EMPLOYMENT APPLICATION

Applicants and employees are treated without regard to race, creed, religion, color, national origin/nationality, ancestry, age, sex/gender, marital status, familial status, affectional or sexual orientation, gender identity or expression, domestic partnership status, atypical hereditary cellular or blood trait, genetic information, disability or liability for service in the Armed Forces of the United States.

Date of Application_________________

Position Applied For: ____

☐Full Time ☐Part-time ☐Temporary ☐Summer

NAME ____ **TELEPHONE (   )** ________________

ADDRESS____
Street **City, State, Zip**

EMAIL ADDRESS: ______________________________________

If under 18, can you furnish a work permit?	☐Yes ☐No
Have you filed an application here before?	☐Yes (Date)________________ ☐No
Have you ever been employed here before?	☐Yes (Date)________________ ☐No
Have you ever been employed by the State of New Jersey?	☐Yes (Date)________________ ☐No
Are you legally eligible for employment in the United States?	☐Yes ☐No
Are you available to work?	☐Days ☐Evenings ☐Weekends ☐Shifts
Are you related to any employees at Rowan University?	☐Yes ☐No

A relative is considered a member of an employee's family or extended family, whether related by blood, marriage or civil union which may include any one of the following individuals; spouse, domestic partner, civil union partner, parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or sister. It shall also include non-related individuals who are sharing the same household with the same financial interdependence or are becoming members of the same household, family or having romantic relationships which is viewed by the State Ethics Commission as creating a conflict of interest.

If yes, who and the relationship? ____

Have you been convicted of a crime? ☐Yes ☐No

Conviction will not necessarily disqualify applicant from consideration of employment. A fingerprint based background check is required for employment.

If Yes, explain____

Do you have any pending criminal charges filed against you? ☐Yes ☐No

Give name, address and telephone number of three references who are not related to you and are not previous employers:

____ ________________________

____ ________________________

____ ________________________

10/20/11

Rowan University values diversity and is committed to equal opportunity in employment.

EMPLOYMENT EXPERIENCE

Please give accurate and complete full-time and part-time employment record. Please start with your present or most recent employer. Include military service assignments and volunteer activities. Please complete in entirety even if resume is attached.

1. Current Employer May we contact? ☐ Yes ☐ No
Company Name: ______________________________ Address: ______________________________
Phone Number: ______________________________ Supervisor Name: ______________________________
Job Title Held: ______________________________ Salary: ______________________________
Start Date: ______________ End Date: ______________
Reason for Leaving: ______________________________

Duties and Responsibilities: ______________________________
____
____

2.
Company Name: ______________________________ Address: ______________________________
Phone Number: ______________________________ Supervisor Name: ______________________________
Job Title Held: ______________________________ Salary: ______________________________
Start Date: ______________ End Date: ______________
Reason for Leaving: ______________________________

Duties and Responsibilities: ______________________________
____
____

3.
Company Name: ______________________________ Address: ______________________________
Phone Number: ______________________________ Supervisor Name: ______________________________
Job Title Held: ______________________________ Salary: ______________________________
Start Date: ______________ End Date: ______________
Reason for Leaving: ______________________________

Duties and Responsibilities: ______________________________
____
____

4.
Company Name: ______________________________ Address: ______________________________
Phone Number: ______________________________ Supervisor Name: ______________________________
Job Title Held: ______________________________ Salary: ______________________________
Start Date: ______________ End Date: ______________
Reason for Leaving: ______________________________

Duties and Responsibilities: ______________________________
____
____

SPECIAL SKILLS AND QUALIFICATIONS

Please list relevant skills, training and/or licenses that help qualify you for the job.

____

____

EDUCATION

School	Name/Location	Course of Study	# Yrs	Did You Graduate?	Degree/Diploma
High School				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Business/Trade Technical				☐ Yes ☐ No	

State any additional information you feel may be helpful to us in considering your application (e.g. professional trade, civic activities and/ or offices held).

____

____

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Higher Education Amendments of 1998 requires all colleges and universities that receive federal financial aid to distribute a campus security report on an annual basis. The report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Rowan University; and on public property within, or immediately adjacent to and accessible from the campus. The report also includes institutional policies concerning public safety, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting the Department of Public Safety or by accessing the following website: http://www.rowan.edu/safety/crime/clery_report.html

APPLICANT'S STATEMENT

I certify that answers given herein are true and completed to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. I understand that Rowan University conducts fingerprint based background checks for new hires. I authorize Rowan University or their chosen vendor to exchange criminal history and fingerprint information with various criminal justice agencies.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the University.

____

Signature   Date

Rowan University is subject to the residency requirements of the NJ First Act (N.J.S.A. 52:14-7, P.L. 2011, Chapter 70). Any person hired to a non-exempt position shall either have their principal residence in New Jersey or they have one year from the date of employment to establish, and then maintain, principal residence in the State of New Jersey.

EEO DATA RECORD

Applicants and employees are treated without regard to race, creed, religion, color, national origin, nationality, ancestry, age, sex/gender, marital status, civil union status, familial status, affectional or sexual orientation, gender identity or expression, domestic partnership status, atypical hereditary cellular or blood trait, genetic information, disability (including perceived disability, physical, mental and/or intellectual disability), or liability for service in the Armed Forces of the United States.

As employees/government contractors, we comply with government regulations and equal employment opportunity responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the EEO Data Record. This data is for periodic government reporting and will be kept in a Confidential File separate from the application for employment. We appreciate your cooperation.

DATE: ______________________

POSITION APPLIED FOR: ____

DEPARTMENT: ____

Referral: ☐ Friend ☐ Relative ☐ Walk-In ☐ Employment Agency ☐ Advertisement ☐ Website

EEO DEMOGRAPHIC DATA

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic/Latino(a) ☐ Not Hispanic/Latino(a)

Race (Check any applicable):

☐ White ☐ Black ☐ Asian

☐ American Indian/Alaskan Native

☐ Native Hawaiian/Pacific Islander

☐ Two or More Races

Other:

☐ Veteran ☐ Disabled Veteran

☐ Disabled

(Optional) Applicant Name: ____

(Optional) Applicant Address: ____

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Higher Education Amendments of 1998 requires all colleges and universities that receive federal financial aid to distribute a campus security report on an annual basis. The report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Rowan University; and on public property within, or immediately adjacent to and accessible from the campus. The report also includes institutional policies concerning public safety, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting the Department of Public Safety or by accessing the following website: http://www.rowan.edu/safety/crime/clery_report.html.

ROWAN UNIVERSITY
OFFICE OF HUMAN RESOURCES

PERSONAL INFORMATION QUESTIONNAIRE

Please read the entire questionnaire as well as the instructions before beginning. Please type or print clearly; all information must be legible to ensure accurate computer entry.

NAME:

____
(First) (Middle) (Last) (Suffix, if any)

SOCIAL SECURITY NUMBER: **BIRTHDATE:** **SEX:**

____________________________ ____/____/____
Month Day Year M/F

HOME ADDRESS:

____
(Number) (Street) (Apt. No. or PO Box)

____
(City/Town) (State) (Zip)

HOME TELEPHONE: (   ) ____________________________

HAVE YOU EVER BEEN ENROLLED IN THE STATE OF NEW JERSEY PUBLIC RETIREMENT SYSTEM? __YES ___NO

CAMPUS ADDRESS:

DEPARTMENT:________________________ DIVISION:

BUILDING:_________________ FLOOR:_______ PHONE/EXTENSION #:

MARITAL STATUS: (Please check)

_____ Single

_____ Married

_____ Separated

_____ Divorced

_____ Widow/Widower

RACE/NATIONAL ORIGIN: (Please check)

_____ White/Caucasian

_____ Black - Non-Hispanic

_____ Hispanic (including Puerto Rican, Mexican, Cuban, Latin American, etc.)

_____ Asian/Pacific Islander (including Filipino, Korean, Vietnamese, Chinese, Japanese, East Indian, Pakistani, etc.)

_____ American Indian/Alaskan Eskimo

SPOUSE'S NAME (if married):

____
(First) (Middle) (Last) (Suffix)

SPOUSE'S BIRTHDATE: ____/____/________
Month Day Year

DISABILITY/HANDICAP:

If you have a physical disability or significant impairment in your mobility, vision, hearing, etc., please check below:

___ Full Mobility Impairment ___ Vision Impairment

___ Partial Mobility Impairment ___ Speech Impairment

___ Hearing Impairment ___ Other (please describe)

CITIZENSHIP: (Please check)

Are you a U.S. citizen? _____ Yes _____ No

If not a U.S. citizen Country of Citizenship____

Country of Residence (if different than citizenship)____

Visa Type:__________ Visa Issue Date: ____/____/________ Visa Expiration Date: ___/___/______

MILITARY SERVICE:

Have you served in any branch of the U.S. Armed Forces? ____Yes ____No

If Yes, please check:

___ World War II: at least 90 days of active military service between September 16, 1940 and September 2, 1945.
___ Korean Conflict: at least 90 days of active military service between June 23, 1950 and July 27, 1953.
___ Vietnam Conflict: at least 90 days active military service between December 31, 1960 and August 1, 1974.
___ Other, specify time period. ____

HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED: (Please check)

___	Grade School Diploma	___	Master's Degree
___	High School Graduate	___	Ph.D./Ed.D.
___	Advanced Vocational, Technical, Business, or other Special Training beyond High School)	___	J.D.
		___	Other (please indicate)
___	Associate's Degree		
___	Bachelor's Degree		

ARE YOU A GRADUATE OF ROWAN UNIVERSITY?______________ ___ No ___ Yes ________Year

COLLEGE DEGREES:

Please complete the following for any college degree(s) you may hold:

Degree Year Major Field Institution

____

____

____

TECHNICAL/VOCATIONAL TRAINING: (Type of Training/Institution Attended)

____

____

SPECIAL LICENSES OR CERTIFICATES HELD:

____

____

____

__________ ____

Date Signature

Office of Human Resources

EMERGENCY NOTIFICATION

Please complete this form and return it to the Office of Human Resources, Linden Hall.

EMPLOYEE NAME ____

ADDRESS ____

____

BANNER ID ____________________ DEPARTMENT ________________

In case of emergency please notify:

NAME ____

ADDRESS ____

____

TELEPHONE (DAY) ________________________________

TELEPHONE (EVENING ________________________________

( ) I do not wish for anyone to be notified in case of an emergency.

PLEASE NOTE: If this information should change, please notify the Office of Human Resources immediately.

____

Signature

201 Mullica Hill Road · Glassboro, New Jersey 08028-1701 · Phone: (856)256-4134 · Fax: (856)256-4714

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3.**

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

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

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

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) ______________________
- ☐ An alien authorized to work (Alien # or Admission #) ______________
  until (expiration date, if applicable - *month/day/year*)

Employee's Signature

Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:	______		______		______
Issuing authority:	______		______		______
Document #:	______		______		______
Expiration Date *(if any)*:	______		______		______
Document #:	______				
Expiration Date *(if any)*:	______				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* ____________ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: ______________ Document #: ______________ Expiration Date *(if any)*: ______________

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

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.** Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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 Birth Abroad issued by the Department of State (Form FS-545)
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.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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.** Native American tribal document
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		**6.** Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2011)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . **A** ______

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** ______

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . **C** ______

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . **D** ______

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** ______

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** ______

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children . . . . **G** ______

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** ______

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2011

1 Type or print your first name and middle initial.	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
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 1-800-772-1213 for a replacement card.** ► ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) | **5** |

6 Additional amount, if any, you want withheld from each paycheck . . . . | **6** | $

7 I claim exemption from withholding for 2011, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . ► | **7** |

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ► **Date** ►

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	$
2	Enter: { \$11,600 if married filing jointly or qualifying widow(er); \$8,500 if head of household; \$5,800 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet* in Pub. 919.)	5	$
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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

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
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0
5,001 - 12,000 -	1	8,001 - 15,000 -	1
12,001 - 22,000 -	2	15,001 - 25,000 -	2
22,001 - 25,000 -	3	25,001 - 30,000 -	3
25,001 - 30,000 -	4	30,001 - 40,000 -	4
30,001 - 40,000 -	5	40,001 - 50,000 -	5
40,001 - 48,000 -	6	50,001 - 65,000 -	6
48,001 - 55,000 -	7	65,001 - 80,000 -	7
55,001 - 65,000 -	8	80,001 - 95,000 -	8
65,001 - 72,000 -	9	95,001 -120,000 -	9
72,001 - 85,000 -	10	120,001 and over	10
85,001 - 97,000 -	11		
97,001 -110,000 -	12		
110,001 -120,000 -	13		
120,001 -135,000 -	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$65,000	\$560	\$0 - \$35,000	\$560
65,001 - 125,000	930	35,001 - 90,000	930
125,001 - 185,000	1,040	90,001 - 165,000	1,040
185,001 - 335,000	1,220	165,001 - 370,000	1,220
335,001 and over	1,300	370,001 and over	1,300

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 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.

NEW JERSEY STATE
POLICY PROHIBITING DISCRIMINATION IN THE WORKPLACE

I. POLICY

a. Protected Categories

The State of New Jersey is committed to providing every State employee and prospective State employee with a work environment free from prohibited discrimination or harassment. Under this policy, forms of employment discrimination or harassment based upon the following protected categories are prohibited and will not be tolerated: race, creed, color, national origin, nationality, ancestry, age, sex/gender (including pregnancy), marital status, civil union status, domestic partnership status, familial status, religion, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States, or disability.

To achieve the goal of maintaining a work environment free from discrimination and harassment, the State of New Jersey strictly prohibits the conduct that is described in this policy. This is a zero tolerance policy. This means that the state and its agencies reserve the right to take either disciplinary action, if appropriate, or other corrective action, to address any unacceptable conduct that violates this policy, regardless of whether the conduct satisfies the legal definition of discrimination or harassment.

b. Applicability

Prohibited discrimination/harassment undermines the integrity of the employment relationship, compromises equal employment opportunity, debilitates morale and interferes with work productivity. Thus, this policy applies to all employees and applicants for employment in State departments, commissions, State colleges or universities, agencies, and authorities (hereafter referred to in this section as “State agencies” or “State agency”). The State of New Jersey will not tolerate harassment or discrimination by anyone in the workplace including supervisors, co-workers, or persons doing business with the State. This policy also applies to both conduct that occurs in the workplace and conduct that occurs at any location which can be reasonably regarded as an extension of the workplace (any field location, any off-site business-related social function, or any facility where State business is being conducted and discussed).

This policy also applies to third party harassment. Third party harassment is unwelcome behavior involving any of the protected categories referred to in (a) above that is not directed at an individual but exists in the workplace and interferes with an individual's ability to do his or her job. Third party harassment based upon any of the aforementioned protected categories is prohibited by this policy.

II. PROHIBITED CONDUCT

a. Defined

It is a violation of this policy to engage in any employment practice or procedure that treats an individual less favorably based upon any of the protected categories referred to in I4(a) above. This policy pertains to all employment practices such as recruitment, selection, hiring, training, promotion, transfer, assignment, layoff, return from layoff, termination, demotion, discipline, compensation, fringe benefits, working conditions and career development.

It is also a violation of this policy to use derogatory or demeaning references regarding a person's race, gender, age, religion, disability, affectional or sexual orientation, ethnic background, or any other protected category set forth in I(a) above. A violation of this policy can occur even if there was no intent on the part of an individual to harass or demean another.

Examples of behaviors that may constitute a violation of this policy include, but are not limited to:

- Discriminating against an individual with regard to terms and conditions of employment because of being in one or more of the protected categories referred to in I(a) above;

- Treating an individual differently because of the individual's race, color, national origin or other protected category, or because an individual has the physical, cultural or linguistic characteristics of a racial, religious, or other protected category;

- Treating an individual differently because of marriage to, civil union to**,** domestic partnership with, or association with persons of a racial, religious or other protected category; or due to the individual's membership in or association with an organization identified with the interests of a certain racial, religious or other protected category; or because an individual's name, domestic partner's name, or spouse's name is associated with a certain racial, religious or other protected category;

- Calling an individual by an unwanted nickname that refers to one or more of the above protected categories, or telling jokes pertaining to one or more protected categories;

- Using derogatory references with regard to any of the protected categories in any communication;

- Engaging in threatening, intimidating, or hostile acts toward another individual in the workplace because that individual belongs to, or is associated with, any of the protected categories; or

- Displaying or distributing material (including electronic communications) in the workplace that contains derogatory or demeaning language or images pertaining to any of the protected categories.

b. <u>Sexual Harassment</u>

It is a violation of this policy to engage in sexual (or gender-based) harassment of any kind, including hostile work environment harassment, quid pro quo harassment, or same-sex harassment. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;

- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or

- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of prohibited behaviors that may constitute sexual harassment and are therefore a violation of this policy include, but are not limited to:

- Generalized gender-based remarks and comments;

- Unwanted physical contact such as intentional touching, grabbing, pinching, brushing against another's body or impeding or blocking movement;

- Verbal, written or electronic sexually suggestive or obscene comments, jokes or propositions including letters, notes, e-mail, text messages, invitations, gestures or inappropriate comments about a person's clothing;

- Visual contact, such as leering or staring at another's body; gesturing; displaying sexually suggestive objects, cartoons, posters, magazines or pictures of scantily-clad individuals; or displaying sexually suggestive material on a bulletin board, on a locker room wall, or on a screen saver;

- Explicit or implicit suggestions of sex by a supervisor or manager in return for a favorable employment action such as hiring, compensation, promotion, or retention;

- Suggesting or implying that failure to accept a request for a date or sex would result in an adverse employment consequence with respect to any employment practice such as performance evaluation or promotional opportunity; or

- Continuing to engage in certain behaviors of a sexual nature after an objection has been raised by the target of such inappropriate behavior.

III. EMPLOYEE RESPONSIBILITIES

Any employee who believes that she or he has been subjected to any form of prohibited discrimination/harassment, or who witnesses others being subjected to such discrimination/harassment is encouraged to promptly report the incident(s) to a supervisor or directly to the State agency's Equal Employment Opportunity/Affirmative Action Officer or to any other persons designated by the State agency to receive workplace discrimination complaints.

All employees are expected to cooperate with investigations undertaken pursuant to VI below. Failure to cooperate in an investigation may result in administrative and/or disciplinary action, up to and including termination of employment.

IV. SUPERVISOR RESPONSIBILITIES

Supervisors shall make every effort to maintain a work environment that is free from any form of prohibited discrimination/harassment. Supervisors shall immediately refer allegations of prohibited discrimination/harassment to the State agency's Equal Employment Opportunity/Affirmative Action Officer, or any other individual designated by the State agency to receive complaints of workplace discrimination/harassment. A supervisor's failure to comply with these requirements may result in administrative and/or disciplinary action, up to and including termination of employment. For purposes of this section and in the State of New Jersey Model Procedures for Processing Internal Complaints Alleging Discrimination in the Workplace (Model Procedures), a supervisor is defined broadly to include any manager or other individual who has authority to control the work environment of any other staff member (for example, a project leader).

V. DISSEMINATION

Each State agency shall annually distribute the policy described in this section, or a summarized notice of it, to all of its employees, including part-time and seasonal employees. The policy, or summarized notice of it, shall also be posted in conspicuous locations throughout the buildings and grounds of each State agency (that is, on bulletin boards or on the State agency's intranet site). The Department of the Treasury shall distribute the policy to State-wide vendors/contractors, whereas each State agency shall distribute the policy to vendors/contractors with whom the State agency has a direct relationship.

VI. COMPLAINT PROCESS

Each State agency shall follow the Model Procedures with regard to reporting, investigating, and where appropriate, remediating claims of discrimination/harassment. See N.J.A.C. 4A:7-3.2. Each State agency is responsible for designating an individual or individuals to receive complaints of discrimination/harassment, investigating such complaints, and recommending appropriate remediation of such complaints. In addition to the Equal Employment Opportunity/Affirmative Action Officer, each State agency shall designate an alternate person to receive claims of discrimination/harassment.

All investigations of discrimination/harassment claims shall be conducted in a way that respects, to the extent possible, the privacy of all the persons involved. The investigations shall be conducted in a prompt, thorough and impartial manner. The results of the investigation shall be forwarded to the respective State agency head to make a final decision as to whether a violation of the policy has been substantiated.

Where a violation of this policy is found to have occurred, the State agency shall take prompt and appropriate remedial action to stop the behavior and deter its reoccurrence. The State agency shall also have the authority to take prompt and appropriate remedial action, such as moving two employees apart, before a final determination has been made regarding whether a violation of this policy has occurred.

The remedial action taken may include counseling, training, intervention, mediation, and/or the initiation of disciplinary action up to and including termination of employment.

Each State agency shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate.

VII. PROHIBITION AGAINST RETALIATION

Retaliation against any employee who alleges that she or he was the victim of discrimination/harassment, provides information in the course of an investigation into claims of discrimination/harassment in the workplace, or opposes a discriminatory practice, is prohibited by this policy. No employee bringing a complaint, providing information for an investigation, or testifying in any proceeding under this policy shall be subjected to adverse employment consequences based upon such involvement or be the subject of other retaliation.

Following are examples of prohibited actions taken against an employee because the employee has engaged in activity protected by this subsection:

- Termination of an employee;
- Failing to promote an employee;
- Altering an employee’s work assignment for reasons other than legitimate business reasons;
- Imposing or threatening to impose disciplinary action on an employee for reasons other than legitimate business reasons; or
- Ostracizing an employee (for example, excluding an employee from an activity or privilege offered or provided to all other employees).

VIII. FALSE ACCUSATIONS AND INFORMATION

An employee who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to administrative and/or disciplinary action, up to and including termination of employment. Complaints made in good faith, however, even if found to be unsubstantiated, shall not be considered a false accusation.

IX. CONFIDENTIALITY

All complaints and investigations shall be handled, to the extent possible, in a manner that will protect the privacy interests of those involved. To the extent practical and appropriate under the circumstances, confidentiality shall be maintained throughout the investigatory process. In the course of an investigation, it may be necessary to discuss the claims with the person(s) against whom the complaint was filed and other persons who may have relevant knowledge or who have a legitimate need to know about the matter. All persons interviewed, including witnesses, shall be directed not to discuss any aspect of the investigation with others in light of the important privacy interests of all concerned. Failure to comply with this confidentiality directive may result in administrative and/or disciplinary action, up to and including termination of employment.

X. ADMINISTRATIVE AND/OR DISCIPLINARY ACTION

Any employee found to have violated any portion or portions of this policy may be subject to appropriate administrative and/or disciplinary action which may include, but which shall not be limited to: referral for training, referral for counseling, written or verbal reprimand, suspension, reassignment, demotion or termination of employment. Referral to another appropriate authority for review for possible violation of State and Federal statutes may also be appropriate.

XI. TRAINING

All State agencies shall provide all new employees with training on the policy and procedures set forth in this section within a reasonable period of time after each new employee's appointment date. Refresher training shall be provided to all employees, including supervisors, within a reasonable period of time. All State agencies shall also provide supervisors with training on a regular basis regarding their obligations and duties under the policy and regarding procedures set forth in this section.

Issued: December 16, 1999
Revised: June 3, 2005
Revised: August 20, 2007
See N.J.A.C. 4A:7-3.1

Rowan University™

Acknowledgement of Receipt

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

Every employee is required to read and become familiar with the “New Jersey State Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Workplace” (Policy) and the “Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments in the Workplace” (Procedures).

Any questions you may have regarding the Policy or Procedures should be directed to the Director of EEO in Linden Hall at ext. 4134.

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

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

____

Employee’s Name (Please Print)

____ ____________________

Employee’s Signature **Date**

Rowan University

ADA/504 – Office of Human Resources, Linden Hall, Rowan University, 856-256-5440

The Americans with Disabilities Act gives civil rights protection to individuals with disabilities and guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance.*

Rowan University complies with the American Disabilities Act and section 504 of the Rehabilitation Act. In order to do so, Rowan has established a process to ensure equal treatment of all employees and candidates with disabilities. Please contact the Office of Human Resources if you have any questions.

Employee Accommodation Policy

Human Resources is the first contact for employees and/or potential employees requiring assistance. Within ten days of receiving notification that an employee or candidate may need an accommodation, Human resources will contact the individual to begin the verification process. Once all required documentation is received, a representative from the Human Resources office will meet with the employee or candidate to review and verify the information and to develop an accommodation plan if eligible. Each accommodation is determined on a case by case basis. Copies of the accommodation plan will be given to the employee and to the appropriate department head, as well as a copy placed in the ADA/504 file. Any changes to the accommodation plan may require additional documentation and must be processed through the Human Resources office.

Any accommodation that has a financial impact on the institution will be referred to the Vice President of Administration and Finance to determine if the university can provide for the accommodation. Barring extenuating circumstances, this determination should occur within ten days of the receipt of the referral.

Appeals Process

If the employee is found to be ineligible under ADA/504, an appeal may be submitted to the Vice President of Administration and Finance. At that time the Vice President will select a committee to review any and all documentation on file in order to make a determination of eligibility. The result of the appeal will be made within 30 days from the date of receipt of the original request. If the employee is dissatisfied with the decision, it can be appealed directly to the President's office.

Grievance Process

Once an accommodation plan has been approved, it should be followed as established. If for any reason this should not happen, the employee may file a grievance with the ADA/504 officer in Human Resources. An investigation will be done into the matter and a plan will be developed for a resolution between the employee and the head of the appropriate department. The employee will be notified of the results within 30 days of the original receipt of the grievance, barring extenuating circumstances.

*Taken from the US Department of Justice Civil Rights Division

Rowan University

DOCUMENTATION REQUIRED

Human Resources, Office of ADA/504 Compliance

Learning Disabilities:
Documentation must be dated within **three (3) years**, must have been conducted by qualified professionals, and must include the following*****:

1. Aptitude Assessment: The Wechsler Adult Intelligence Scale-III is the preferred instrument. Group intelligence tests, the Slosson Intelligence Test and the Kaufman Brief Intelligence Test are **NOT** appropriate.

2. Achievement Assessment: Current levels of reading, mathematics, written language are required. Preferably, a certified Learning Disabilities Specialist should have administered the tests. Acceptable instruments include the Woodcock-Johnson Psycho-Educational Battery-Revised or the Wechsler Individual Achievement Test for age appropriate students. The Wide Range Achievement Test is **NOT** a comprehensive measure of achievement.

3. Information Processing: Specific areas of information processing (e.g., short and long-term memory; sequential memory; auditory and visual perception/processing; processing speed, etc.) must be assessed. Information from subtests on the WAIS-III or the Woodcock-Johnson Tests of Cognitive Ability as well as other instruments relevant to the presenting learning problem(s) may be used to assess these areas.

Medical Condition:
Documentation must be dated within **three (3) years** if the condition is permanent.
If the condition is temporary, documentation must be dated within one (1) year. Additional information may be requested after a periodical review.

Psychological Condition:
Documentation must be dated within **one (1) year**. Additional information may be requested after a periodical review.

Periodical reviews are made on a case by case basis depending on the prognosis submitted in the documentation.

Documentation **must** be typewritten on official letterhead and **must** include:

- Diagnosis
- Prognosis – must include length of recovery for temporary conditions
- Recommendations
- Statement certifying that the condition is disabling, to what extent, and that it meets the criteria under ADA/504

Rowan University

Definition of a Disability as Per ADA/504

A person with a disability is someone with a physical or mental impairment that substantially limits one or more major life activities. A person is considered to be a person with a disability if he/she has the disability, has a record of the disability, or is regarded as having the disability. **Inherent in this definition is the concept that an impairment itself is not a disability. It is the interaction of the impact of an impairment and the demands of the environment that create a disability.**

- A "physical impairment" means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skill and endocrine.

- A "mental impairment" means any psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disorders.

- An impairment which "substantially limits" refers to an inability to perform a major life activity, or a significant restriction as to the condition, manner, or duration under which a major life activity can be performed, in comparison to the average person or to most people; the availability of some mitigating factor (such as a hearing aid for a person with hearing loss that brings hearing acuity within normal limits) is not considered when determining if the disability substantially limits the individual.

- Major life activities are the basic activities that the average person can perform with little or no difficulty. These activities include, but are not limited to, walking, seeing, learning, working, performing manual tasks, speaking, and hearing.

Rowan University

REQUEST FOR SERVICES UNDER AMERICANS WITH DISABILITIES ACT/SEC. 504

NAME	DATE
DIVISION	DEPARTMENT
JOB TITLE	ASSIGNMENT

REASON FOR REQUEST (Please Print)
Explain why you are requesting services under ADA/504. Include your understanding of your diagnosis, prognosis, and what you feel you need to meet the requirements of your job.

____

____

____

____

____

____

____

____

____

Is this condition temporary? ____Yes ____ No	If yes, please indicate date ending ____/____/____
Is this condition permanent? ____ Yes ____ No	Please refer to Documentation Required Form

Consent for Release of Information:

I, ________________________________, hereby give my written consent for the Office of ADA/504 Compliance to release information considered pertinent (psychological and/or medical) with necessary University personnel for the sole purpose of determining eligibility and implementation of any accommodations requested or deemed necessary.

Signature ____ **Date** ______________________________

Please return to Dr. Johanna Velez-Yelin in the Office of Human Resources, Linden Hall

EE-0681-0504

New Jersey Division of Pensions and Benefits

ENROLLMENT APPLICATION

(Please follow the instructions on page 3 of this form)

DO NOT WRITE IN THIS BOX	LOCATION NO.	MEMBERSHIP NO.

Select Pension Fund: *(Check one)* ☐ **Teachers' Pension and Annuity Fund** ☐ **Public Employees' Retirement System**

APPLICANT INFORMATION: *(Please Print or Type)*

1. Name: ______________________________ ______________________________
   Last *First (no nicknames)* *Middle* *Maiden Surname and Surname Used During Previous Membership*

2. Address: ______________________________
   Street
   ____
   City *State* *Zip Code*

3. Social Security #: ______________________ 4. Gender: ☐ Male ☐ Female

5. Date of Birth: _____/_____/_____ 6. Daytime Phone: (______) ______—____________
   Month *Day* *Year*

7. (For Elected Official ONLY) Veteran Status: (a) Date of Induction ______________ (b) Date of Discharge ______________

8. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?
   ☐ Yes ☐ No
   (If "Yes", please provide retirement system name__________________
   ____
   ____

EMPLOYER INFORMATION *(Please Print or Type):*

9. Employer Name: ______________________________

10. County: ____________________ 11. Location #: ____________ Bureau #: ____________ Payroll #: ____________
    If Applicable *State Loc Only*

12. Title/Position of Applicant: ______________________________

13. Is the applicant currently employed by more than one public employer? ☐ No ☐ Yes *(If "Yes", please provide name of employer(s))*
    ____

14. **(To be completed for TPAF applications only)**
    (a.) Date Employment Began: _____/_____/_____ (Do not include temporary or substitute service)
    Month *Day* *Year*
    (b.) Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? ☐ Yes ☐ No
    (c.) Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education?
    ☐ Yes ☐ No
    (d.) For NJ Department of Education Only: Is the position Unclassified Professional? ☐ Yes ☐ No

15. **(To be completed for PERS applications only)**
    (a.) Date Employment Began: _____/_____/_____ (b.) Date of Regular or Permanent Appointment: _____/_____/_____
    Month *Day* *Year* *Month* *Day* *Year*
    (c.) Is the applicant still considered temporary or provisional? ☐ Yes ☐ No

16. Current Annual Base Salary $ __________________ 17. (Check one) ☐ 10-Month Position ☐ 12-Month Position

EMPLOYER CERTIFICATION

18. Name of Human Resources Representative Completing Application: ______________________________

19. Phone Number: (______) ______—____________ Ext.: ____________

20. Certifying Officer: ______________________________ Date: _____/_____/_____
    Print Name *Signature* *Month* *Day* *Year*

Note: If this application is not submitted on a timely basis, a late employer liability may be assessed.

EE-0681-0504

DESIGNATION OF BENEFICIARY

TO BE COMPLETED BY THE MEMBER

Before submitting the *Designation of Beneficiary* form, carefully read the information given on the last page, and be sure to complete the items indicated below. Failure to complete this form totally and accurately may jeopardize the payment of benefits upon your death.

1. Member information - PRINT your full name.
2. Indicate your Social Security number.
3. Nominate your beneficiary(ies) to your group life insurance and pension benefit — PRINT the full name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.
4. Member signature - Make sure to sign and date this form.

1. Print Your Full Name: ____

2. Social Security Number: ______________________________

3. GROUP LIFE INSURANCE AND PENSION BENEFIT (Return of Contributions)

Primary Beneficiary(ies)

	Beneficiary Name(s)	Relationship	Birth Date	SS# (Optional)
1.	____________________	______________	__________	____________________
Address	____			
2.	____________________	______________	__________	____________________
Address	____			
3.	____________________	______________	__________	____________________
Address	____			

Contingent Beneficiary(ies) - If Primary Beneficiary is not living at my death; payment is to be made to:

	Beneficiary Name(s)	Relationship	Birth Date	SS# (Optional)
1.	____________________	______________	__________	____________________
Address	____			
2.	____________________	______________	__________	____________________
Address	____			
3.	____________________	______________	__________	____________________
Address	____			

If you choose a distribution of benefits other than the standard "share and share alike," or if you are naming a minor, using a trust agreement, or nominating a domestic partner, please refer to Fact Sheet #68, *Designating a Beneficiary*, before completing this form. You may obtain this fact sheet from our Web site at: *www.state.nj.us/treasury/pensions/fact68.htm*

PLEASE BE ADVISED: If you pass away without having completed this form, ALL benefits will be payable to your estate.

4. Signature of Member ____________________________________

Date ____________________

EE-0681-0504

ENROLLMENT APPLICATION INSTRUCTIONS

(This application to be completed by enrolling employer)

APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter applicant's current mailing address.
3. **Social Security Number** — Enter applicant's Social Security number.
4. **Gender** — Indicate applicant's gender.
5. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement - if available, attach a photocopy of the applicant's proof of age to this application. **Do not delay submitting the *Enrollment Application* if proof of age is not available.** (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)
6. **Daytime Phone Number** — Enter applicant's daytime phone number and extension (be sure to include the area code).
7. **Elected Official's Veteran Status** — For an elected official who is a veteran with active military service, enter dates of induction and discharge to determine date of enrollment in the system.
8. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

EMPLOYER INFORMATION

9. **Employer Name** — Enter the full employer name.
10. **County** — Enter county in which the employer resides.
11. **Location, Bureau, and Payroll Numbers** — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC).
12. **Title/Position of Applicant** — Enter title/position of applicant.
13. **Multiple Public Employers** — Indicate whether this applicant is employed by more than one public employer. If you answer "Yes", please indicate the full name of each employer.
14. **(TPAF applicants only)**
    (a.) **Date Employment Began** — Enter the date on which applicant started employment. Do not include temporary or substitute service.
    (b.) **New Jersey Certificate Required** — Indicate whether the title/position requires a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education.
    (c.) **Applicant has New Jersey Certificate** — Indicate whether the applicant holds a New Jersey Certificate issued by the State Board of Examiners within the NJ Department of Education.
    (d.) **Unclassified Professional** — For positions with the NJ Department of Education, indicate if the position is "Unclassified Professional".
15. (**PERS applicants only)**
    (a.) **Date Employment Began** — Enter the date on which applicant started employment.
    (b.) **Permanent Appointment Date** — Enter the date of the applicant's regular or permanent appointment.
    (c.) **Temporary or Provisional** — Indicate if the applicant is still considered a temporary or provisional employee.
16. **Base Salary** — Enter the annual base salary for the year, that is, the annual salary paid to the employee on the date the *Enrollment Application* is certified by the employer. Base salary is the contractual salary of the employee. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.
17. **10-12 Month Position** — Please indicate whether the position is a 10-month or 12-month position.

EMPLOYER CERTIFICATION

18. **Name of Person Completing Application** — Print the name of the human resources representative who completes this *Enrollment Application* for the applicant.
19. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
20. **Certifying Officer** — The Certifying Officer should print his/her name, then **sign and date this application**. Unsigned applications will be returned.

DESIGNATION OF BENEFICIARY FORM INFORMATION

The *Designation of Beneficiary* form allows you to nominate a beneficiary, or beneficiaries, for your group life insurance and pension benefit.

GROUP LIFE INSURANCE

All employees enrolled in either the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System will be entitled to group life insurance coverage. However, if you are age 60 or older at the time of enrollment, you MUST prove insurability through a medical examination administered by the Prudential Insurance Company.

PENSION BENEFIT

The pension benefit is the return of your member contributions to your designated beneficiary or beneficiaries. This benefit is paid in a lump sum to your beneficiary(ies).

PRIMARY AND CONTINGENT BENEFICIARIES

Please be sure to designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary, or beneficiaries, will receive any death benefits that are payable. The contingent beneficiary, or beneficiaries, will receive death benefits ONLY if all primary beneficiaries have predeceased you. Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- An institution, charity, or corporation;
- Your estate (upon your death, a court ordered surrogate certificate will be required).

THE DOs AND DON'Ts OF BENEFICIARY DESIGNATION

Do use proper names. Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones.

Do use specific names. The phrase "My children" or "My grandchildren" will not be accepted on your form. Each child must be individually listed using his or her proper name.

Do make a copy of the *Designation of Beneficiary* form submitted and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information due to a life event such as a birth, marriage, or death.

Do use ink. Completing your *Designation of Beneficiary* form in pencil makes the form unacceptable and a new form will be mailed to you.

Don't use "white out" or cross out names or relationships to make changes in designation. This makes the form unacceptable and a new form will be mailed to you.

Don't name the same person or persons in both the Primary and Contingent Beneficiary sections. This makes the form unacceptable and a new form will be mailed to you.

FREQUENTLY ASKED QUESTIONS

Q. What if I leave a section blank?

A. If no beneficiary designation is in effect at the time of your death, or the designation section is incomplete or blank, payment will be made to your estate. Prior to any benefits being paid to your estate, a surrogate's certificate must be submitted to the Division.

Q. I am not comfortable giving my beneficiary's Social Security number. Is it required?

A. The Division of Pensions and Benefits cannot require that you provide your beneficiary's Social Security number; however, providing this number will ensure positive identification of your beneficiary and may ease the processing of your claim.

Q. All of my beneficiaries' information will not fit on this application. What do I do?

A. If additional space is required, an attachment sheet is acceptable provided it is signed and dated by you. In addition to the beneficiary information, please be sure to print your name, address, daytime telephone number, and your Social Security number on the sheet.

Q. How many times can I change my beneficiary designation?

A. You may change the beneficiary designation for the group life insurance or pension benefit as often as you wish and at any time. A new designation form should be submitted whenever there is a significant life event such as a birth, marriage, divorce, or death.

DIRECT DEPOSIT

PRINT EMPLOYEE NAME

Phone Number SOCIAL SECURITY NUMBER LAST FIRST M.I.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I HEREBY AUTHORIZE ROWAN UNIVERSITY TO INITIATE CREDIT ENTRIES TO MY ACCOUNT IN THE DEPOSITORY OR BANK NAME BELOW.

DEPOSITORY OR BANK NAME.______________________________

CITY STATE ZIP

INFORMATION TO BE OBTAINED FROM YOUR BANKING INSTITUTION

ROUTING NUMBER _ _ _ _ _ _ _ _ _ ACCOUNT NUMBER ______________________

(NINE DIGITS REQUIRED) (UP TO SEVENTEEN DIGITS PERMITTED)

ACCOUNT TYPE CHECK ONE ☐ **CHECKING** ☐ **SAVINGS** amount $__________(secondary)

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL ROWAN UNIVERSITY HAS RECEIVED WRITTEN NOTIFICATION, IN ACCORDANCE WITH PUBLISHED SCHEDULES, FROM ME OF ITS TERMINATION.

DATE __________ SIGNATURE ______________________ Rowan ID