

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.**

- . Department has identified a need for a **Non-UT Student**.
 - Name of Student: _____
- . 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.)
- . The following items must be forwarded to Anesha Jones (ajone248@uthsc.edu) in Human Resources via UT Vault as one submission.
 - 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)
 - Non-UT Student Packet
 - PIF (Initial Hire/Rehire Form) **Download PIF**
 - Position Agreement
 - Health Insurance Waiver Form (Must be notarized)
 - Occupational Risk Assessment form
 - Personal Data Form
 - Clarification Statement
 - Payroll Authorization
 - Identification Card Acknowledgement
 - Authorization of Disclosure
 - Disability Disclosure
 - Designation of Beneficiary (Review Only)
 - Confidentiality Form
 - W-4 Form
 - Direct Deposit (Review Only)
 - Complete online I-9 Employment Eligibility Verification:
<https://secure.i9.talx.com/preauthenticated/LoginCAPTCHA.aspx?Employer=17617>

FINAL I-9 VERIFICATION MUST BE COMPLETED AT THE MAIN HR OFFICE LOCATED AT:

**910 Madison Ave 1st Floor
Memphis, TN 38163
901-448-5600**

STUDENTS WILL NEED TO BRING A WORK AUTHORIZATION DOCUMENT FROM LIST A

OR

WORK AUTHORIZATION DOCUMENTS FROM LIST B AND C

PLEASE REFER TO LISTS OF ACCEPTABLE DOCUMENTS.

FAILURE TO COMPLETE THIS STEP WILL CAUSE A DELAY IN PAYROLL ENTRY.

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 Department Contact when the employment process is complete and paperwork has been sent to payroll for final entry.
7. Please Note: If salary is more than \$10.00 per hour, please contact Damon Davis, Deputy Chief HRO & Compensation Director, for approval and attach to the request form.
8. If you have questions, please contact Anesha Jones at 901-448-2574 (ajone248@uthsc.edu) or Melissa Rabalais (mrabalai@uthsc.edu)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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

Choose one from the following categories:

New Hire Faculty	Non-UT Student (Paid Position)
Faculty Volunteer (Non-Paid)	Friend of UT/Volunteer (Non-Paid individuals which include students)
New Hire Staff or Post-Doctoral	Visiting Scholar
Temp Pool	Visitor Engaged in Research (VEiR)
UT Student (Distant Campuses)	(Send international VEiR to spruett1@tennessee.edu)

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.

EXAMPLE ONLY

The University of Tennessee

Initial Hire/Rehire of Employee *(Please check IRIS for Employment Status before completing this form)*

Employee Name Last _____ First _____ Middle _____
Personnel # (Rehires) _____ SSN # (New) _____
TN Unique ID _____ NetID _____
Responsible Cost Center _____ Cost Ctr Name _____
Preparer _____ Phone # _____

EFFECTIVE DATE OF HIRE _____ *(Enter X in appropriate type of hire)*

Hire an Employee Rehire an Employee Transfer Friend to Employee Transfer Pending to Active

EMPLOYEE IS (enter X in appropriate box)

A UT Retiree State of Tennessee Retiree Federal Retiree

ACTION (IT0000)

Reason for Action:

01 - New Hire

Explanation of Actions

ORGANIZATIONAL ASSIGNMENT (IT0001) *sets up employee relationship to entire University organization*

Payroll Area Monthly Biweekly Non-Pay

Personnel Area: <Choose One>

Personnel SubArea: <Choose One>

Employee Group: <Choose One>

Employee SubGroup: <Choose One>

Primary Position Information:

Start Date _____ End Date _____ % of Effort for Position: 100

Is this an existing position? Yes No

If yes, please provide the position number _____

If no, please complete and submit an approved Create Position Form

If yes, please provide vacator's name _____

Name of Position _____

Additional Position Information:

Start Date _____ End Date _____ % of Effort for Position: _____

Is this an existing position? Yes No

If yes, please provide the position number _____

If no, please complete and submit an approved Create Position Form

If yes, please provide vacator's name _____

Name of Position _____

For Ag. Extension Appointments Only:

CORPORATE FUNCTION <Choose One>

Percentage _____

CORPORATE FUNCTION <Choose One>

Percentage _____

CORPORATE FUNCTION <Choose One>

Percentage _____

Employee Name:	0	0	0	Personnel #:	0
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ADDITIONAL PERSONAL DATA (IT0077) refer to Personal Data Form (Personal Data Form Required for All Hires)

EDUCATION (IT0022) refer to Personal Data Form (Personal Data Form Required for All Hires, including students)

APPROVAL SIGNATURES

_____	Date _____	_____	Date _____
Department Head			
_____	Date _____	_____	Date _____

Attachments

- Form W-4 (required for all new/returning employees) / Form W-5 (optional)
- Form I-9 photocopies of documentation
- Direct Deposit Authorization Form
- Personal Data Form (PDF)
- Correspondence and supporting documentation
- Recommendation for Faculty Appointment Form
- Authorization of Disclosure Form

POSITION AGREEMENT

I acknowledge that I have accepted the position of

In the Department of

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.

PERSONAL DATA FORM

Effective Date _____

New Update

Form of Address: Mr. Mrs. Miss. Ms. Dr.

Last Name _____ Middle Name _____

First Name _____

Email Address _____

Known as _____ Soc. Security # _____

Birth Date _____ (mm/dd/yyyy) Gender Male Female Nonbinary

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

Complete Information No Address No Phone/Address

No Phone Number No Public Listing

OFFICE DETAILS (IT0006-Subtype 3)

Building Name _____ Building No. _____

Street Address _____ Room No. _____

County _____ City _____

State _____ Zip _____ Mail Stop _____

Telephone _____ Fax _____

Please include Area Code Please include Area Code

Would you like the following shared about your office information on the website and outlook?

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 _____

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 Part-time	Address	Dates	Employed under a different name

EDUCATION (IT0022)

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.

Signature

Date



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.



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

Name: _____

Position Number: _____

Date: _____

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.

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 _____

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 _____

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

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.

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.

2024

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

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

Step 3: Claim Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ _____

Step 5: Sign Here

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

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

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2024 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 2024 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: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 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 territories 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 Surviving Spouse

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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

New Hire Direct Deposit Notification

The University of Tennessee System requires all employees to receive their paycheck by direct deposit. The benefits provided by direct deposit are convenience, timeliness, and security. Direct Deposits will be set up through the Employee Self-Service via IRIS portal or the UT Direct Deposit secure web site. Both sites require the use of dual factor authentication. **Direct Deposit entry must be submitted the first week of hire. Employees/students must have a NetID and Personnel # to complete the steps below. Failure to submit this information will result in a paper check.**

Employee Self-Service Entry (Option 1)

1. Go to MyUT (<https://irisweb.tennessee.edu/irj/portal>)
2. Select Employee Self-Service
3. Select Benefits and Payment
4. Select Direct Deposit
5. Once the web application opens select the correct payroll cycle. (i.e. Bi-Weekly or Monthly)
6. Enter "Employee Name"
7. Enter "Employee Additional Info"
8. Enter the bank routing number and account number of the "Primary Account". **Re-enter the primary bank account number, select a checking/savings preference and upload a picture or pdf of a cancelled check or letter from the bank verifying the account number.**
9. If you wish to add a secondary account or travel bank, enter the primary account details (again) and enter the secondary and/or travel bank details and upload the required information.
10. Once submitted, you will receive an email confirmation.

UT Direct Deposit secure web site (Option 2)

1. Go to <https://directdeposit.tennessee.edu/authorizationrequests/ddform>
2. Select Employee Self-Service
3. Select Benefits and Payment
4. Select Direct Deposit
5. Once the web application opens select the correct payroll cycle. (i.e. Bi-Weekly or Monthly)
6. Enter "Employee Name"
7. Enter "Employee Additional Info"
8. Enter the bank routing number and account number of the "Primary Account". **Re-enter the primary bank account number, select a checking/savings preference and upload a picture or pdf of a cancelled check or letter from the bank verifying the account number.**
9. If you wish to add a secondary account or travel bank, enter the primary account details (again) and enter the secondary and/or travel bank details and upload the required information.
10. Once submitted, you will receive an email confirmation.