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

Documentation for the Office of Human Resources: (Administration Bldg. 2nd floor)

Please contact Makenzie Carty by email for a quicker response at cartyma@kean.edu or by phone (908)-737-3307 to set up an appointment to continue the adjunct hiring process. She is available Monday through Friday 9am to 4:30pm excluding 12:00pm to 1:15pm 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 (x) with you to your appointment and the necessary forms in the attached envelope: (Important Note – you must have the original appointment letter or a copy from the Dean for Human Resources to begin the processing of your application.)

Documents needed at time of visit with the Office of Human Resources:

___x An original Social Security card for copying (if not available, please immediately initiate the process of replacement with nearest Social Security Office)

___x Identification (To fulfill the Form I-9)

___x New Hire Orientation Data Collection

___x W-4 Form

___x Direct Deposit Form/ Voided Check

___x E-mail/ Web Account Request Form

___x Pension Inquiry form (additional forms to follow if applicable, please contact Ms. Guillaume)

___x Ethics Forms

In order to ensure timely compensation payments, please make an appointment with the Office of Human Resources as soon as possible. If the semester is about to begin, or has begun, you must provide the necessary documentation within three (3) days.

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).

To obtain your photo ID card, please visit the 3rd floor of the Administration Building (one floor above the Office of Human Resources.) There is a nominal charge for replacement cards if lost. Please contact the ID Office for hours of operation at (908) 737-3258.

Ethics- Please complete the, "Acknowledgement Receipt" form, "Disclosure of Outside Activities" form and the "College and University Disclosure" form provided in your New Hire Packet. Sign where indicated. 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.

https://www.kean.edu/offices/ethics-office

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. For your convenience, the following is a link to the Adjunct handbook.

https://www.kean.edu/media/kean-university-adjunct-handbook-2019

KUAFF Membership and Application Card – Upon receipt of your formal contract, you may apply for membership to Kean University Adjunct Faculty Federation (KUAFF). An application card is available to sign 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.

Contact Information

Makenzie Carty
Adjunct Hiring
cartyma@kean.edu
908-737-3307

Tejal Talati
Adjunct Hiring
ttalati@kean.edu
908-737-3301

Questions Regarding Pension and Benefits

Tammina Guillaume
Pension and Benefits
908-737-3314
guillaut@kean.edu

Diane Baldwin
Pension and Benefits
908-737-3312
dbaldwin@kean.edu

Yrelys Tapanes
Benefits
908-737-3313
ytapanes@kean.edu

Mailing Address for Official Transcripts

Kean University
Office of Human Resources
1000 Morris Avenue
Union, NJ 07083
Attn: Makenzie Carty

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? ☐ Yes* ☐ No (*If yes, state month and year):	Are you of legal age to work? ☐ Yes ☐ 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's 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 a NJ State Pension System/Retirement Plan? ☐ Yes* ☐ No
   (*If yes, indicate system/plan name): _____
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):					
College or University:					
Graduate School:					
Other Formal Training (include Military):					

Kean University is an Equal Opportunity/Affirmative Action/Veterans/Disability Employer

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

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**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

► **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.**

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		► **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly** (or Qualifying widow(er))
☐ **Head of household** (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 online estimator, 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* 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 2020 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 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)

General Instructions

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*.

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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* 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 the 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* 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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*.

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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income . . . . . **1** $ _____

2 Enter:
- $24,800 if you're married filing jointly or qualifying widow(er)
- $18,650 if you're head of household
- $12,400 if you're single or married filing separately

. . . . . **2** $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1. 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 Schedule 1 (Form 1040 or 1040-SR)). 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	$220	$850	$900	$1,020	$1,020	$1,020	$1,020	$1,020	$1,210	$1,870	$1,870
$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	$460	$940	$1,020	$1,020	$1,470	$1,870	$1,870	$1,870	$1,870	$2,040	$2,040	$2,040
$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	$830	$930	$1,020	$1,020	$1,020	$1,480	$1,870	$1,870	$1,930	$2,040	$2,040
$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Form NJ-W4
(3-07, R-12)

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

1. SS#	2. **Filing Status: (Check only one box)**
Name	1. ☐ Single
Address	2. ☐ Married/Civil Union Couple Joint
City / State / Zip	3. ☐ Married/Civil Union Couple Separate
	4. ☐ Head of Household
	5. ☐ Qualifying Widow(er)/Surviving Civil Union Partner

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 → / YOUR WAGES ↓	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
0 10,000	B	B	B	B	B	B	B	B	B	B
10,001 20,000	B	B	B	B	C	C	C	C	C	C
20,001 30,000	B	B	B	A	A	D	D	D	D	D
30,001 40,000	B	B	A	A	A	A	A	E	E	E
40,001 50,000	B	C	A	A	A	A	A	E	E	E
50,001 60,000	B	C	D	A	A	A	E	E	E	E
60,001 70,000	B	C	D	A	A	E	E	E	E	E
70,001 80,000	B	C	D	E	E	E	E	E	E	E
80,001 90,000	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:		
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		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in 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:	_____	_____	_____

Revised: January 30, 2006

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 <u>currently contribute</u> to a State-Administered Retirement Plan?**

   ☐ Yes ☐ No

   <u>If no</u>, skip to question 3.

   <u>If yes</u>, 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

   <u>If yes</u>, 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. **<u>Please be advised additional pension forms may be required.</u>**

Name: _____ Date: _____
(Please Print)

Sign: _____ SS#: ___-___-____ Email: _____
(Kean email **<u>not</u>** 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

☐ _____ SAVINGS ACCOUNT

select only one 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

☐ _____ SAVINGS ACCOUNT

select only one 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_____

ID Number _____

Date_____Signed _____

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)

Adjunct Faculty
(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

Rev: July 2015

Ethics Standards in Brief – College and University Adjunct Faculty

Acknowledgment Receipt

I, _____
(Print Name)

Adjunct Faculty
(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

Rev: July 2015

KEAN
UNIVERSITY

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

Name: _____

State Position: Adjunct Faculty

State Agency: Kean University

State Agency Address: 1000 Morris Avenue, Union NJ 07083

(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