

WENZHOU-KEAN UNIVERSITY EMPLOYEES

I, _____ (*please print name*), certify that I have received the following documents from the Office of Human Resources upon my employment:

Documents To Complete and Submit to HR:

- ✓ Federal Withholding Form (Form W-4)
- ✓ New Hire Orientation Data Collection Sheet
- ✓ Email Account Request Form
- ✓ Direct Deposit Form
- ✓ Copy of Attachment(s) for Direct Deposit Form
- ✓ Payroll and Taxes Acknowledgment
- ✓ Determination of Benefits Eligibility Form
- ✓ Copy of Social Security Card
- ✓ Color Copy of Identification with Photo
- ✓ Acknowledgment of Receipt of Kean's FCPA Policy
- ✓ Acknowledgment of Receipt of N.J. State Policy Prohibiting Discrimination in the Workplace and Model Procedures for Internal Complaints Alleging Discrimination in the Workplace
- ✓ Acknowledgement of Receipt of the Uniform Ethics Code, Plain Language to New Jersey's Executive Branch Ethics Standards and Kean University's Supplemental Ethics Code and New Jersey State Ethics Commission Outside Activity Questionnaire
- ✓ Completed Document Checklist

For My Records:

- ✓ Kean's Foreign Corrupt Practices Act Compliance Policy
- ✓ AFT Bargaining Unit Contract (Faculty Only)
- ✓ Right to Know Brochure
- ✓ NJ State Policy Prohibiting Discrimination in the Workplace and Model Procedures for Internal Complaints Alleging Discrimination in the Workplace
- ✓ Anti-Harassment/Anti-Discrimination Training and Anti-Discrimination Policy Information from the Office of Affirmative Action Programs
- ✓ Employer Obligation to Maintain and Report Records from the New Jersey Department of Labor
- ✓ Code of Ethics Manual
- ✓ Pay Period Schedule
- ✓ Global Tax Network (GTN) – Employee Tax Considerations
- ✓ Employee Handbook

Tax Information Provided by the Office of Financial Services at Wenzhou-Kean University:

- ✓ PRC Personal Income Tax Exemption and Instructions
- ✓ Information Reporting Form of Tax Residence Status of Non-Resident Taxpayer
- ✓ Reporting Form for Non-resident Taxpayer Claiming Tax Treaty Benefits (Form D)
- ✓ Sample of Application Forms for PRC Tax Exemption

Signature: _____

Date: _____

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 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. <ul style="list-style-type: none">• 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)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

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

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

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

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

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

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

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

Instructions for Employer

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

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F		
H	Add lines A through G and enter the total here	H	_____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These 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. See Pub. 505 for details	1	\$ _____
2	Enter: <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately </div> </div>	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

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

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction

Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



KEAN
UNIVERSITY
www.kean.edu

NEW HIRE ORIENTATION DATA COLLECTION

Please Print All Information Legibly

Section I: Confidential Employee Information

Today's Date: ____/____/____

Personal Title: ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

Social Security Number: ____-____-____

Date of Birth: ____/____/____

Name: _____
Last First MI

Address: _____

City: _____ ST: _____ Zip: _____

Home Telephone: (____) - ____ - ____

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 Page 2)

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:**(____) - _____ - _____

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: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Department: _____ <input type="checkbox"/> Student Group: _____ (Desired Department/Student Group name required.)
Access Requested: <input type="checkbox"/> Individual E-Mail Account <input type="checkbox"/> Department/Student Group E-Mail Account - (Form must be completed by Chairperson, Director or Advisor.) <input type="checkbox"/> Web Page – (Individual or Department/Student Group.)
Current <i>TURBO</i> Users: If you have a current <i>TURBO</i> 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 : _____	
<i>Initials</i>	<i>Date</i>	<i>Comments</i>
Affiliation Certification:	_____	_____
Account Created By:	_____	_____



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.

A Message Regarding Payroll and Tax Information for Wenzhou-Kean University Employees

Direct Deposit

Direct Deposit is **mandatory** for all New Jersey State employees. The University requires all faculty, staff, adjuncts, temporary employees and students who receive payment through Kean University to receive their wages electronically. ***Failure to submit a direct deposit form prior to your start date may result in a delay of payment.***

Direct Deposit for a USA Checking/Savings Account

Employees can choose to deposit paychecks into either 1 or 2 accounts (checking and/or savings) and must submit a Direct Deposit form. For a checking account, employees must attach a blank, voided check to the form. For a savings account, a direct deposit form from the employee's bank is required in order for Payroll to verify the account and routing numbers.

Direct Deposit for an International Bank Account

Employees can choose to deposit paychecks into an International Bank Account and must submit a Direct Deposit form. Employees must indicate their name exactly as it appears on the account, the name and address of the bank, the bank account number and the Swift code.

Payroll Portal

Payroll Portal is a web based application which allows employees to view and print their paycheck information from a web browser while on or off campus. All new employees will receive an email from the Payroll Office with a username and password to access Payroll Portal.

Please direct any questions or concerns to the Office of Kean University Payroll by phone at 908-737-3170 or by email at payroll@kean.edu.

Financial and Tax Information from Wenzhou-Kean University

Financial and tax documents have been provided by Ms. Sailing Lin, the Associate Director of Finance at Wenzhou-Kean University regarding financial regulations.

Please direct any questions or concerns regarding these materials to Ms. Lin by phone at +86 5587 0501 or by email at sailing_lin@wku.edu.cn.

I certify that I have received this document from the Office of Human Resources upon my employment.

Signature

Date

Print Name

KEAN UNIVERSITY
DETERMINATION OF BENEFITS ELIGIBILITY

In order to best determine your eligibility for benefits, such as health and retirement plan enrollment, and US tax obligations, we ask that all newly hired employees working on assignment in Wenzhou, China complete and sign this form no later than the first day of employment, but not before accepting a job offer.

PART A

1. I, _____, attest that I am (check one of the following):

☐ A citizen of the United States

SSN: _____ - _____ - _____

Date of Birth: _____

Passport #: _____

Country of Tax Residency: _____

☐ A lawful permanent resident of the United States

SSN: _____ - _____ - _____

Date of Birth: _____

Passport #: _____

Country of Tax Residency: _____

☐ NOT a citizen or a legal resident of the United States

If NOT a US citizen or legal US resident, please specify

Country of Citizenship: _____

Country of Residence: _____

Passport #: _____ Date of Birth: _____

2. **My Contact Information is:**

Email: _____

Tel: _____

SkypeID: _____

3. **Please provide your addresses below:**

<i>Current Mailing Address</i>	<i>Address in country of legal residence</i>	<i>Address in Wenzhou, China</i>
		Wenzhou-Kean University, 88 Dauxue Rd., Ouhai, Wenzhou, Ahejiang Province, China

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: _____

Sign: _____

ACKNOWLEDGMENT FORM

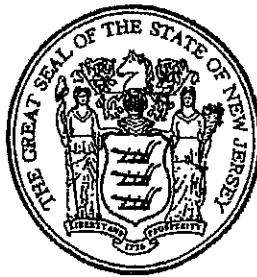
I _____, have received and read a copy of the Kean University FCPA Policy and understand its contents. I acknowledge and agree that as an employee of the University, I am required to comply with the FCPA Policy as well as all Kean Policies and governing laws. I understand that Kean University expressly reserves the right to revise or delete its Policies without notice and that I am required to comply with all such Policies as revised.

Signature

Date

Effective date: June 24, 2013

rev. 7/30/2014



**New Jersey State Policy Prohibiting Discrimination in the Workplace
and
Model Procedures for Internal Complaints Alleging Discrimination in the Workplace**

Acknowledgement of Receipt

The State of New Jersey is committed to providing every employee with a workplace free from prohibited discrimination.

Every employee is required to read and become familiar with the *New Jersey State Policy Prohibiting Discrimination in the Workplace* (State Policy) and the *Model Procedures for Internal Complaints Alleging Discrimination in the Workplace* (Model Procedures).

Any questions you may have about the *State Policy* or *Model Procedures* should be directed to Charlie Williams, Office of Affirmative Action Programs, Townsend Hall, Room 133, 908-737-3330.

Please sign this Acknowledgement of Receipt form to confirm receipt of the updated State Policy and Model Procedures. Failure to sign this form does not relieve an employee of the responsibility to understand and adhere to the provisions of the *State Policy* and *Model Procedures*.

A copy of the signed form will be placed in your personnel file.

Employee's Name (Please Print)

Employee's Signature

Date



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

Acknowledgement 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 Employee

Date

Wenzhou-Kean University, 88 Daxue Road, Ouhai, Wenzhou, Zhejiang Province, China

E-mail address will be assigned at a later date

Wenzhou-Kean University

N/A

N/A

