

New Benefit-Eligible Faculty Employment Packet For Academic Year 2018-2019

New Faculty should submit completed new employment paperwork to:

Department of Human Resources at
6116 N. Central Expressway Suite 200, Dallas, TX 75206
NewFaculty@SMU.edu

Questions? Please contact NewFaculty@SMU.edu

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		
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) in the United States and the Form I-551R, Compact of Free Association Between the United States and the Federated States of Micronesia 3. Foreign passport that contains a temporary I-551 stamp or temporary nonimmigrant admission under the I-551 printed notation on a machine-readable Form I-94A indicating the Marshall Islands (RM) with Form I-766 4. Employment Authorization Document for a nonimmigrant from Micronesia (SM) or the Northern Mariana Islands (CN) 5. For a nonimmigrant alien authorized to be employed in the United States: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 	<ol style="list-style-type: none"> 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 4. Voter's registration card 9. Driver's license issued by a Canadian government 	<p style="font-size: small; margin: 0;">aut mGe, date o2tsn14.48822.4609 TD-.00023Tc0 Tw(9.)TJT4 1 Tf1.6674 0 TD aut mGe, date o2t4 1 -6.ian -22.4609 TD-.00026Tc0 Tw(9.)TJT1119 Tf1.as</p> <p style="margin: 0;">For persons under age 18 who are unable to present a document listed above:</p>



Employee Personal Data Information Regular Benefit-Eligible Faculty

	First Name:	Middle Name:		
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security Number:	
Highest Education Level:				
<input type="checkbox"/> Bachelor's Level Degree <input type="checkbox"/> Master's Level Degree <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional) <input type="checkbox"/> Other				
Degree	Institution	Location	Year Received	Major
Home Address (If your address changes prior to your start date, please email NewFaculty@smu.edu)				
Number and Street:	City:	State:	Zip Code:	
Personal Email Address:				
Phone Numbers:				
Home:		Cell:		
Campus Address (Leave blank if not known):				
Department Name:	Building Name & Room Number:		PO Box:	
Emergency Contact Information:				
Name:	Relationship:	Phone Number:		
Citizenship:				
Citizen Status:		Country of Citizenship:	Visa Information (if applicable):	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident Alien			<input type="checkbox"/> F-1 <input type="checkbox"/>	

Employee Personal Data Information
Regular Benefit-Eligible Faculty



Employee Personal Data Information Regular Benefit-Eligible Faculty

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- | | | | |
|-----------|--------------------|--|--|
| Blindness | Autism | Bipolar disorder | Post-traumatic stress disorder (PTSD) |
| Deafness | Cerebral palsy | Major depression | Obsessive compulsive disorder |
| Cancer | HIV/AIDS | Multiple sclerosis (MS) | Impairments requiring the use of wheelchair |
| Diabetes | Schizophrenia | Missing limbs or partially missing limbs | Intellectual disability (previously called mental retardation) |
| Epilepsy | Muscular dystrophy | | |

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Your Name

Today's Date

Employee Personal Data Information
Regular Benefit-Eligible Faculty



Memorandum

TO: All SMU Faculty

RE: Contracts and Annualized Compensation for Academic Year 2018-2019

KTU"tgiwncvkqpu"tgncvgf"vq"fghgttgf"eq o rgpucvkqp"tgswktg" c" y tkvvgp"gngevkqp"vq"cppwcnk |g"
vjg"rc{ o gpvu"kh" {qw"gngev"vq"dg"rckf"qxgt" c" rgtkqf"nqpi gt"vjcp" {qwt"eqpvtcev" rgtkqf0""Vjg"
fghgttgf"eq o rgpucvkqp"twngu"ctg"tgncvgf"vq" {qwt"ucnct{ "rc{ o gpvu" o c fg"qwwukfg"qh"vjg"
eqpvtcev" rgtkqf0""Kh" {qw"ctg"pqv"gngevkpi "vq"dg" rckf"qxgt"34" o qp vju."vjgtg"ku"pq" fghgttgf"
eq o rgpucvkqp0""

- C" y tkvvgp"gngevkqp" o wuv"dg" o c fg"kh<"
 - [qw"ctg" c"pgy "hcewnv{ " o g o dgt"hqt"Cecfg o ke" [gct"423:/423;"
 - [qw"ctg"gngevkpi "vq"dg" rckf"qxgt"**12 months**"hqt"Cecfg o ke" [gct"423:/423;"
 - [qw"ctg"ejcpikpi" {qwt"gngevkqp"htq o "vjg"rtgxkqwu" {gct"*vq"gvjgt"32"qt"34" o qp vju+"

Rngcug"ugg"vjg"hqnnq ykpi "hqt o "hqt"hwtvjgt" fgvcnu"cpf"vq" o cmg" {qwt"gngevkqp0""Please initial your election, sign the form, and return it with your faculty contract , to ensure compliance prior to the start of the academic year.

Cu" ykvj"cp{ "kpeq o g"vcz" o c wgt."rngcug"eqpvcev" {qwt" rgtuqpcn"vcz"eqpuwnvcpv"kh" {qw" jcxg"cp{ "
swgukqpu0""

Payroll Schedule Election Form Academic Year 2018-2019

Go rñq { ggu"y jq"ctg"rckf"wpfgt"c"eqpvtcev"hqt"c"rgtkqf"qh"hg ygt"vj cp"34" o qp vju"rgt" { gct" o c { "nggev"vq"dg" rckf"qxgt"34" o qp vju"0""V jku"ku"ecmgf"ôcppwcnk | gf"eq o rgpucvkqp"0ö""C ppwcnk | gf"eq o rgpucvkqp"rtqxfgu" rc { tqm"rc { o gpvu"vq"ncewnv { "fwtkpi" o qp vju"qwvukfg"qh"vjg"eqpvtcev"rgtkqf"0"

Fwg"vq"KTU"tgi wncvkqpu." { qw" o wuv" o cmg" c" **written** gngevkqp"vq"tgegkxg"cppwcnk | gf"eq o rgpucvkqp=" qv jgt ykug."vjg" c o qp v"qh" fghgtgf"eq o rgpucvkqp" y knn"dg" uwdlgev"vq"cp"KTU" rgpcnv { 0""Rngcug"kpkvkn" { qwt" ugngev"kp"dgny."uki p"cpf"tgwtp"vjku" hqt o " .vq"gpwgt"eq o rnkpeg"cpf"cxqkf" c" rgpcnv { 0"" **Please submit this form if you are 1) a new faculty member, 2) re-electing to be paid over 12 months, or 3) changing your pay schedule from the previous year (to either 10 or 12 months); elections will not be subject to a penalty as long as you submit this form prior to beginning work.***

**According to IRS regulations, if you begin work for the academic year before you submit this form, you may be subject to a 20% penalty on the deferred compensation.*

**Note that there is a maximum amount of income that can be deferred from one calendar year to another. If your deferrals exceed this specified amount, you will be contacted in advance, and the amount will be paid on your December 2018 paycheck and will be subject to regular federal and FICA tax withholding. Making this payment will avoid the additional 20% taxation.*

%
jease in _ M m Â g m Â M i

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

Southern Methodist University may request from a consumer reporting agency and for employment related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments applicable).

HireRight, Inc. (“HireRight”) will prepare or assemble the background reports for the Southern Methodist University. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com

The background report(s)

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- x You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- x You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure:
 - x a person has taken adverse action against you because of information in your credit file;
 - x you are the victim of identity theft and place a fraud alert in your file;
 - x your file contains inaccurate information as a result of fraud;
 - x you are on public assistance;
 - x you are unemployed but expect to apply for employment within 60 days.
- x In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- x You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores in residential real property loans, but

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

- x Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

x

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

2. To the extent not included in item 1 above:

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Please complete, sign and return this form to SMU Human Resources by:

Fax: 214-768-2299

By email: recruitu@smu.edu

In person: 6116 N. Central Expressway, 2nd floor, Suite 200. Dallas, TX 75206

Name of Department Contact: _____ Phone: _____

Department/School: _____

If you have questions, please contact the Department of Human Resources at 7284

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Inv

Employee Statement Acknowledgement

I, _____, SMU # _____, recently employed by Southern Methodist University, acknowledge having completed a New Employee Orientation tutorial provided by the Department of Human Resources at SMU. During this session, I was informed of the University's policies and procedures on issues regarding:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Probationary Period | <input checked="" type="checkbox"/> Confidentiality & Information Management Statement |
| <input checked="" type="checkbox"/> Workers' Compensation | <input checked="" type="checkbox"/> University's Position Against Sexual Harassment |
| <input checked="" type="checkbox"/> Work Schedules | <input checked="" type="checkbox"/> Policy Against Drug & Alcohol Abuse |
| <input checked="" type="checkbox"/> Leaves | <input checked="" type="checkbox"/> Other Information Regarding My Employment |
| <input checked="" type="checkbox"/> Direct Deposit | |
| <input checked="" type="checkbox"/> Employee Benefits | |
| <input checked="" type="checkbox"/> Code of Ethics | |
| <input checked="" type="checkbox"/> Grievance Procedure | |

I am aware that SMU policies are available to me on the internet at www.smu.edu/policies and it is my responsibility to familiarize myself with these policies. In addition, I confirm that I understand the following policies:

403b and Emeriti Participation

I understand that participation in the SMU 403(b) Retirement Program is required at age 36 with one year of employment, and that participation in the Emeriti Health Account is required at age 40.

Grievances

I agree to accept the application of SMU policies and processes as the sole and exclusive remedy for any employment related complaint that may occur as a result of my employment or termination from SMU.

Payroll Deductions

I acknowledge and agree that SMU may withhold any lawful deduction from my pay from time to time during my employment and/or at termination, pursuant to the SMU Wage Deduction Authorization Agreement included on page 2 of this document.

Workers Compensation

I understand that Southern Methodist University is a subscriber to the Texas Worker's Compensation System. I further understand and agree as an employee to comply with SMU's safety rules, policies and procedures. I understand that failure on my part to follow the safety rules set forth may be grounds for disciplinary action, including termination of employment. In addition, I have read the Notice to New Employee information included on page 3 of this document.

By my signature below, I agree to abide by the policies, procedures, practices and regulations of Southern Methodist University. I acknowledge the University's right to review, at any time, its policies, procedures, practices and regulations and I agree to abide by and be governed by such revisions.

Employee Signature

Date

Wage Deduction Authorization Agreement

I understand and agree that my employer, Southern Methodist University (the "SMU"), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the SMU's group medical/dental/vision plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by SMU;
3. Installment payments on loans or wage advances given to me by SMU, and if there is a balance remaining when I leave SMU, the balance of such loans or advances;
4. If I receive an overpayment of wages for any reason, my repayment to SMU of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless SMU and I agree in writing to a series of installment deductions in specified amounts);
5. The cost to SMU of personal long-distance calls I may make, or messages I may send, using SMU phones (land lines or cell phones) or SMU accounts, or personal faxes sent by me using SMU equipment or SMU accounts, or of non-work related access to the Internet or other computer network.

Notice to New Employees regarding Workers' Compensation

Southern Methodist University has workers' compensation insurance coverage through The Hartford to protect you. You can get more information about your workers' compensation rights from any office of the Texas Workers' Compensation Commission, or by calling 1-800-252-7031.

You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify Southern Methodist University in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

Aviso a Nuevos Empleados

Para su protección, Southern Methodist University es miembro de un seguro de compensación al trabajador a través de The Hartford. Usted puede obtener información adicional sobre sus derechos de compensación al trabajador en cualquier oficina de la Comisión de Compensación de Trabajadores de Texas, o llamar al 1-800-252-7031.

Usted puede elegir retener su derecho a acciones bajo la ley común, si usted notifica por escrito a Southern Methodist University, a más tardar cinco días después de comenzar empleo, que usted desea retener su derecho bajo la ley común para recuperar daños por lesiones personales. Si usted elige su derecho de acción por la ley común, usted no puede obtener ingreso de compensación al trabajador o beneficios médicos si usted es lesionado/a.