

## Non-UT Student Checklist

A Non-UT Student is a student that is actively enrolled in another institution, will be working and paid by UTHSC. Below are the required documents that Human Resources will need for final payroll entry. **This checklist must be included when documents are being submitted to HR. HR does not accept piece mail or incomplete documents.**

1. Department has identified a need for a **Non-UT Student**.
  - Name of Student: \_\_\_\_\_
2. Department has received a Resume and/or CV on: \_\_\_\_\_
3. Position Number has been created in IRIS. **Position #:** \_\_\_\_\_
  - (Note: If using an existing position number, please make sure you receive all of the necessary approvals.)
4. The following items must be forwarded to Anesha Jones ([ajone248@uthsc.edu](mailto:ajone248@uthsc.edu)) in Human Resources via UT Vault as one submission.
  - Resume/CV.
  - Official Transcript
    - Attention to: Human Resources Records Office
    - (HR will accept an unofficial transcript to start the process, but will need an official transcript before the program start date, in some instances exceptions may be granted).
  - Fair Credit Reporting Act Disclosure (Background Check Form)
  - Position Description
  - Non-UT Student Packet
    - Non-UT Student Request Form
      - **Dean's signature on the Non-UT Student Request Form.(Signature required before submission)**
    - Position Agreement
    - Health Insurance Waiver Form (Must be notarized)
    - Occupational Risk Assessment form
      - <https://www.uthsc.edu/hr/employment/documents/occupational-risk-assessment-interactive-2016.pdf>
    - Employee Referral Form
    - Personal Data Form
    - Clarification Statement
    - Payroll Authorization
    - Identification Card Acknowledgement
      - <http://uthsc.edu/hr/employment/documents/health-insurance-waiver.pdf>
    - Authorization of Disclosure
    - Disability Disclosure
    - Designation of Beneficiary
    - Confidentiality Form
    - W-4 Form
    - Direct Deposit
    - Voided check or Bank letter
    - Complete online I-9 Employment Eligibility Verification:  
<https://secure.i9.talx.com/preauthenticated/LoginCAPTCHA.aspx?Employer=17617>
    - 2 forms of ID (Driver's License/State ID and Social Security Card) or Passport
5. Requesting Department has reviewed **Policy HR-0115- Employment of Relatives** and will comply with all content within the Policy.
6. **Human Resources will notify the Supervisor and Business Manager when the employment process is complete to determine a start date if applicable, at which time the hiring Department will prepare and submit to HR a signed paper "Initial Hire/Rehire" form.**
7. Please Note: If salary is more than \$10.00 per hour, please contact Damon Davis, Compensation Team Leader for approval and attach to the request form.
8. If you have questions, please contact Anesha Jones at 901-448-2574 or [ajone248@uthsc.edu](mailto:ajone248@uthsc.edu)

**FAIR CREDIT REPORTING ACT DISCLOSURE  
AND AUTHORIZATION TO RELEASE INFORMATION**

**Choose from the following categories:**

<input type="checkbox"/> CDD	<input type="checkbox"/> Non-UT Student
<input type="checkbox"/> Kaplan	<input type="checkbox"/> Post-Doctoral
<input type="checkbox"/> New Hire (Faculty/Staff)	<input type="checkbox"/> Visiting Scholar
<input type="checkbox"/> Temp Pool	<input type="checkbox"/> Volunteer

Department: \_\_\_\_\_

Cost Center/WBS#: \_\_\_\_\_

**Department Contact Person**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DISCLOSURE**

In connection with your application for employment at the University of Tennessee, the University may verify information within the application or other materials relating to your application for employment. As part of that verification process, the University will request, from a background check vendor, an investigative consumer report (“Background Check Report”) on you as defined in the Fair Credit Reporting Act.

For University purposes, a Background Check Report will consist of a criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check. It will not include a credit check, although information that pertains to your credit may be contained among public records (*i.e.*, bankruptcy filings). The information obtained in the Background Check Report will be utilized only during the initial employment application process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the Background Check Report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

**AUTHORIZATION**

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to the University a Background Check Report on me at the request of the University in conjunction with my job application. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me, if any, may be used for the purpose of conducting a background check.

By my signature below, I also authorize the disclosure to the University and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other publicly available information the University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other public sources. I hereby release and hold the background check vendor and the University, its officers, directors, employees, and trustees harmless from any and all liability with respect to the Background Check Report, investigations, verifications, and/or the use of any information relevant to my employment.

By my signature below, I acknowledge that this Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University of Tennessee.

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING INFORMATION.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Resident Address: \_\_\_\_\_  
(Street Number & Name) (City) (State) (Zip Code)

**NOTE: International Employees please include your Foreign Address also:**

\_\_\_\_\_

List Resident Address in Past Seven Years (attach additional sheets if necessary)

_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)

**School Information (Highest Degree Earned):** N/A

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree: \_\_\_\_\_ Degree Status: \_\_\_\_\_

Dates Attended: \_\_\_\_\_  
(Start Month/Year) (End Month/Year)

**For International Employees:**

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Government ID Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

**ADDITIONAL STATE LAW NOTICES****For Maine Applicants Only**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**For New York Applicants Only**

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**For California Applicants Only**

You may view the file maintained on you by TrueScreen during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at TrueScreen's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. TrueScreen has trained personnel available to explain your file to you, including any coded information. If you appear in person, you must be accompanied by one other person, provided that person furnishes proper identification.

**For Minnesota, Oklahoma and California Applicants Only:** In connection with your application for employment, your investigative consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to a free copy of your investigative consumer report by checking the appropriate box below.

- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

## Non UT Student Assistant Request Form

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New Hire/ Rehire Information

Today's Date

First Name

Middle Name

Last Name

Department Name

Start Date

End Date

Position Number

Hourly Rate

Hours Worked Weekly

Percentage of Effort

Cost Center Name

Cost Center Number

Distribution Number or WBS Element

Work Location and Phone Number

Mentor Name and Title

Mentor E-Mail Address

Duties/Skills: (Attach PDQ or give brief job description below):

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Required Documents were Submitted to Human Resources (HR) on the following dates:

Fair Credit Check

Official Transcript

I-9 Referral

**Please review and comply with HR Policy 0115:  
Employment of Relatives Policy  
([http://policy.tennessee.edu/hr\\_policy/hr0115/](http://policy.tennessee.edu/hr_policy/hr0115/))**

Business Manager Signature

Date

Department Head Signature

Date

Dean's Office Signature

Date

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### HUMAN RESOURCES ONLY

Required Documents were Received by Human Resources (HR) on the following dates:

Fair Credit Check

Official Transcript

I-9 Referral

HR Representative Signature

Date

# POSITION AGREEMENT

I acknowledge that I have accepted the position of

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In the Department of

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I understand that this position will be paid at the

Hourly Rate

Monthly Rate

of

\$ \_\_\_\_\_

as a

Regular Employee

Temporary Employee

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# Health Insurance Waiver

**Please complete and return to the Office of Human Resources:**

Non-UT Student

Friend

Volunteer

I certify that I am covered by a health insurance policy that includes coverage for medical care and transport. I will not hold the University of Tennessee, The Health Science Center or any employee of the University of Tennessee responsible for payment of any bill related to medical treatment, care, or services. This waiver is subject to any right to recovery independently existing under the Tennessee Claims Commission Act.

I will not hold any faculty member, instructor, staff member, department or the University of Tennessee Health Science Center liable should I become injured while engaging in volunteer activities at or affiliated with the University of Tennessee, The Health Science Center

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## NOTARY SEAL

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

UT Health Science Center

**Occupational Risk Assessment**

Human Resources Department  
910 Madison Avenue, Ste. WP012, Memphis, TN 38163  
Phone: (901) 448-5600 Fax: (901) 448-5170  
Email: hr@uthsc.edu

**Check One**

- Employee       Student       Volunteer       Visiting Scholar
- Non-UT Employee/Student       Friend

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor/Principal Investigator: \_\_\_\_\_

**Check All That Apply**

The above employee will work or live in the following.

- Clinical Setting       Dormitory
- Laboratory       Animal Lab

**Work Hours**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**Please return this complete form to the Human Resources Office.**

# University of Tennessee Health Science Center

## EMPLOYEE REFERRAL (FORM I-9)

### EMPLOYEE PROFILE

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

### EMPLOYMENT CHANGES

New Hire:  Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Rehire:  Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Temporary:  Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Department: \_\_\_\_\_  
Reverification:  Type of Document: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Department: \_\_\_\_\_

**EMPLOYEES MUST REPORT TO HUMAN RESOURCES ON THEIR FIRST DAY OF WORK FOR PAY**

### REFERRAL DEPARTMENT/CAMPUS UNIT

Business Manager : \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Today's Date : \_\_\_\_\_ Email Address: \_\_\_\_\_

### ADDITIONAL COMMENTS

Please List Any Additional Comments:

### HUMAN RESOURCES VERIFICATION

Received By: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Human Resources  
910 Madison Avenue, Suite WP012, 1<sup>st</sup> Floor,  
Memphis, TN 38163  
Telephone: 901-448-5600*

**THE UNIVERSITY OF TENNESSEE  
PERSONAL DATA FORM**

**EFFECTIVE DATE** \_\_\_\_\_

New  Update

**PERSONAL DATA (IT0002)**

Personnel # \_\_\_\_\_ (Personnel # required on all changes/separations)  
 Form of Address:  Mr.  Mrs.  Miss  Ms.  Dr.  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Known as \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
 Birth date \_\_\_\_\_ (mm/dd/yyyy) Gender  Male  Female  
 Nationality \_\_\_\_\_ Marital Status  Single  Married  
 **Name Change** Previous Name \_\_\_\_\_

**PERMANENT RESIDENCE (IT0006-Subtype 1)**

C/O \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Please include Area Code* *Please include Area Code*  
 Phone Release  Complete Information  No Address  No Phone/Address  
 No Phone Number  No Public Listing

**OFFICE ADDRESS (IT0006-Subtype 3)**

Building Name \_\_\_\_\_ Building No. \_\_\_\_\_  
 Street Address \_\_\_\_\_ Room No. \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Mail Stop \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
*Please include Area Code* *Please include Area Code*  
 Phone Release  Complete Information  No Address  No Phone/Address  
 No Phone Number  No Public Listing

**EMERGENCY CONTACT (IT0006-Subtype 4)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ (Please include Area Code)

**RESIDENCE STATUS (I-9) (IT0094)**

U.S. Citizen  
 Permanent Resident  
 Non-resident Alien  
 I-9 Date \_\_\_\_\_

**IMMIGRATION STATUS (IT0048) Supporting Documentation Required**

Country of Citizenship \_\_\_\_\_  
 Visa Type \_\_\_\_\_  
 Visa Expires \_\_\_\_\_  
 Original Date of Arrival to United States \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0

PERSONNEL NUMBER \_\_\_\_\_

**ADDITIONAL PERSONAL DATA (IT0077)**

**Ethnicity** (Check one of these options)

Hispanic/Latino

Not Hispanic/Latino

**Race Category** (Check all that apply. NOTE: More than one box may be checked.)

- American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White

**Veteran Status** (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

- Special Disabled Veteran       Vietnam Era Veteran       Other Protected Veteran  
 Recently Separated Vet       Armed Forces Service Medal Veteran       Disabled Veteran  
 Non-veteran      Discharge Date \_\_\_\_\_ (Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

Yes     No    If yes, what agency? \_\_\_\_\_

Retired from UT?  Yes     No

If yes, list department, address, and date(s) of employment.

\_\_\_\_\_

Ever employed by UT, the State of Tennessee, or by a Federal Agency before?  Yes     No

If yes, complete below:

Agency or Department	Full-time		Address	Dates	Employed under a different name
	Part-time				

**EDUCATION (IT0022)**

Educational Level  ▼ Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

**EDUCATION (IT0022)** (additional degrees, if any)

Educational Level  ▼ Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

**EDUCATION (IT0022)** (additional degrees, if any)

Educational Level  ▼ Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**UNIVERSITY OF TENNESSEE  
HEALTH SCIENCE CENTER**

**CLARIFICATION STATEMENT**

I understand that as a temporary employee, I do not accrue leave or receive benefits.

I also understand that I will become eligible to participate in retirement after being in an active pay status for 6 monthly or 13 bi-weekly pay periods in any 12-month period.

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Signature

Date



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**Human Resources**  
910 Madison Ave, Suite 722  
Memphis, TN 38163  
Tel: (901) 448-5600 Fax: (901) 448-5170

## **PAYROLL AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize The University of Tennessee Health Science Center, at the time of my termination, to withhold from my final paycheck a sum equal to the following:

1. All unpaid personal accounts and fines
2. All money owed in compliance with the Educational Assistance Policy
3. Reasonable replacement cost of:
  - a. unreturned University keys
  - b. unreturned staff ID card
  - c. unreturned uniforms
  - d. un returned equipment
4. Value (through date of expiration) of unreturned parking stickers and special parking cards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Human Resources  
910 Madison Ave, Suite 722  
Memphis, TN 38163  
Tel: (901) 448-5600 Fax: (901) 448-5170

### Identification Card Acknowledgement

Name \_\_\_\_\_

Position \_\_\_\_\_

Date of Hire \_\_\_\_\_

Please read and check to indicate that you have been informed and understand your obligations regarding receipt, loss and return of your UT Identification Card.

- In the event of loss of ID card, I must report the loss immediately to Campus Police and my department and request a new ID be issued. I am obligated to assume replacement cost of twelve dollars (\$12.00) each time a new ID is issued to me.
- Loaning of an ID card to anyone or other misuses is prohibited and may subject me to disciplinary action and a charge of twelve dollars (\$12.00) for return of confiscated ID card or an appropriate replacement.
- ID cards damaged through fair wear and tear are replaced at no charge. Cards damaged through abuse and carelessness are replaced at a cost of twelve dollars (\$12.00).
- As an employee, prior to leaving UT (termination, resignation, etc.), I must return my UT ID card to the Campus police office. Failure to do so will result in a charge of twelve dollars (\$12.00).

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Human Resources**  
910 Madison Ave, Suite 722  
Memphis, TN 38163  
Tel: (901) 448-5600 Fax: (901) 448-5170

**THE UNIVERSITY OF TENNESSEE  
HEALTH SCIENCE CENTER  
AUTHORIZATION OF DISCLOSURE**

**PLEASE SIGN ONLY ONE**

I, the undersigned, authorize the Office of Human Resources of the University of Tennessee to provide the following information to the persons or entities hereinafter mentioned: period of employment, positions held, salary (if requested in writing) and reasons for termination (if applicable).

I fully understand and agree that the above personnel information may be made available by the Office of Human Resources or other UT Departments to prospective employers, lending institutions, and other persons and entities seeking said personnel information for employment, credit and other business.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_

\*\*\*\*\*

I authorize limited disclosure only, consisting of the following (Please list which of the above listed items you authorize to be released).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_

\*\*\*\*\*

I do NOT authorize the above disclosure:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_

**ATTENTION:** The Law of the State of Tennessee makes the Personnel Records of UT public domain. This gives any citizen of the State of Tennessee the right to view your personnel file when they present proper ID showing they are a citizen.



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**Human Resources**  
910 Madison Ave, Suite 722  
Memphis, TN 38163  
Tel: (901) 448-5600 Fax: (901) 448-5170

Name: \_\_\_\_\_

Position Number: \_\_\_\_\_

Date: \_\_\_\_\_

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Note: This page will not be copied for dissemination beyond the Office of Human Resources and/or other departments who may need this information for Affirmative Action or legal purposes. This invitation is being extended to you after a job offer.

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**INVITATION TO APPLICANTS FOR EMPLOYMENT TO IDENTIFY THEMSELVES DISABLED**

THIS SECTION PERTAINS ONLY TO DISABLED PERSONS. A person with a disability refers to any person who has a physical or mental impairment that substantially limits one or more major life activities (performing manual task, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such impairment.

The UT Health Science Center is a government contractor subject to Section 504 of the Rehabilitation Act of 1973, which require employers to take affirmative action to employ qualified disabled individuals. If you feel you meet the above definition of disabled, the UT Health Science Center invites you to inform us so that you may be given consideration under our affirmative action program.

Provision of this information is entirely voluntary, and choosing not to provide it will not result in any adverse treatment. The information will be used only according to the regulation of the Act. The information is considered confidential, except that (1) supervisors may be informed regarding restrictions on the work or duties of disabled persons and any necessary accommodations and (2) first aid personnel may be informed, where appropriate, if the condition might require emergency treatment.

Please describe disability \_\_\_\_\_

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Do you have any health problems or physical limitations which would affect your ability to perform the essential functions of the job for which you are applying? If yes, explain \_\_\_\_\_

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If so, what reasonable accommodations, if any, could the University take to enable you to perform?

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**THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL AND USED ONLY IN ACCORDANCE WITH THE ACTS AND THE REGULATIONS AT 41 CFR 60-250 AND 41 CFR 60-741. REFUSAL TO PROVIDE THIS INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.**

The University of Tennessee  
**DESIGNATION OF BENEFICIARY**  
**(for Policy HR0307, Benefit in the Event of an Employee Death)**

The University of Tennessee provides benefits in the event of an employee death in accordance with Policy HR0307. An employee may use this form to designate a beneficiary to receive payment for all benefits (which may include, depending on eligibility, unpaid payroll, annual and/or sick leave, and one month's salary) paid by the University in accordance with this policy. If a beneficiary is not designated, an amount up to \$10,000 of this benefit may be paid directly to a surviving spouse or, if no surviving spouse, to the surviving children, in compliance with Tennessee law. Any amount above \$10,000 will be paid to the administrator/ executor of the estate of the deceased University employee. The University will require proper proof of identification and authorization prior to paying benefits pursuant to Policy HR0307. This beneficiary designation is revocable at any time by completing and submitting a properly executed form to the campus/unit human resources office that will automatically cancel any previous designation.

*In accordance with this procedure, I hereby designate the following beneficiary(ies) to receive any applicable benefit payment from the University upon my death. (If selecting multiple beneficiaries, each must be named and listed individually on the reverse side.)*

EMPLOYEE NAME: \_\_\_\_\_  
(Please print)

UT Personnel Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**BENEFICIARY**

NAME OF BENEFICIARY: \_\_\_\_\_

Beneficiary's address: \_\_\_\_\_  
\_\_\_\_\_

Beneficiary's SSN or other tax ID#: \_\_\_\_\_

Beneficiary's relationship to you: \_\_\_\_\_

[ ] Check if additional co-beneficiaries are listed on reverse side.

Signature of Witness\* \_\_\_\_\_

(\*Must be signed in the presence of and witnessed by a Human Resources Representative or Notary Public.)

Forward original to your campus/unit human resources office.

**(OVER)**

**CO-BENEFICIARIES**  
(Must name and list separately)

NAME	ADDRESS	SS# OR OTHER TAX ID#
<hr/>	<hr/> <hr/> <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	<hr/>

University of Tennessee Health Science Center  
Confidentiality Agreement

Each faculty member, staff member, other employee, and student of the University of Tennessee Health Science Center who is afforded access to confidential, protected health information in medical or dental records, billing records, research records or in other forms which is considered individually identifiable, agrees to abide by the following terms:

1. Patient care information, whether written, oral, or in electronic computer system form is confidential and may be accessed only by employees or authorized contracted personnel who need that information to perform their job or contractual responsibilities. Only authorized personnel may release patient care information to individuals outside the health system.
2. I understand that this information belongs to the patient; I am only the caretaker. I must guard the documentation appropriately to prevent conversation being overheard by people without a right to know the information. This includes, but is not limited to the following:
  - a. Keeping patient information secure, private, and out of public viewing
  - b. Protecting computerized data by logging off when leaving a work station
  - c. Keeping information secure by not discussing patient specific issues in public areas such as elevators or anywhere outside the workplace.
3. I agree that personnel may only access information necessary to perform their job responsibilities. I agree not to disclose, communicate, or use any patient information in any manner whatsoever other than within the course of my job responsibilities. Even within those responsibilities, I will limit the dissemination of information to those persons who have a need to know.
4. I agree to dispose of copies of reports and other confidential information by shredding them when the final reports have been proofread and signed. I also agree to safeguard tapes and other recording media on which confidential information has been recorded.
5. I understand that the confidentiality of information survives the termination of my relationship with the University of Tennessee.
6. I understand that if I do not keep this information confidential, or if I allow or participate in the inappropriate dissemination of (or access to) personal patient information, I will be subject to disciplinary action according to the University Code of Conduct and other University policies in addition to facing the possibility of litigation and monetary sanctions.
7. I understand that criminal offenses regarding disclosure of protected patient information will be reported to the proper authorities.
8. I agree to comply with all state and federal laws applicable to the use of confidential patient information including the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPPA), the Patient Privacy Protection Act and the Tennessee Medical Record Act, the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and the Family Educational Rights and privacy Act (FERPA) of 1974.

My signature attests to the fact that I have read, understand and agree to abide by the terms of this statement and to the University of Tennessee's policies on confidentiality of patient care information as well as the policies on confidentiality of payroll, personnel, student, and financial records.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Department Name \_\_\_\_\_

Date \_\_\_\_\_

## Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



### The University of Tennessee/Payroll Office Authorization Agreement for Direct Deposit

Employee Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_ Monthly:  Biweekly:   
Last First MI

Primary Account	_____	_____	_____	_____	Checking <input type="checkbox"/>
	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Savings <input type="checkbox"/>

Secondary Account	_____	_____	_____	_____	Checking <input type="checkbox"/>
	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Savings <input type="checkbox"/>
					Fixed Dollar Amount: \$ _____

Travel Account	_____	_____	_____	_____	Checking <input type="checkbox"/>
	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Savings <input type="checkbox"/>

I hereby authorize The University of Tennessee to automatically deposit my net pay and travel reimbursements into my account(s) at the financial institution(s) indicated. I also authorize withdrawal transactions from my account(s), limited to the amount of original deposit, in the event of an overpayment or erroneous deposit.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*\*A voided check or bank authorization letter must be submitted with your completed packet for direct deposit verification.**