# NEW STAFF PAPERWORK CHECKLIST

Welcome to Baylor University!

Enclosed is confidential paperwork for you to complete and bring with you on your first day.

Please print one sided.

<table>
<thead>
<tr>
<th>For office use:</th>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Request for Direct Deposit Form *</td>
<td>Baylor’s primary means of payment.</td>
</tr>
<tr>
<td></td>
<td>Form W-4 *</td>
<td>Allows Baylor to withhold correct federal income tax from your pay. (HR Review of Social Security Card – note exact name and number)</td>
</tr>
<tr>
<td></td>
<td>Payroll Deduction Authorization *</td>
<td>This authorizes use of your ID card - For your convenience, use your ID card to purchase meals and other services on campus and have charges deducted from your pay.</td>
</tr>
<tr>
<td></td>
<td>Personnel Information Form</td>
<td>Basic information to update the Baylor personnel database and provide access to the Baylor computer system.</td>
</tr>
<tr>
<td></td>
<td>Self Identification Survey (optional)</td>
<td>Self-Identification for governmental records and reporting requirements for the Administration of Civil Rights Laws and Regulations.</td>
</tr>
<tr>
<td></td>
<td>ID Card and Parking Permit</td>
<td>Form requires HR signature – Bring on first day.</td>
</tr>
<tr>
<td></td>
<td>I-9 with proper identification (List of acceptable documents can be found <a href="#">here</a> – please bring documents on first day.)</td>
<td>Required by the office of Homeland Security to establish identity and work eligibility, protecting you from discrimination on the basis of national origin or citizenship status. Begin online form at <a href="http://www.baylor.edu/hr/I-9">www.baylor.edu/hr/I-9</a>.</td>
</tr>
<tr>
<td></td>
<td>Memorandum of Understanding</td>
<td>Please sign and turn in the Employer copy with this packet. Please keep the Employee copy - Basic agreements you are making with the university regarding the nature of your employment.</td>
</tr>
<tr>
<td></td>
<td>Electronic Form W-2 Election (optional)</td>
<td>Allows Baylor to provide an electronic copy of your W-2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rcvd by HR</th>
<th>EE Will Return</th>
<th>Prior University Work Experience</th>
<th>Applicable for individuals who have worked previously as faculty or staff at a university or college. Service associated with earning a degree or certification, such as graduate, work study, or pre-doctoral, does not apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transcript(s) (if applicable)</td>
<td>If you have not submitted a copy of your transcripts, please bring a copy with you for your employment file. (Applies to positions requiring a college degree.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALL NEW REGULAR STAFF - The following form is for you to keep:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baylor Email, Bear ID Activation &amp; DUO</td>
</tr>
<tr>
<td>Affordable Care Act</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALL NEW REGULAR STAFF – The following form will be provided on your 1st day of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed Employment Application</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE USE ONLY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Initial</td>
</tr>
</tbody>
</table>
Set Up New Direct Deposit Authorization

1. Log into **BearWeb** → [www.baylor.edu/bearweb](http://www.baylor.edu/bearweb)
2. Click on **Employee**
3. Click on **Pay Information**
4. Click on **Update Direct Deposit Authorization**

5. Enter the below information:
   - **Routing number** (see “Sample” below for location on a check)
   - **Account number** (must be the **FULL** account number not just the last 4 digits)
     (DO NOT enter your debit card number here)
   - **Account Type** (choose Checking or Savings)
   - **Amount or Percent** (input the dollar amount or percentage to go to this account)
     (If all of your check will be going here, input 100 percent)

   *If setting up multiple accounts, the last account entered MUST be 100% (this means 100% of the remaining amount will go into that account).*

6. Click **Save**

**Sample**

```
Joe Smith
1234 Anystreet Court
Anycity, AA 12345

Pay to the order of ____________________

______________________________
Bank Anywhere

[Routing Number] [Account Number] [Check Number (Do not use)]
```

Contact the Payroll Office x2217 if your Bank Routing number is not accepted
Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply:
- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, or more than one job, or a large amount of nonwage income not subject to withholding outside of your job.

After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you owe tax when you file your tax return, and you might owe a penalty.

With multiple jobs or working spouses, if you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 to calculate your withholding from wages and nonwage income using the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:
Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents.
When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit cannot be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Employee's Withholding Allowance Certificate

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

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Single</td>
<td>Married</td>
<td>Married, but withheld at higher Single rate.</td>
</tr>
<tr>
<td>Note: If married filing separately, check &quot;Married, but withheld at Single rate.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Your last name differs from that shown on your social security card, check here. You must call 000-772-1210 for a replacement card.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you're claiming (from the applicable worksheet on the following pages)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you meet both conditions, write &quot;Exempt&quot; here.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Employee's signature

Date

8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 9, 10, and 11 if sending to State Directory of New Hires.)

9 First date of employment

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

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

**Deductions, Adjustments, and Additional Income Worksheet**

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

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

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

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

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

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

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

**Instructions for Employer**

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

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

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

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

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

**Box 10.** Enter the employer’s employer identification number (EIN).
**Personal Allowances Worksheet (Keep for your records.)**

| A | Enter "1" for yourself .................................................. | A |
| B | Enter "1" if you will file as married filing jointly .................. | B |
| C | Enter "1" if you will file as head of household .......................... | C |
| D | Enter "1" if: { You’re single, or married filing separately, and have only one job; or You’re married filing jointly, have only one job, and your spouse doesn’t work; or Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less. } | D |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
   • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child.  
   • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "2" for each eligible child.  
   • If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child.  
   • If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "0." | E |
| F | Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.  
   • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "1" for each eligible dependent.  
   • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "1" for every two dependents (for example "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).  
   • If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter "0." | F |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-5, enter "-0-" on lines E and F. | G |
| H | Add lines A through G and enter the total here  
   For accuracy, complete all worksheets that apply.  
   • If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.  
   • If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $53,000 ($24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.  
   • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above. | H |

**Deductions, Adjustments, and Additional Income Worksheet**

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

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, and medical expenses in excess of 10% of your income. See Pub. 505 for details.

2. Enter:
   - $24,400 if you're married filing jointly or qualifying widow(er)
   - $18,350 if you're head of household
   - $12,200 if you're single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-"

4. Subtract line 6 from line 5. If zero, enter "-0-". If zero or less, enter the amount in parentheses.

5. Add lines 3 and 4 and enter the total

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter the amount in parentheses.

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, above

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.
Two-Earners/Multiple Jobs Worksheet

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

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet) ......................................................... 1

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3". ................................. 2

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet ........................................... 3

Note: If line 1 is less than line 2, enter "0" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet .................................................................................. 4

5. Enter the number from line 1 of this worksheet .................................................................................. 5

6. Subtract line 5 from line 4 ...................................................................................................................... 6

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here ................................................................................................................................. 7 $

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed ................................. 8 $

9. Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck .................................................. 9 $

### Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 19,500</td>
<td>2</td>
</tr>
<tr>
<td>19,501 - 35,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 - 46,000</td>
<td>5</td>
</tr>
<tr>
<td>46,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 65,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 85,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 125,000</td>
<td>12</td>
</tr>
<tr>
<td>125,001 - 155,000</td>
<td>13</td>
</tr>
<tr>
<td>155,001 - 165,000</td>
<td>14</td>
</tr>
<tr>
<td>165,001 - 175,000</td>
<td>15</td>
</tr>
<tr>
<td>175,001 - 180,000</td>
<td>16</td>
</tr>
<tr>
<td>180,001 - 185,000</td>
<td>17</td>
</tr>
<tr>
<td>185,001 - 265,000</td>
<td>18</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,201 - 36,000</td>
<td>500</td>
</tr>
<tr>
<td>36,976 - 81,700</td>
<td>1,000</td>
</tr>
<tr>
<td>158,226 - 201,600</td>
<td>1,500</td>
</tr>
<tr>
<td>507,801 and over</td>
<td>1,500</td>
</tr>
</tbody>
</table>

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

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

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

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

PRINTED EMPLOYEE NAME: _____________________________________________

BAYLOR ID NUMBER: _______________________________________________

[PLEASE INITIAL AND SIGN IN THE SPACES DESIGNATED BELOW.]

Baylor On-Campus Parking
Baylor provides an on-campus parking benefit to employees at no charge. Employees who wish to park on campus must register their vehicle(s) and keep vehicle information current with Baylor Parking and Transportation Services.

Employees are responsible for abiding by university parking regulations. Parking violations may result in a citation with a monetary fine. Fines will be deducted from the employee’s pay only after an initial appeal process has been concluded. Please note the university provided on-campus parking benefit is considered a privilege that can be discontinued by the University.

For more information about campus parking, updating vehicle information and services available, review the Parking and Transportation Services website at www.baylor.edu/parking.

☐ I understand that I am responsible for abiding by university parking regulations and that a violation may result in a citation and fine which will be deducted from my pay, unless the citation is dismissed through a formal appeal process with Parking Services. I understand that parking enforcement may include a parking notice, multiple parking notices, vehicle immobilization (a “boot”) and/or towing of the improperly parked vehicle.

Baylor ID Card
Eligible employees receive a Baylor ID card upon hire, and may choose to activate a “debit” feature for their card to be used in charging on-campus meals, campus services, bookstore items, etc. and have the purchase cost deducted from their pay. There is no fee for use of this benefit. A detailed summary of ID charges may be viewed any time through the individual’s BearWeb account.

NOTE: To receive dining discounts available to eligible faculty and staff, use of the Baylor ID card is required. Some dining facilities accept ONLY the Baylor ID card as payment, no cash or checks.

☐ I authorize use of my Baylor ID card for my on-campus purchases as described above and understand that my purchases will be deducted from my pay.

☐ I decline this benefit and do not authorize use of my ID card for my on-campus purchases.

_______________________________________  _____________
SIGNATURE                      DATE
Personnel Information Form (PIF)

Employment start date: ___________________  Baylor ID Number: ___________________

Department name: ________________________

Name: __________________________

  Last  First  Middle  Preferred First Name

Home Address:  Street/Box: ______________________

  City: ___________________  State: __________  Zip: __________

Home Phone: (____) _______________________  Cell Phone: (____) _______________________

Personal Email Address: ______________________

Birth Date: ___________________  Marital Status: [ ] Single  [ ] Married

Religious Affiliation: [ ] Baptist  Other (Indicate affiliation): ______________________

Emergency Contact Information:

Name (Last, First): ______________________

  Relation to employee: __________________

Phone: Home: ___________________  Cell: ___________________  Business: ___________________

Address: __________________________

  Street/Box: _______________________  City: __________________________

  (if different than employee home)  State: __________  Zip: __________

College Education:

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<th>INSTITUTION</th>
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<th>DEGREE EARNED</th>
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Baylor Online Directory Information Release Setting:

Check below to indicate which information you want published

[ ] BOTH home & campus address and phone number (Y)  [ ] ONLY CAMPUS address & phone number (C)

[ ] NO address or phone number published (N)  

**NOTE: settings may be changed later using your Bear ID**

Electronic submission of this form will serve as your agreement to have your directory information published.

All employees are expected to comply with the law, as well as the policies, procedures, and practices of Baylor. Employment policies, including the Drug-Free Workplace Policy and Title IX Policy, are made available to employees online (www.baylor.edu/bupp). The information provided may be changed by the university from time to time and without notice. It is the employee’s responsibility to review policies upon employment and annually, thereafter. Violation of any policy may result in disciplinary action up to and including dismissal.

Initial ______________________

Please return this form to: Human Resources – Office: Robinson Tower, Suite 200, Email: askHR@baylor.edu, Fax: 254-710-3819, or Mail: One Bear Place #97053, Waco, Texas 76798-7053.
Voluntary Self-Identification

Baylor University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Completion of information below is voluntary.

Name: _______________________________ Baylor ID Number: __________________

What is your Gender?

☐ Female
☐ Male
☐ I prefer not to answer.

Are you Hispanic or Latino?

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ Yes
☐ No
☐ I prefer not to answer.

Optional Race Category: (Check all that apply)

If you have identified yourself as Hispanic or Latino, you are not required to select an additional category.

☐ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American - A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ I prefer not to answer.

Please return this form to: Human Resources – Email: askHR@baylor.edu, Office: Robinson Tower, Suite 200, Fax: 254-710-3819, or Mail: One Bear Place #97053, Waco, Texas 76798-7053.
Voluntary Self-Identification of Veterans

As a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  o a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  o a person who was discharged or released from active duty because of a service-connected disability.

- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- [ ] DISABLED VETERAN
- [ ] ARMED FORCES SERVICE MEDAL VETERAN
- [ ] ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- [ ] RECENTLY SEPARATED VETERAN
  - DATE OF DISCHARGE FROM ACTIVE DUTY: ____________

- [ ] I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- [ ] I am NOT a protected veteran.
- [ ] I prefer not to answer.

Name: ____________________________________________ Baylor ID Number: ____________________

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

A copy of the veterans’ affirmative action plan is available upon request by Human Resources, between 8:00am and 11:00 am Monday-Friday via email at askHR@baylor.edu or in person at Suite 200, Clifton Robinson Tower.
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

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

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

How do I know if I have a disability?

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

Disabilities include, but are not limited to:

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

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON’T HAVE A DISABILITY
☐ I DON’T WISH TO ANSWER

__________________________                       __________________
Your Name                                             Today’s Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

PLEASE NOTE: The EMAIL button may not function in all web browsers. If you experience difficulty with the email button, PLEASE SAVE OR PRINT IT and return to Human Resources.

Saved forms can be emailed to: askHR@baylor.edu or faxed to 254-710-3819.

Printed forms can be mailed to: Human Resources, One Bear Place #97053, Waco, TX 76798-7053
ID Card and Parking Permit Authorization

Please issue to: ___________________________ Baylor ID #: ________________

Effective Date: ___________________________ Ending Date: ________________
(for temporary staff/AX only)

ID Card(s) Classification:

☐ Faculty / Executive Staff ☐ Retiree
☐ Staff ☐ Honorary Retiree
☐ Spouse ☐ Auxiliary
☐ Temporary Staff ☐ Replacement

☐ Parking Only (skip step 1)

Step 1: Present this form to ID Card Production (located in Parking Services) on your first day of employment. Please be prepared to show a photo ID and have your photo taken for your Baylor ID card.

Step 2: If possible, please follow the online instructions for registering your vehicle before arrival: visit http://www.baylor.edu/dps/index.php?id=873876 and click the ‘My Parking Account’ icon. Parking permits are virtual and connected to your license plate number. It is important to keep your license plate number updated in your parking account.

Parking Services and ID Card Production are located together on the 1st floor of the Speight Parking Garage at 1521 S. 4th Street. Office hours are Monday through Thursday, 8:00 – 5:00, Friday 8:00 – 3:30.

Authorized by: ___________________________ Date: ________________
(Human Resources Representative)

Please direct questions to Human Resources at (254) 710-2000.
BAYLOR UNIVERSITY

MEMORANDUM OF UNDERSTANDING
REGARDING NATURE OF EMPLOYMENT
OF NON-CONTRACT EMPLOYEES

Name: ________________________________________________

BU ID#: ___________________________________ Date Employed: ______________________

As an employee of Baylor University, I acknowledge and agree to the following:

- My employment is at-will, and either the University or I may terminate employment at any time.
- I will abide by the policies and procedures of Baylor University.
- I accept the salary and personnel benefits authorized for the position as indicated in the offer letter for the start date above. I understand that Baylor uses direct deposit as its primary source of payment for all employees.
- I also certify to the best of my knowledge I am physically qualified to perform the tasks and responsibilities of the position for which I am being employed.
- Upon separation from service or request, I will turn in to Human Resources my: ID card(s), credit card, keys, uniforms, equipment, and any other property of the University that I have in my possession. I will return any library books in my possession to the appropriate library.
- I understand that as a service to employees, purchases and other University services may be charged with my Baylor ID card and such charges will be deducted from my paycheck. I authorize Baylor to deduct from my paycheck any amount owed to the University such as fines, fees, outstanding travel advances, dining services, health center, outstanding checks, student loans, etc.
- The University’s Employee Policies are located on the University’s webpage, and this is the University’s sole means of publishing its policies. Additionally, I acknowledge that the policy manual does not form the basis of a contractual relationship between the University and me regarding termination or otherwise. I acknowledge the University’s prerogative of revising its policies and procedures at any time without notice, and I agree to abide by and be governed by such versions.

http://www.baylor.edu/BUPP

- The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance or other mind-altering substance is prohibited at Baylor University. A Baylor employee who violates this prohibition is subject to discipline by the University. Such discipline may include required participation in a drug rehabilitation program or termination from employment.
- I am aware that Baylor University has workers’ compensation insurance coverage through AIG for my protection. Workers’ compensation information is posted in the lobby of Human Resources. For additional information about your workers’ compensation rights, please call 1-800-252-7031 or contact the nearest Texas Workers’ Compensation Commission Office or you may contact Human Resources at (254) 710-2000 for more details.
- I may elect to retain my common law right of action if, no later than 5 days after beginning employment, I will notify Baylor University in writing that I wish to retain my common law right to recover damages for personal injury. If I elect my common law right of action, I cannot obtain workers’ compensation or medical benefits if I am injured.
- If the position is funded by grant money, I understand that my employment is at will and is also contingent on continued funding.

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Date</th>
<th>Human Resources</th>
<th>Date</th>
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</table>

NOTE: Baylor University is an At-Will-Employer; therefore, either Baylor or the employee may terminate employment at any time.
BAYLOR UNIVERSITY

MEMORANDUM OF UNDERSTANDING
REGARDING NATURE OF EMPLOYMENT
OF NON-CONTRACT EMPLOYEES

NAME: ____________________________________________________________________________
BU ID#: ___________________________________ Date Employed:  ______________________

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- I also certify to the best of my knowledge I am physically qualified to perform the tasks and responsibilities of the position for which I am being employed.
- Upon separation from service or request, I will turn in to Human Resources my: ID card(s), credit card, keys, uniforms, equipment, and any other property of the University that I have in my possession. I will return any library books in my possession to the appropriate library.
- I understand that as a service to employees, purchases and other University services may be charged with my Baylor ID card and such charges will be deducted from my paycheck. I authorize Baylor to deduct from my paycheck any amount owed to the University such as fines, fees, outstanding travel advances, dining services, health center, outstanding checks, student loans, etc.
- The University’s Employee Policies are located on the University’s webpage, and this is the University’s sole means of publishing its policies. Additionally I acknowledge that the policy manual does not form the basis of a contractual relationship between the University and me regarding termination or otherwise. I acknowledge the University’s prerogative of revising its policies and procedures at anytime without notice, and I agree to abide by and be governed by such versions.
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- If the position is funded by grant money, I understand that my employment is at will and is also contingent on continued funding.

Employee’s Signature ___________________________ Date ___________________________

Human Resources ___________________________ Date ___________________________
Benefits of Receiving Form W-2 Electronically

There are multiple benefits to receiving an electronic Form W-2:

- Earlier access to the Form W-2.
- No possibility an employee's Form W-2 might be lost, stolen, delayed or misplaced by the U.S mail service or by the employee, once received.
- Access is available at the same easy-to-use, secure website at which an employee can access his/her wage and general account information.
- Access can be attained even if the employee is not presently at his/her residence, for example, if participating in a University foreign program.
- The format of the online Form W-2 allows an employee to quickly and easily download the included information into most tax preparation software.
- Multiple levels of security, including the employee's ID number and personally chosen PIN number, protect all information within the Bearweb System.

Disclosure Notices

An employee who consents to receiving his/her Form W-2 online will not receive a paper copy of the W-2. If an employee does not consent, he/she will continue to receive a paper copy of the W-2.

An employee who chooses to receive his/her Form W-2 online can also receive a paper copy of the W-2 by contacting the Payroll Office at 710-2217 or Payroll_Office@baylor.edu. Request for a paper copy does not withdraw the employee’s consent for electronic delivery of future W-2 statements.

An employee who chooses to receive his/her Form W-2 online can change his/her mind and withdraw consent to online delivery. An employee's withdrawal of consent will be effective on the date received and the Payroll Office will confirm with the employee in writing or by e-mail the effective date of withdrawal of consent. If consent is withdrawn, it will only be effective for those W-2 statements not yet issued. Consent may be withdrawn by sending an e-mail or other written notice to the following:

Payroll Office
One Bear Place#97042
Waco, TX 76798
Phone: 254-710-2217
E-mail: Payroll_Office@baylor.edu

Employees will promptly be notified if any contact information changes.

The provision of an employee's Form W-2 by electronic format will cease upon the individual's termination of employment with Baylor University.

All employees should be aware that the Form W-2, even when provided electronically, must be attached to their annual tax return, usually the Form 1040. If the W-2 is provided electronically, the employee should print the FormW-2 and attach it to his/her tax return documents.

The Bearweb website and the employee's Form W-2 may be accessed by any Baylor computer that provides login access to employees. The Form W-2 statements will remain on Bearweb for at least 5 years.

Consent to Receive Your Form W-2 in Electronic Format in Lieu of Paper Format

☐ I elect to receive my Form W-2 electronically until such time as I revoke my consent.

Name: ______________________________________  Baylor ID #: __________________________

Signature: ______________________________________ Date: __________________________
Baylor University Retirement Income Plan
Prior University Work Experience Certification Form

If you are at least 21 years of age, and have completed one year of full-time service with an accredited college or university, you will be immediately eligible to enroll into the Baylor University Retirement Income Plan. YOU WILL BE RESPONSIBLE FOR OBTAINING THE INFORMATION FROM YOUR FORMER EMPLOYER.

SERVICE ASSOCIATED WITH EARNING A DEGREE OR CERTIFICATION, SUCH AS A GRADUATE ASSISTANTSHIP, WORK STUDY, OR PRE-DOCTORAL SERVICE WILL NOT APPLY.

Name (please print): _____________________________    _______    ______________________________
         First   M.I.          Last

Last 4-digits of Social Security Number: _____________________________________

☐ I do not have prior university work experience.*        Employee’s Initials _______

*If you do not have eligible prior university work experience, you may stop here and submit this form to HR.

SUBMIT THIS FORM TO THE BAYLOR UNIVERSITY HUMAN RESOURCES WITHIN 30 DAYS OF YOUR DATE OF HIRE. (Partial credit may be given for service from more than one organization. Submit one form per organization.)

Please indicate which best describes service type:

☐ Full-Time Faculty (9+ hours / semester) ☐ Part-time Faculty (less than 9 hours / semester)
☐ Full-Time Staff (30+ hours / week)    ☐ Part-time Staff (less than 30 hours / week)

Name of Accredited College or University: _____________________________________________

Name of Accrediting Agency: _______________________________________________________

Month / Year that Service Began: _____________  Month / Year that Service Ended: ________________

Total Length of Full-Time Service: _____ YEARS _____ MONTHS

Total Length of Part-Time Service: _____ YEARS _____ MONTHS ________ HOURS WORKED PER WEEK

Name of person completing this certification: ___________________________________________

Title of person completing this certification: ___________________________________________

Contact email: _________________________________________      Contact phone no.: _______________

Signature: ____________________________       Date: _________________________

Please fax or email this completed certification with letterhead coversheet to:  FAX: 254.710.3819
EMAIL: askHR@baylor.edu

or

Please mail this completed certification to:  Baylor University
Human Resources
One Bear Place #97053
Waco, TX 76798-7053

Questions about this form?  askHR@baylor.edu or 254.710.2000

EPPR.3
Access Information

Baylor Technology Login and Email Access

The Bear ID is a unique electronic identifier created for each student and employee of Baylor. It is used to access electronic resources like email, campus software installers, and some software systems, including Canvas, ClassRoll, and BaylorCompass. It also is considered a person's network ID. The Bear ID follow by "@baylor.edu" becomes an individual's Baylor email address.

Step 1. Activate your Bear ID and set your password.

- As a new employee, you will receive a link and authorization code via an email message to your personal email account. Use this link and code to gain access to the system and create your security questions.
- Be sure to choose questions you can answer consistently the same way, as answering these questions is one way to gain access to your account in case of a forgotten or expired password.
- After setting the security questions, you will enter a password to secure your account. Follow the directions to choose a compliant password and enter your password in the two blanks provided. (NOTE: The password is case-sensitive.) If you do not receive an email from Baylor ITS to initiate your login setup, contact the ITS Help Desk at 254-710-4357 (710-HELP).

For more information about your Bear ID, visit http://www.baylor.edu/its/index.php?id=40089. Baylor email accounts are reserved for use by current Baylor students and employees. For additional information, please reference Technology Systems Usage Policy BU-PP 025.

Step 2. Baylor DUO

Passwords are becoming increasingly easy to compromise. They can often be stolen, guessed, and hacked -- you might not even know who else has your password and is accessing your account. Duo two-factor authentication adds a second layer of security to your account to make sure that it stays safe, even if someone else knows your password, by using your phone or other device to verify your identity.

To begin the enrollment process, please see the First-Time Enrollment Guide for device-specific installation instructions.

For more Information about DUO, visit http://www.baylor.edu/its/index.php?id=863033#q1 or, you can contact the ITS Help Desk at 254-710-4357 (710-HELP).

Baylor Online Directory

Upon employment and after activating your Bear ID, review your online directory information and establish your personal release settings at https://www.baylor.edu/directory/.

Baylor Parking Services & ID Card Office

After activating your Bear ID and setting up DUO, please review the guidelines and information required for parking on campus by choosing Faculty/Staff at www.baylor.edu/parking. Log in to your Parking Account using your Bear ID and password to officially register your vehicle(s) for campus access. Temporary Staff should review the Visitor parking information at www.baylor.edu/parking.

The ID card office is conveniently located with Parking Services. Present the ID Card and Parking Permit Authorization form to have your picture taken and ID card printed.

Office Hours: Monday – Thursday: 8 am - 5 pm. Friday: 8 am - 3:30 pm. Location: Speight Parking Garage, 1521 S. 4th Street. You may park in the visitor lot in front of Cashion Academic Center.
Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by Baylor University.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October each year for coverage starting January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium; or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹ Baylor University’s health plan meets the “minimum value” standard set by the Affordable Care Act.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage (if eligible) offered by Baylor University, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by Baylor University, please check your summary plan description if enrolled in the PPO plan, or your summary plan description if enrolled in the HDHP + HSA plan. You may also contact: askHR@baylor.edu or askHR customer service center at ext. 2000.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about health coverage offered by Baylor University. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application. Contact askHR for information if needed.

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<tbody>
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<td>3. Employer name</td>
<td>4. Employer Identification Number (EIN)</td>
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<tr>
<td>5. Employer address</td>
<td>6. Employer phone number</td>
</tr>
<tr>
<td>7. City</td>
<td>8. State</td>
</tr>
<tr>
<td>10. Who can we contact about employee health coverage at this job?</td>
<td></td>
</tr>
<tr>
<td>11. Phone number (if different from above)</td>
<td>12. Email address</td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - Full-time faculty, staff, and post-doctoral fellows appointed at .75 FTE or more per semester, full-time regular staff (30 or more scheduled hours per week), and full-time temporary staff (30 or more scheduled hours per week for a minimum of 90 days)

- With respect to dependents, we offer coverage to eligible dependents who are:
  - An employee’s spouse
  - An employee’s child who is:
    - Under 26 years of age or medically approved disabled prior to 26th birthday.

- Child means:
  - Your natural child; or
  - Your legally adopted child, including a child for whom the Participant is a party in a suit in which the adoption of the child is sought; or
  - Your stepchild; or
  - Your foster child; or
  - A child of your child who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made; or
  - A child for whom a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or
  - A child not listed above:
    - whose primary residence is your household; and
    - to whom you are legal guardian or related by blood or marriage; and who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.
  - Spouse means:
    - a person of the opposite sex to whom one is lawfully married, as defined by Article 1, Section 32 of the Texas Constitution, as the union of one man and one woman.

The Baylor University health coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.