1. NAME (Last, First, Middle Initial) _____
2. TU ID _____
3. DEPARTMENT _____
4. FIRST DAY OF WORK (mm/dd/year) _____
5. DO YOU HAVE A SOCIAL SECURITY # _____ YES _____ NO* (see below)
6. EMAIL _____
7. TELEPHONE NUMBER _____
8. TYPE OF EMPLOYMENT POSITION – Check One

   ☐ Regular Staff ☐ Graduate Assistant ☐ Contingent Staff ☐ Lecturer
   ☐ Regular Faculty ☐ Part-Time Faculty ☐ Student Worker

9. TAX RESIDENCY STATUS – Check One

   ☐ U.S. Citizen
   ☐ Permanent Resident Alien (green card holder)
   ☐ Other (alien authorized to work) *See below

- You need a SSN in order to finish processing your hire paperwork and get paid.
  - *If you do not have a Social Security Number, follow the instructions provided by the ISSO: https://www.towson.edu/academics/international/isso/
- By law, Towson University must determine your tax status. Email: nratax@towson.edu; and further instructions will be provided for completing your paperwork.

Employee Signature:

_____ _____
Signature Date

I-9 Administrator (Office of Human Resources):

_____ _____
Signature Date

Employee Withholding Forms

Towson University employees will use a **Federal Form W4 *AND* State Withholding Form** to designate their employee withholding status for tax calculation.

Note that residents of the District of Columbia and West Virginia must use the specific form for their state. Residents of any other state must use the **Maryland Withholding Form**.

Links to Forms:

2024 Federal W4 Withholding Form
https://www.marylandtaxes.gov/statepayroll/Static_Files/Employee-W4/2024-W4.pdf

AND

2024 MD State Withholding Form – MW507
https://www.marylandtaxes.gov/statepayroll/Static_Files/Employee-W4/2024-MD-Withholding-Form-MW507.pdf

OR

2024 State Withholding Form for MD State Employees Residing in DC
https://www.marylandtaxes.gov/statepayroll/Static_Files/Employee-W4/2024-DC-D4-Withholding-Form.pdf

OR

2024 State Withholding Form for MD State Employees Residing in WV
https://www.marylandtaxes.gov/statepayroll/Static_Files/Employee-W4/2024-WV-Withholding-Form.pdf

Instructions for the Federal W4 Withholding Form

Step 1 – Personal Information

- Payroll System: Check **RG** for Regular employees or **CT** for Contingent or Student employees
- Name of Employing Agency is **Towson University**
- Agency Number is **360224**
- Check appropriate marital status box

Step 2 – Complete only if they apply to you

(*To help with any calculations, please use the online estimator at www.irs.gov/W4App*)

- **4C**- Enter any additional dollars to be withheld from each paycheck, if wanted
- Write **"Exempt"** in the space below Step **4C** if you wish to claim exempt from federal taxes
- **Exemption from Withholding**: You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. If (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of line 27, 28, 29 and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will

have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. ***To claim exemption from withholding, certify that you meet both of the conditions above writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1 (b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.***

Step 3 - Complete only if they apply to you

- To help with any calculations, please use the online estimator at www.irs.gov/W4App

Step 4 - Complete only if they apply to you

- To help with any calculations, please use the online estimator at www.irs.gov/W4App

Step 5 - Employee Signature

- Enter date, print form, sign and submit to Towson University's Payroll Office

Instructions for the Maryland Withholding Form MW 507

Step 1- Personal Information

- Check appropriate marital status box
- Line 1. Enter the total number of allowances you are claiming
- Line 2. Enter any additional dollars to be withheld from each paycheck, if wanted

OR

- Line 3. **Maryland** residents who wish to claim exempt from MD state taxes if both statements a. and b. apply to you; fill in the **YEAR** and write "**Exempt**" on line 3

OR

- Line 4. **Virginia** residents who wish to claim exempt from MD state taxes should check the Virginia box and write "**Exempt**" on line 4

OR

- Lines 5/6. **Pennsylvania** residents who wish to claim exempt from MD state and local taxes should write "**Exempt**" on lines 5 and 6 if you live in either York or Adams counties.
- Lines 5/7. **Pennsylvania** residents who wish to claim exempt from MD state and local taxes should write "**Exempt**" on lines 5 and 7 if you live in any other Pennsylvania counties.

Section 4 – Employee Signature

- Enter date, print form, sign and submit to Towson University's Human Resources Office

If you have any questions, please contact the Financial Services Help Line @ 410-704-5599, option 1 for Payroll or via email to finservehelp@towson.edu

Instructions for Direct Deposit Form

Click **here** to complete the Direct Deposit form. The form MUST be completed online. It will not be accepted if information is hand written. Once complete, the form will need to be printed, signed with a pen in blue or black ink and mailed to the address on the bottom of the form.

Maryland New Hire Registry Reporting Form

Send completed forms to:
Maryland New Hire Registry
PO Box 1316
Baltimore, MD 21203-1316
Fax: (410) 281-6004 or toll-free fax 1 (888) 657-3534

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C		1	2	3

EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

5	2		6	0	0	2	0	3	3

Please use the same FEIN that appears on quarterly wage reports.

State Unemployment Insurance Number (MD Only SUIN):

0	0	6	5	8	1	0	6	8	9

If SUIN not issued yet, please write "APPLIEDFOR" in the above box. If Exempt, write "EXEMPT".

Employer Name:

T	o	w	s	o	n		U	n	i	v	e	r	s	i	t	y		O	H	R				

Employer Address *(Please indicate the address where the Income Withholding Orders should be sent):*

8	0	0	0		Y	o	r	k		R	o	a	d											

Employer City:

T	o	w	s	o	n																			

Employer State:

M	D

Zip Code (5 digit):

2	1	2	5	2

Employer Phone (optional):

4	1	0	7	0	4	2	1	6	2

Employer Fax (optional):

Contact Name (optional):

Email (optional):

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Date of Hire (mm/dd/yyyy):

Employee First Name:

Middle Initial (optional):

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Birth mm/dd/yyyy (optional):

Employee Salary (Dollars and Cents):

Hourly

Monthly

Yearly

Are health care benefits available to employee? (Y/N):

Employee Gender (M)ale/(F)emale:

Reports must be submitted within 20 days of the date of hire or rehire

Rev (09/02)

Questions? Call us at (410) 281-6000 or toll-free 1 (888) MDHIRES (634-4737). Report online at www.mdnewhire.com

Department of
Environmental Health &
Safety

Towson University
8000 York Road
Towson, MD 21252-0001

t. 410 704-2949
f. 410 704-2993

To Employee

From Department of Environmental Health & Safety

Re Employee Safety Programs Manual & Campus Asbestos Containing Material (ACM) Locations
Globally Harmonized System (GHS)

Towson University, in its commitment to the preservation of employee health and safety, is providing on-line for your reference the Employee Safety Programs Manual, which provides general policies and/or procedures regarding occupational and environmental safety that are to be followed; a list of campus facilities where asbestos containing materials (ACM) are located; and information regarding OSHA's Globally Harmonized System (GHS) They can be accessed/viewed on EHS's web site at https://www.towson.edu/public-safety/environmental-health-safety. Please review each and familiarize yourself with their contents. Should you have any questions, contact Environmental Health and Safety (EHS) at 410-704-2949.

Please sign the bottom of the form and return to EHS.

****

I, the undersigned, acknowledge it is my responsibility to review the above information in its entirety, and to familiarize myself with their contents.

_____ _____

SIGNATURE DATE

_____ _____

NAME (PRINT) DEPARTMENT

_____

TU ID

_____

TITLE

This information is collected for documentation purposes only. Failure to provide this data may result in the improper identification of the individual participating in the activity. This information may be inspected, amended, or corrected by contacting the Department of Environmental Health & Safety. This information is generally not available for public inspection. It will be shared only with other departments at Towson University, the University System of MD, the State of Maryland, the U.S. federal government, and with other entities permitted by law and/or as authorized by you.

TOWSON UNIVERSITY | Office of Human Resources

Faculty Policy and Notice Acknowledgement Form

As an employee of Towson University, it is my responsibility to review the following policies and notices. All University polices are located at https://www.towson.edu/about/administration/policies/.

Employment

-Towson University Policy 02-03.20 - Outside Employment, Outside Professional Services, Outside Teaching and Offload/ Overload Teaching by Full-Time Faculty (https://www.towson.edu/about/administration/policies/02-03-20-policy-outside-employment-professional-services-teaching-offload-overload-teaching-full-time-faculty.html)

-Towson University Policy 07-01.04 - Background Investigations Policy (https://www.towson.edu/about/administration/policies/07-01-04-background-investigations.html)

-USM Policy II-3.10 - Professional Commitment of Faculty (https://www.usmd.edu/regents/bylaws/SectionII/II310.html)

Substance Abuse

-Executive Order 01.01.1991.16 - State of Maryland Substance Abuse Policy (https://dbm.maryland.gov/employees/Documents/Policies/SubstanceAbusePolicy.pdf)

-Towson University Policy 07-01.10 - Substance Abuse for Faculty, Staff, & Students (https://www.towson.edu/about/administration/policies/07-01-10-policy-substance-abuse-faculty-staff-students.html)

-USM Policy VII-1.10: Drug and Alcohol-Free Workplace for Employees (https://www.usmd.edu/regents/bylaws/SectionVII/VII110.pdf)

Sexual Misconduct & Suspected Child Abuse

-Towson University Policy 06-01.50 - The Reporting of Suspected Child Abuse and Neglect (https://www.towson.edu/about/administration/policies/06-01-50-policy-reporting-suspected-child-abuse-neglect.html)

-Towson University Policy 06-01.60 - Sexual Misconduct (https://www.towson.edu/about/administration/policies/06-01-60-policy-sexual-misconduct.html)

Safety

-Notice of the Annual Clery Campus Security Report (https://www.towson.edu/public-safety/police/crime/reports.html)

-Towson University Emergency Resources Guide (https://www.towson.edu/public-safety/documents/emergency-guide.pdf)

Miscellaneous

-Towson University Policy 06-14.00 - Smoke-Free Campus (https://www.towson.edu/about/administration/policies/06-14-00-smoke-free-campus-policy.html)

-Medicaid and the Children's Health Insurance Program (CHIP) Notice (https://www.towson.edu/hr/current/benefits/health.html) Scroll down to Quick Links and Forms and click on the current year Benefits Guide

I acknowledge I have reviewed the above information in its entirety, I am familiar with the contents therein, and I will consult the Office of Human Resources if I have any questions. Since the policies and notices are subject to change, I further acknowledge revisions to these documents may occur and will be updated on the Towson University website.

Print Name: _____ Employee ID: _____

Signature: _____ Date: _____

TOWSON UNIVERSITY | Human Resources

New Employee Demographic Form

Last Name, First Name, MI* _____ Social Security # ___ - ___ - ___

** NOTE: In accordance with Social Security regulations, your name must be recorded exactly as stated on your Social Security Card*

Date of Birth (Mo/Day/Yr) _____ Citizen of USA ☐Yes ☐No ☐Permanent Resident **If No - Complete Visa Information** _____

The information provided in this section is entirely voluntary; refusal to complete this section will not adversely affect your employment.

Salutation (#1) _____ Ethnic Group (#2) _____ Race (#3) *(list all that apply)* _____

Marital Status (#4) _____ Military/Veteran Status (#5) *(list all that apply)* _____ Gender ☐Male ☐Female

Within the last 2 years, have you worked for the Department of Defense at, or above, the rank of major, and/or grade 13, step 1? ☐Yes ☐No

Local Home Information:

Full Street Address _____

City, State & Zip Code _____

County of Residence _____ 10 Digit Home Phone _____

Home Email Address _____

Campus Location: (if unknown at this time, please leave blank)

Campus Phone Number x _____ Building Name _____ Room No. _____

Visa Information: (if applicable)

Visa Code (#6) _____ Status Expiration Date _____

Citizenship Country _____ Birth Country _____

Emergency Contact:

Name _____ Relationship _____

10 Digit Home Phone _____ Other 10 Digit Phone _____ ☐Home ☐Cell

Educational History:

Highest Degree Awarded (#7) _____

Is this a Terminal Degree? (highest in discipline) ☐Yes ☐No ☐Unknown Year Obtained _____

Major Discipline Program _____

Institution Name _____

Degree Country _____

List Any Previous Employment with the University of Maryland System and/or State of Maryland:

Agency/Institution Name _____

Dates Employed _____

Position(s) Held _____

Agency/Institution Name _____

Dates Employed _____

Position(s) Held _____

Signature **Department** **Date**

TOWSON UNIVERSITY | Human Resources

Demographic Code Sheet

Salutation (#1)

Code	Translation
Br	Brother
Col	Colonel
Dean	Dean
Dr	Doctor
Fr	Father
Lt	Lieutenant
Miss	Miss
Mr	Mr
Mrs	Mrs
Ms	Ms
Prof	Professor
Rb	Rabbi
Rev	Reverend
Sgt	Sergeant
Sr	Sister

Ethnic Group (#2) (See Descriptions Below)

Code	Translation
HISPA	Hispanic/Latino
NONHS	Not Hispanic or Latino

Race (#3) (See Descriptions Below)
Choose all that apply

Code	Translation
AMIND	Amer. Indian/Alaskan Native
ASAIN	Asian
BLACK	Black/African America
PACIF	Native Hawaiian/Other Pacific Islander
WHITE	White

Marital Status (#4)

Code	Translation
C	Common Law
D	Divorced
E	Separated
H	Head of Household
M	Married
S	Single
W	Widowed

Military/Veteran Status (#5)
Choose all that apply

Code	Translation
1	Disabled Veteran
2	I am not a Veteran
4	Recently Separated Veteran
6	Armed Forces Service Medal Veteran
7	Active Wartime or Campaign Badge Veteran
8	I am a protected veteran, but I choose not to self-identify the classifications to which I belong
9	I am not a protected veteran

Visa Code (#6)

Code	Translation
ASY	Asylum Granted (not yet PR)
B1	Temporary Visitor for Business
B2	Temporary Visitor for Pleasure
E1	Treaty Trader & Spouse or Child
E2	Treaty Inventory & Spouse or Child
F1	Student (including OPT)
F2	Spouse or Child of F1
G1	Int'l Organization Rep. & Family
G2	Int'l Organization Rep. & Family
G3	Int'l Organization Rep. & Family
G4	Int'l Organization Rep. & Family
G5	Staff of G1, G2, G3, or G4
H1	Professional, Specialty Occupation
H2	Temporary Worker
H3	Trainee
H4	Spouse or Child of H1, H2, or H3
I	Foreign Media Rep & Spouse or
J1	Child
J2	Exchange Visitor
K1	Spouse or Child of J-1
K2	Fiancée/Fiancé of US Citizen
K3	Child of K1
K4	US Citizen's Spouse, pending PR
L1	Child of K3
L2	Intra-company Transferee
NAT	Spouse or Child of L1
O1	NATO Officers, Staff, Family
O2	Extraordinary Ability Employee
O3	Personnel Accompanying O1
R1	O1, O2 Spouse or Child
R2	Religious Worker
RF	R1 Spouse or Child
TD	Refugee Status Approved
TN	Spouse or Child of TN
TPS	NAFTA Professional
V1	Temporary Protected Status
V2	Spouse of PR, pending PR
V3	Child of PR, pending PR
WB	Family of PR, pending PR
WT	Business Visa Waiver
	Tourist Visa Waiver

Highest Education (#7)

Code	Translation
08	8th Grade
09	9th Grade
10	10th Grade
11	11th Grade
AA	Associate of Arts
AAS	Associate of Applied Science
AD	Associate Degree
AS	Associate of Science
BA	Bachelor of Arts
BD	Bachelor's Degree
BFA	Bachelor of Fine Arts
BS	Bachelor of Science
BSC	Business School Certificate
CADV	Certificate of Advanced Study
DBA	Doctor of Business Admin
DCM	Doctor of Chiropractic
DD	Doctor of Divinity/Ministry
DE	Doctor of Engineering
DED	Doctor of Education
DMA	Doctor of Musical Arts
DOC	Doctorate Non-Medical
DOP	Doctor of Optometry
DOS	Doctor of Osteopathy
DPM	Doctor of Podiatry
DPT	Doctoral Physical Therapy
DRARTS	Doctor of Arts
DSW	Doctor of Social Work
DVM	Doctor of Veterinary Medicine
EDD	Doctor of Education
HS	High School Graduate/GED
JD	Juris Doctor/Doctor of Law
JSD	Doctor of Judicial Science
MA	Master of Arts
MAS	Master's Degree
MBA	Master of Business Administration
MD	Doctor of Medicine
MED	Master of Education
MFA	Master of Fine Arts
MM	Master of Music
MS	Master of Science
PHD	Doctor of Philosophy
PHE	Doctor of Engineering
RN	Registered Nurse
SCD	Doctor of Science
SEC	Secretarial Certificate
SJD	Doctor of the Science of Law
TC	Teaching Certificate
TS	Trade School Certificate

EEO-1 Ethnicity and Race Categories

Category	Definition
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
Amer. Indian/Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through 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/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.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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.[i] 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

Reasonable Accommodation Notice

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.

---

[i] 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.

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.