issued through the Dean's office) *
- ☐ Adjunct Application for Employment
- ☐ New Hire Orientation Data Collection
- ☐ Form W-4
- ☐ Form I-9
- ☐ Direct Deposit Form/ Void Check
- ☐ Email/Web Account Request
- ☐ Inquiry of Pension Membership
- ☐ Social Security Card (for Payroll purposes) **
- ☐ Identification (that complies with the Form I-9) **
- ☐ *Official* Transcripts (of all degrees earned)
- ☐ Ethics Form

If Applicable:

- ☐ Work Authorization
- ☐ World Education Services Evaluation

* Required prior to submitting the checklist items.

** All forms of ID must be presented in their original formats for verification purposes. Copies will be made by respective Dean's Office.

Questions?

Please contact the Office of Human Resources at (908) 737-3300.

NEXT STEPS

Please contact Heather Brandao by email for a quicker response at brandaoh@kean.edu or by phone (908)-737-3266 to set up an appointment to continue the adjunct hiring process. She is available Monday through Friday 8:00am to 6:30pm excluding 3:00pm to 4:15pm on regular business days (appointments are required) to answer any questions or if you require any additional information.

Please bring the following information indicated below with an (x) to your appointment with the Human Resources department. Please refer to the Human Resources website for access to all forms listed below: <http://www.kean.edu/offices/human-resources/adjunct-faculty>. (**Important Note** – you must have an “Offer Letter” from the Dean’s Office for Human Resources to begin the processing of your application.)

Documents needed prior to employment:

- x Adjunct Application for Employment
- x New Hire Orientation Data Collection
- x W-4 Form (current year)
- x Direct Deposit Form/ Voided Check
- x E-mail/Web Account Request Form
- x Pension Inquiry form
- x Ethics Form
- x the **original/signed** Social Security card (if lost/stolen must immediately initiate the process of replacement with nearest Social Security Administration Office)
- x Identification (To fulfill the Form I-9)

In order to ensure timely compensation payments, please complete and provide this documentation within fifteen days (15) of receiving your Offer Letter from your respective Dean. If the semester is about to begin, or has begun, you must provide the necessary documentation within three (3) days. Failure to do so, you may be subject to termination of your employment.

Parking Permits and Identification Card – Upon receipt of your formal contract, parking permits may be obtained without charge by logging onto <http://www.kean.edu/parking>. Be prepared to enter your Kean ID number, the make and color of your vehicle as well as your VIN (Vehicle Identification Number). Print the receipt at the end of this application. You will need to provide this print out, along with your Kean ID card* to the Student Accounting office to obtain your parking decal, which will be available for pick up after 72 hours. Please contact the ID OFFICE for hours of operation at (908) 737-3258.

*Prior to picking up your Parking Permit, you must first obtain your Kean ID card. The Photo I.D. Office is located in the Administration Building, 3rd floor. There is a nominal charge for replacement cards if lost. Upon receipt of your card, you may then pick up your decal, located on the same floor.

Ethics- Please complete the, “Acknowledgement Receipt” forms and “Disclosure of Outside Activities” form and the “College and University Disclosure Form” provided at the time of your visit. Sign where indicated. The forms must be returned to the respective Dean’s office. If you have questions regarding these forms, please contact the University Counsel office at (908)-737-7028. For your convenience, the following is a link to the Ethics booklet and Training Brochure.

http://www.kean.edu/sites/default/files/u9/adjunct_brochure.pdf

<http://www.kean.edu/sites/default/files/u9/uniformcode.pdf>

Orientation Sessions – You will be contacted by the Office of Academic Affairs concerning an Orientation for New Adjuncts near the beginning of the semester.

Handbooks – The Adjunct Faculty Handbook is available online through Kean University’s Human Resource’s website. Please contact the Office of the Human Resources at 908-737-3300 with questions regarding the Handbook and/or Adjunct Union Agreement 2017-201;. For your convenience, the following is a link to the Adjunct handbook.

<http://www.kean.edu/admin/uploads/pdf/hr/AdjunctHandbook.pdf>

KUAFF Membership and Application Card – Upon receipt of your formal contract, you may apply for membership to Kean University Adjunct Faculty Federation (KUAFF) to do which an application card is available to sign with instructions to further processing in this packet as well as from the KUAFF website (http://kuaff.nj.aft.org/files/membership_application_card_0.pdf) Please contact the KUAFF OFFICE for hours of operation and any other information at (908) 737-4200

Human Resources Contact Information

Heather Brandao

Adjunct Unit

Human Resources

908-737-3266

brandaoh@kean.edu

Tejal Talati

Adjunct Unit

Human Resources

908-737-3301

ttalati@kean.edu

Questions Regarding Pension and Benefits

Tammina Guillaume

Pension and Benefits

Human Resources

908-737-3314

guillaut@kean.edu

Yrelys Tapanes

Pension and Benefits

Human Resources

908-737-3313

ytapanes@kean.edu

KEAN UNIVERSITY**1000 MORRIS AVENUE
UNION, NJ 07083**

Position applied for:

☐ Adjunct ☐ Academic Specialist**APPLICATION FOR
EMPLOYMENT**Availability (Please check each work shift for which you are available): ☐ Day Shift ☐ Evening Shift ☐ Midnight Shift ☐ Weekends**Please PRINT legibly or TYPE answers. Please be aware that misrepresentation may be cause for removal.**

Last Name	First Name	MI	Date
Street Address			Home Phone #
City	State	Zip	Alternate Phone #
Email Address			Social Security #
Have you ever applied for employment at Kean University? <input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, state month and year):			Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Proof of Age, Education, Military Status, Citizenship and Work Eligibility may be required upon employment offer.

1. If you are a student, what is your expected graduation date? _____
2. Do you possess a driver's license that is valid in New Jersey? ☐ Yes ☐ No
3. Do you possess a Commercial Driver License? ☐ Yes ☐ No
(Answer question #3 only if it is a requirement as indicated on the job announcement or job specification)
4. Are you either a U.S. citizen or an alien authorized to work in the U.S.? ☐ Yes ☐ No
5. Are you in the U.S. on a visa which permits you to work at Kean University? ☐ Yes ☐ No Visa Type: _____
6. Are you a Veteran? ☐ Yes* ☐ No
(*If yes, have you established Veterans Preference with the New Jersey Civil Service Commission after April 1, 1980?):
☐ Yes ☐ No
7. Are you now or have you ever been a member of the NJ State Pension System? ☐ Yes* ☐ No
(*If yes, indicate system name and membership number): _____
8. Have you ever worked or been educated under a different name? ☐ Yes* ☐ No
(*If yes, under what name?): _____
9. Are you currently on a special or regular reemployment list or any list resulting from an examination administered by the New Jersey Civil Service Commission? ☐ Yes* ☐ No (*If yes, provide titles and symbols): _____
10. Please list any friends or relatives currently working at Kean University: _____
11. Are you currently employed by Kean University? ☐ Yes* ☐ No (*If yes, state position): _____

Education, Skills and Abilities

	Name and Location of School	Course of study	No. Years Completed	Did you graduate?	Degree or Diploma
High School (last attended):			1 2 3 4 GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Formal Training (include Military):				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any relevant skills, training, licenses, etc. that have given you the knowledge and abilities for this position:

List all employment starting with your current or most recent employer, including military experience. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.

Company Name	Phone #
Address	Employed (Month and Year) From to
Name of Supervisor	Last Salary
Job Title and Duties	Reason for Leaving
Company Name	Phone #
Address	Employed (Month and Year) From to
Name of Supervisor	Last Salary
Job Title and Duties	Reason for Leaving
Company Name	Phone #
Address	Employed (Month and Year) From to
Name of Supervisor	Last Salary
Job Title and Duties	Reason for Leaving

REFERENCES: List below 3 people unrelated to you whom we may contact for information concerning your qualifications.

Name	Address	Phone #	Occupation

Person to Be Notified in Case of Accident or Emergency

Name	Phone #
Address	Relationship

Americans with Disabilities Act: Pursuant to the Americans with Disabilities Act, an individual with a disability may request a reasonable accommodation in order to participate in the employment application process at Kean University. Requests for accommodation should be addressed to the ADA Coordinator in the Office of Human Resources by phone at 908-737-3300 or by email to hr@kean.edu.

I authorize my former employers to release any information they may have concerning my employment record and I release Kean University and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of Kean University to verify any and all information contained in this application, including education and to review any and all criminal history, military and disciplinary records of any source.

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if I become employed by Kean University.

Signature:

Date:



KEAN
UNIVERSITY
www.kean.edu

NEW HIRE ORIENTATION DATA COLLECTION

SECTION I: Confidential Employee Information (Please Print)

Today's Date: _____ **Employment Date:** _____

Surname: ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Professor

Social Security Number: _____

Date of Birth: _____

Name: _____
LAST FIRST MI

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone: _____

Education Level: ☐ High School ☐ BA/BS ☐ MA/MS ☐ Ph.D. ☐ Other _____

Prior State Service: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Ethnicity/Race: Are you Hispanic/Latino/Spanish? ☐ Yes ☐ No

What is your race? (Check one or more):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

(Continued on other side)

Section II: Emergency Contact Information

Person to be notified in case of emergency:

Name: _____ **Relationship:** _____

Address: _____

Telephone: _____ **Alternate Telephone:** _____

Place of Business: _____ **Telephone:** _____

Alternate Person to be notified if above named person is unavailable:

Name: _____ **Relationship:** _____

Address: _____

Telephone: _____ **Alternate Telephone:** _____

Place of Business: _____ **Telephone:** _____

Form W-4 (2019)

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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional 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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

----- 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	
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2019	
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 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, 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)	

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

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

BASIC INSTRUCTIONS

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

Instruction A - Wage Chart

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

HOW TO USE THE CHART

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

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

THIS FORM MAY BE REPRODUCED

		WAGE CHART									
Total of All Other Wages		0	10,001	20,001	30,001	40,001	50,001	60,001	70,001	80,001	OVER
YOUR WAGES	0	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D
	30,001	B	B	A	A	A	A	A	E	E	E
	40,001	B	C	A	A	A	A	A	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E
	60,001	B	C	D	A	A	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C 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		
		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		
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				

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.

E-Mail/Web Account Request Form

Completed Forms Should Be Returned To:
(Allow 5 Business Days for Processing)

Kean University
Account Request: CSS-113
1000 Morris Avenue
Union, NJ 07083

*Please Print or Type All Information Clearly
(Illegible and incomplete forms will not be processed)*

Name (First, Last):

Colleague ID:

Mailing Address:

City, State, Zip Code:

Daytime Phone:

Affiliation with Kean University:

Check one: ☐ Student ☐ Staff ☐ Faculty ☐ Department: _____
☐ Student Group: _____
(Desired Department/Student Group name required.)

Access Requested:

☐ Individual E-Mail Account
☐ Department/Student Group E-Mail Account - (Form must be completed by Chairperson,
Director or Advisor.)
☐ Web Page – (Individual or Department/Student Group.)

Current TURBO Users:

If you have a current **TURBO** account please supply the User ID: _____

In signing below, I certify that I have read and agree to abide by the Kean University Computer Related Acceptable Use Policy. I agree that I will maintain the privacy of my user ID and password and that I will not enable another person to access information using my account. This account will automatically be deleted upon my termination as an employee, graduation/non-enrollment as a student, or account inactivity of six months.

Signature

Date

For OCIS Use Only---- Do Not Write In This Area

Cougar User ID: _____

Account Group : _____

Initials

Date

Comments

Affiliation Certification:

Account Created By:

KEAN UNIVERSITY
INQUIRY OF PENSION MEMBERSHIP

PART A

1. Are you retired from a New Jersey State-Administered Retirement Plan? ☐ Yes ☐ No
If yes, check the retirement plan from which you retired and indicate the date of your retirement, then skip to PART B.

☐ ABP ☐ PERS ☐ PFRS ☐ SPRS ☐ TPAF

Retirement date: _____

Type of Retirement: ☐ Disability ☐ Other

2. Do you currently contribute to a State-Administered Retirement Plan?

☐ Yes ☐ No

If no, skip to question 3.

If yes, check retirement plan: ☐ ABP ☐ PERS ☐ PFRS ☐ SPRS ☐ TPAF

Your most recent contribution to this retirement account occurred on: _____
Month/Year

What was your employment status? ☐ Full-time ☐ Part-time/Adjunct*

Name of your location: _____

**If you were/are an adjunct*, have you filled out an *Election of Retirement Coverage* form?

☐ Yes ☐ No ☐ I do not know

3. If you do not currently contribute to a State-Administered Retirement Plan, have you ever contributed to one in the past?

☐ Yes ☐ No

If yes, check the retirement plan you contributed to in the past:

☐ ABP ☐ PERS ☐ PFRS ☐ SPRS ☐ TPAF

Did you withdraw your funds from your past retirement plan? ☐ Yes ☐ No

PART B

With my signature below, I certify that the information I provided above is the truth to the best of my knowledge. **Please be advised additional pension forms may be required.**

Name: _____ Date: _____
(Please Print)

Sign: _____ SS#: ____-____-____ Email: _____
(Kean email **not** required)

For Human Resources Use Only:
Semester: _____ Year: _____ Credits: ____



KEAN UNIVERSITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize **KEAN UNIVERSITY** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, to my bank accounts indicated below and the financial institutions named below to credit and/or debit the same to such account.

PRIMARY ACCOUNT

_____ CHECKING ACCOUNT **select only one**
_____ SAVINGS ACCOUNT **type of account**

Name of Financial Institution _____

Address or Branch _____

City _____ State _____ Zip Code _____

Transit/ABA No. _____

Account Number _____

SECOND ACCOUNT
(if applicable)

_____ CHECKING ACCOUNT **select only one**
_____ SAVINGS ACCOUNT **type of account**
_____ PERCENT OF NET PAY (remainder will be deposited to your Primary Account)
Or
_____ FIXED AMT (remainder will be deposited to your Primary Account)

Name of Financial Institution _____

Address or Branch _____

City _____ State _____ Zip Code _____

Transit/ABA No. _____

Account Number _____

This authority is to remain in full force and effect until Kean University has received written notification from me of its termination in such time and in such manner as to afford the University and the Financial Institution a reasonable opportunity to act on it. It is my responsibility to notify the University immediately, should I close or change this account information.

Name _____

Social Security Number _____

Date _____ Signed X _____

PLEASE ATTACH A PHOTOCOPY OF A VOIDED PERSONAL CHECK FOR A CHECKING ACCOUNT OR A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION FOR A SAVINGS ACCOUNT.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PAYROLL DEPARTMENT AT 73170.



**Uniform Ethics Code,
Plain Language Guide to New Jersey's Executive Branch Ethics Standards,
and Kean University Supplemental Ethics Code**

Acknowledgment Receipt

I, _____
(Print Name)

(Title)

_____, hereby certify that
(Department)

I have received a copy of the Uniform Ethics Code, Plain Language Guide to New Jersey's Executive Branch Ethics Standards, and Kean University Supplemental Ethics Code as of the date written below. I understand that the Uniform Ethics Code, with attachments, is also available at <http://www.state.nj.us/ethics/docs/ethics/uniformcode.pdf>.

I acknowledge that I am responsible for reading the Uniform Ethics Code, Plain Language Guide to New Jersey's Executive Branch Ethics Standards, and Kean University Supplemental Ethics Code and agree to be bound by the terms and standards contained in all documents.

Signature of Adjunct Faculty Member

Date



Ethics Standards in Brief – College and University Adjunct Faculty

Acknowledgment Receipt

I, _____
(Print Name)

(Title)

(Department)

hereby acknowledge that I have received and reviewed a copy of the ethics brochure entitled, "Ethics Standards in Brief – College and University Adjunct Faculty."

Signature of Adjunct Faculty Member

Date



KEAN
UNIVERSITY

**STATE OF NEW JERSEY OUTSIDE EMPLOYMENT QUESTIONNAIRE
FOR SPECIAL STATE OFFICERS AND
SPECIAL STATE EMPLOYEES**

Name: _____

State Position: _____

State Agency: _____

State Agency Address: _____

(Check One) Special State Officer _____ Special State Employee _____

Contact Information:

Telephone Number: _____

Email Address (Optional): _____

Outside Employment:

1. Are you currently engaged in any business, trade, profession and/or part-time employment in addition to your State position? ____ Yes ____ No

2. Name of outside employer or business: _____

Address: _____

Type of Business: _____

Describe Responsibilities: _____

3. Is your business or employment being performed for or with any other employee or official of your State agency? ____ Yes ____ No

4. Does your outside employment or business require/cause you to have contacts with NJ State vendors, consultants or casino license holders? ____ Yes ____ No

If yes, explain:

5. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (ie. Law, Teaching)? ☐ Yes ☐ No

If yes, type of license _____

License is ☐ Active ☐ Inactive

6. Do you hold outside voluntary position(s)? ☐ Yes ☐ No

If yes, please list:

7. Are you an officer in any trade or business organization? ☐ Yes ☐ No

If yes, please list:

8. Are you serving in any elected or appointed public office? ☐ Yes ☐ No

If yes, identify the public office and explain the duties:

Relatives:

(For purposes of this section, "relative" means your spouse, domestic partner, civil union partner or your or your spouse/partner's parent, child, brother, sister, aunt uncle, niece, nephew, grandparent, or grandchild, whether the relative is related to you or your spouse/partner by blood, marriage or adoption.)

9. Are any relatives employed by the State agency on which you serve?

☐ Yes ☐ No If yes, please provide name of relative(s):

10. Are any relatives employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State agency or directly or indirectly receiving funding from the State agency on which you serve? ____ Yes ____ No

If yes, name of family member:

I certify that this questionnaire contains no willful misstatement of fact or omission of material fact and that after it is submitted; any future activity subject to disclosure will be reported.

Signature of Special State Officer or Employee

Date