**LAMAR UNIVERSITY**

**HOURLY & STUDENT EMPLOYMENT APPLICATION**

**NOTICE TO INTERNATIONAL STUDENTS:** PLEASE GO TO THE INTERNATIONAL OFFICE TO COMPLETE VERIFICATION FORMS.

**PLEASE PRINT CLEARLY OR TYPE INFORMATION**

With few exceptions, you have the right to request, receive, and correct information about yourself collected using this form.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last:</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**SOCIAL SECURITY NUMBER:**

<table>
<thead>
<tr>
<th>ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?</th>
<th>Yes (You must be able to provide proof of eligibility)</th>
<th>Have you ever been convicted of a felony?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**PERMANENT ADDRESS:**

<table>
<thead>
<tr>
<th>Street</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**LOCAL ADDRESS:**

<table>
<thead>
<tr>
<th>Street</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**WHAT IS YOUR MAJOR?**

**WHAT IS YOUR CLASSIFICATION?**

**HAVE YOU PREVIOUSLY BEEN EMPLOYED AT LAMAR?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>What Department?</th>
<th>What Campus?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>How Long Did You Work?</td>
<td>Month(s) and/or Year(s)</td>
</tr>
</tbody>
</table>

**EXPERIENCE AND SKILLS:** (i.e. computer software, filing)

**WHAT TYPES OF OFFICE EQUIPMENT/MACHINERY CAN YOU OPERATE?**

**DO YOU TYPE?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>What is your speed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**PREVIOUS EMPLOYMENT:**

<table>
<thead>
<tr>
<th>Dates:</th>
<th>To:</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>City, State &amp; Zip:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Job Title &amp; Supervisor:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Duties &amp; Responsibilities:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates:</th>
<th>To:</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>City, State &amp; Zip:</td>
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<td>Job Title &amp; Supervisor:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Duties &amp; Responsibilities:</td>
</tr>
</tbody>
</table>

_________________________________________  _______________________
Signature                                             Date

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

O:/Forms/HR Website Updates/Forms/Hourly Student application
Staff Lamar University/ Lamar Institute of Technology  
Office of Human Resources  
Employee Personal Data Sheet  
(All Fields Are Required)

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.

**Last Name**  |  **First Name**  |  **Middle Name**  |  **Preferred Name**

**(ABOVE NAME MUST MATCH NAME ON SOCIAL SECURITY CARD)**

**Home Address**  |  **City**  |  **County**  |  **State**  |  **Zip Code**

**Permanent Address**  |  **City**  |  **County**  |  **State**  |  **Zip Code**

**Home Phone Number**  |  **In Event of Emergency Notify:**

**Cell or Alternate Phone Number**  |  **Address:**

**Email Address**  |  **Date of Birth**  |  **Employee ID Number**

---

**Veteran Statuses**

See page 2 for definitions provided for your information and assistance in completing this section of the Employee Personal Data Sheet

(check all that apply)

<table>
<thead>
<tr>
<th>Texas Veteran Information</th>
<th>Federal Veteran Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Veteran</td>
<td>□ Not a Veteran</td>
</tr>
<tr>
<td>□ Surviving Spouse of a Veteran</td>
<td>□ Veteran</td>
</tr>
<tr>
<td>□ Orphan of a Veteran</td>
<td>□ Disabled Veteran</td>
</tr>
<tr>
<td>□ Recently Separated Veteran (veterans within 3 year period from discharge or release from active duty)</td>
<td>□ Armed Forces Service Medal Veteran</td>
</tr>
<tr>
<td>Service Date From:  ____ / ____ / ____  To:  ____ / ____ / _____</td>
<td></td>
</tr>
</tbody>
</table>

---

**Gender & Marital Status**  |  **Citizenship Status**  |  **Gender:**  | □ Female  | □ Male  |

**U.S. Citizen:**  | □ Yes  | □ No  |

**Marital Status:**  |  **Visa Type:**  |  **Exp. Date:**  |  ____ / ____ / ____ |

| □ Single  | □ Separated  | □ Married  | □ Divorced  | □ Widowed  | □ Other  |

Universities are asked by many, including the federal government and accrediting associations to describe the racial/ethnic background of our employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino?  
*(You must select one choice)*

___ Yes  ___ No

Please select one or more of the following racial categories to describe yourself:

____ Hispanic or Latino
____ American Indian or Alaska Native (Not Hispanic or Latino)
____ African American (Not Hispanic or Latino)
____ Black or African American (Not Hispanic or Latino)
____ Native Hawaiian or Pacific Islander (Not Hispanic or Latino)
____ White/Caucasian (Not Hispanic or Latino)
I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Name (Please Print) ____________________________ Date ____________________________

Signature ____________________________ Employee ID Number ____________________________

<table>
<thead>
<tr>
<th>Texas Veteran Information</th>
<th>Federal Veteran Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Veteran</strong></td>
<td><strong>Disabled Veteran</strong></td>
</tr>
<tr>
<td>– An individual who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability, AND was honorably discharged from military service and is competent.</td>
<td>– A person who is (A) 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 the laws administered by the Secretary of Veterans Affairs, or (B) a person who was discharged or released from active duty because of a service-connected disability.</td>
</tr>
<tr>
<td><strong>Surviving Spouse of a Veteran</strong></td>
<td><strong>Armed Forces Service Medal Veteran</strong></td>
</tr>
<tr>
<td>– A person who is the spouse of a veteran who has not remarried and is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and was killed while on active duty.</td>
<td>– Any 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 No. 12985.</td>
</tr>
<tr>
<td><strong>Orphan of a Veteran</strong></td>
<td><strong>Active Duty Wartime or Campaign Badge Veteran</strong></td>
</tr>
<tr>
<td>– A person who is the child of a veteran who is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and who was killed while on active duty.</td>
<td>– 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.</td>
</tr>
<tr>
<td><strong>Recently Separated Veteran</strong></td>
<td><strong>Military Service Dates</strong></td>
</tr>
<tr>
<td>– Any veteran during the 3 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.</td>
<td>– Last dates of service in the military. Required for Recently Separated Veteran statuses.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hispanic or Latino</strong></td>
<td>A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</td>
</tr>
<tr>
<td><strong>American Indian or Alaskan Native</strong></td>
<td>(Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) who maintain cultural identification through a tribal affiliation or community attachment.</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>(Not Hispanic or Latino) 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.</td>
</tr>
<tr>
<td><strong>Black or African American</strong></td>
<td>(Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.</td>
</tr>
<tr>
<td><strong>Native Hawaiian or Other Pacific Islander</strong></td>
<td>(Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td><strong>White/Caucasian</strong></td>
<td>(Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North America.</td>
</tr>
</tbody>
</table>
LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY
OFFICE OF HUMAN RESOURCES
DISCLOSURE REQUEST FORM

(All Fields Are Required)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

EMPLOYEE PERSONAL INFORMATION

TEXAS GOVERNMENT CODE 552.024 allows employees to either disclose or not disclose specific information that is protected. If the employee does not declare this information as confidential, the information will be subject to public access. Please check the appropriate statement below to indicate your selection.

<table>
<thead>
<tr>
<th>I allow the following to be released to the public:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home telephone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information that reveals if I have family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency contact information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An election to NOT allow public access to personal information does not prohibit releasing information to the employee or the employee’s authorized representative or for the legitimate use by employees of Lamar University/Lamar Institute of Technology.

EMPLOYEE CRIME VICTIM IDENTIFICATION ELECTION

Due to a change in the law, state agencies have more authority to protect information about employees from public access. TEXAS GOVERNMENT CODE 552.1325 allows state employees to elect to withhold information that would identify or tend to identify them as crime victims. If the media or other public entities request an employee’s picture or other identifying information because the employee was a crime victim, the employee may elect to withhold such information. Please check the appropriate statement below to indicate your election:

- [ ] DO NOT ALLOW PUBLIC ACCESS to information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.
- [ ] ALLOW PUBLIC ACCESS to personal information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

_______________________________________________________
Name (Please Print) Date

_______________________________________________________
Signature Employee ID Number
To comply with federal law,
SEND ALL NEW HIRES TO
HUMAN RESOURCES
FOR THEIR I-9 COMPLETION
by their first work day!

New hires
MUST BRING
ORIGINAL ACCEPTABLE
DOCUMENTS
listed on the next page!
**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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td></td>
<td>3. School ID card with a photograph</td>
<td></td>
<td></td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td></td>
<td>4. Voter's registration card</td>
<td></td>
<td></td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.</td>
<td></td>
<td></td>
<td>5. U.S. Military card or draft record</td>
<td></td>
<td></td>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td>6. Military dependent's ID card</td>
<td></td>
<td></td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
</tbody>
</table>

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

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

Refer to the instructions for more information about acceptable receipts.
DEPARTMENT GUIDELINES FOR SELECTIVE SERVICE SYSTEM
REGISTRATION VERIFICATION

Effective 9/1/99, all persons hired by a Texas state agency who are required by Federal law to be registered with the Selective Service system must present proof of registration or proof of exemption.

Who must register?

Almost all male U.S. citizens and male aliens living in the U.S. who are ages 18 through 25 are required to register with Selective Service System. Those individuals employed by the University and Institute who are in the United States on a visa (F, J, or H-1B) are not required to register with the Selective Service.

Who is not required to register?

1. Men born between March 29, 1957 and December 31, 1959 are exempt from this requirement.
2. Females
3. Lawfully-admitted non-resident aliens.
4. Members of the armed forces on active duty.

How to register?

The fastest way to register is through the computer on-line. Registration forms are available at any U.S. Post Office. A registration application card may also be filled out and sent in to the Selective Service System. When registering on-line, proof of registration will be sent within two weeks. When mailing in a registration card, it can take about 30 to 90 days to receive an acknowledgment card. Please see the Selective Service System web site for more detailed information at www.sss.gov. To register on-line, the web address is www.sss.gov/regver/register1.asp.

Instructions for showing proof of Selective Service System registration:

1. When offering a position to a new male employee, the hiring department must inform the employee that he will be required to provide proof of registration or exemption from Selective Service registration before he begins work.
2. A Selective Service System Registration Verification form can be found in the new hire packet and hourly/student application packet. This form should be completed by the hiring department for students and hourly employees. The office of Human Resources will verify regular staff.
3. A copy of the proof or registration must be attached to the verification form. This proof may be (a) a copy of the employee’s Selective Service registration card or (b) a copy of the on-line verification, which may be obtained at www.sss.gov.

Copies of the “Selective Service System Verification Form” and a copy of the proof of registration must be included with the hiring packet and returned to the Department of Human Resources if the hiring packet is completed by the department.

Until proof of registration with the Selective Service System is obtained, State agencies can not hire the individual. Also, the individual cannot begin work prior to securing verification of Selective Service registration.

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form.
SELECTIVE SERVICE SYSTEM
REGISTRATION VERIFICATION

Effective 9/1/99, all persons hired by a Texas state agency who are required by Federal law to be registered with the Selective Service System must present proof of registration or proof of exemption.

___________________________________
Name

_____________________
Date of Birth

Proof of registration may be provided by one of the following:

- A copy of the employee’s Selective Service registration card
- A copy of the on-line verification, which may be obtained at [www.sss.gov](http://www.sss.gov)

*Please attach a copy of registration card or on-line verification to this form.*

OR

Please check one of the following if you are claiming exemption from this requirement:

_____ Female

_____ A lawfully-admitted non-immigrant alien (Provide copy of VISA)

_____ Not between the ages of 18 and 25

_____ A member of the Armed Forces on full-time active duty

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form.
To:        All Employees

Subject:   Direct Deposit Authorization Form

The Authorization Agreement for Direct Deposit must be filled in clearly. Your Banner I.D.
number is preferred on the form, but your Social security number is also acceptable.
Include a phone number where you can be reached or where a message can be left for you
in case a question arises.

Designate ‘100%’ in the Direct Deposit One’s ‘Percentage’ field to have your entire
paycheck to go just one bank account. To have your pay distributed among multiple bank
accounts, designate ‘100%’ on the last Direct Deposit (two, three, or four) for accurate
distribution.

A voided check or a printout from your banking institution, with both the routing number
and the account number, must be submitted for each direct deposit request. A deposit
slip or a temporary check which does not have the employee’s name printed by the
institution is not acceptable backup for this authorization form. The Payroll office will
not process any request without the proper back up.

Deliver in person to Plummer Administration building, room 106, or mail the form with
proper back up to P. O. Box 10071, Beaumont, TX 77710. Contact the Payroll office at
880-8000 if you have any questions.
**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Name</th>
<th>Banner I.D. No./Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A voided check, or a printout from your banking institution, MUST be submitted for each direct deposit request to assure accuracy.

### DIRECT DEPOSIT ONE

<table>
<thead>
<tr>
<th>Financial Institution Name</th>
<th>Type of Institution</th>
<th>Type of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bank</td>
<td>Checking</td>
</tr>
<tr>
<td></td>
<td>Savings &amp; Loan</td>
<td>Savings</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credit Union</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fixed Amount</th>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Or

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

### DIRECT DEPOSIT TWO

<table>
<thead>
<tr>
<th>Financial Institution Name</th>
<th>Type of Institution</th>
<th>Type of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bank</td>
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</tr>
<tr>
<td></td>
<td>Savings &amp; Loan</td>
<td>Savings</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credit Union</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fixed Amount</th>
<th>Routing Number</th>
<th>Account Number</th>
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<td>$</td>
<td></td>
<td></td>
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</tbody>
</table>

Or

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Routing Number</th>
<th>Account Number</th>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### DIRECT DEPOSIT THREE

<table>
<thead>
<tr>
<th>Financial Institution Name</th>
<th>Type of Institution</th>
<th>Type of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bank</td>
<td>Checking</td>
</tr>
<tr>
<td></td>
<td>Savings &amp; Loan</td>
<td>Savings</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credit Union</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fixed Amount</th>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
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<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Or

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### DIRECT DEPOSIT FOUR

<table>
<thead>
<tr>
<th>Financial Institution Name</th>
<th>Type of Institution</th>
<th>Type of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bank</td>
<td>Checking</td>
</tr>
<tr>
<td></td>
<td>Savings &amp; Loan</td>
<td>Savings</td>
</tr>
<tr>
<td></td>
<td>Other</td>
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</tr>
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<td>Credit Union</td>
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</table>

<table>
<thead>
<tr>
<th>Fixed Amount</th>
<th>Routing Number</th>
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<tbody>
<tr>
<td>$</td>
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Or

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

By signing below I authorize my employer to credit my account with the bank named above. If my employer erroneously deposits funds into my account, I authorize them to initiate the necessary debit entries, not to exceed the total of the original amount credited. **In the event that I change bank accounts and/or banks, it is my responsibility to complete a new authorization form.** This authorization will remain in effect until I submit a change.

Circle one:  
- LU Faculty/Staff
- LU Student Employee

Does this direct deposit replace an existing one with Lamar University (circle one)?  
- Yes  
- No

Signature ________________________________  
Date ________________________________

Due Date to Payroll Office: 15th of the month
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, 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 will owe tax when you file your tax return, and you might owe a penalty.

W-4 calculator. If you have 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 or 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 can’t 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

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0074

2019

1. Your first and middle initial

2. Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

3. □ Single □ Married □ Married, but withhold at higher Single rate.

Note: If married filing separately, check "Married, but withhold at higher Single rate."

4. If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

5. Total number of allowances you’re claiming (from the applicable worksheet on the following pages)

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

7. □ Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

□ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

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

(Except for form not valid unless you sign it.)

Date

8. Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 9, 8, and 10 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.

Cat. No. 10220Q

Form W-4 (2019)
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 use 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 employer. If the employer rehired 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.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Enter &quot;1&quot; for yourself</td>
</tr>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household</td>
</tr>
</tbody>
</table>
| 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.  |
| 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-"  |
| 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 "2" 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-"  |
| 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 1-6, enter "-0-" on lines E and F  |
| H      | Add lines A through G and enter the total here  |

**For accuracy, complete all worksheets that apply.**

---

### 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 (up to $10,000), 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. Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).  

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, enter "-0-". If less than zero, 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) .

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" .

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.

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 .

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

6. Subtract line 5 from line 4.

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

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

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.

---

### 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>
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<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>
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<tr>
<td>55,001 - 60,000</td>
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<tr>
<td>60,001 - 70,000</td>
<td>8</td>
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<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
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<tr>
<td>85,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 125,000</td>
<td>12</td>
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<td>155,001 - 165,000</td>
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<td>180,001 - 195,000</td>
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<td>205,001 and over</td>
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### Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
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<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
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<td>$0 - $24,900</td>
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<td>24,901 - 84,450</td>
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<td>84,451 - 173,900</td>
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<td>173,901 - 326,950</td>
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<tr>
<td>326,951 - 413,700</td>
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</tr>
<tr>
<td>413,701 - 617,850</td>
<td>5</td>
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<tr>
<td>617,851 and over</td>
<td>6</td>
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</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 non-tax 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.
EMPLOYEE RECEIPT OF INFORMATION

I hereby certify that I have been furnished with and will read the following information:

- Excerpts from the Appropriations Bill; Standards of Conduct; State Property-Accounting Inventory
- Notice to Employees Concerning Worker’s Compensation in Texas
- Online Guide to Ethics Laws for State Employees at: http://www.ethics.state.tx.us/guides/G08o&e.pdf

It is the responsibility of each employee to be familiar with the information contained in the policy manual. Nothing in the manual in any way creates an expressed or implied contract of employment. Employment is terminable at will so that both the University and its staff employees remain free to choose to terminate their work relationship at anytime. This manual is not to be construed as a contract, expressed or implied, for any purpose. Employees may also view the policy manual in the Office of Human Resources or the Mary and John Gray Library.

I hereby acknowledge and agree:

- That I am responsible and accountable for conducting my daily work activities in an honest and professional manner.
- That I will comply with the rules, regulations, policies and procedures outlined in the above policies.
- That this acknowledgement will be placed in my personnel file.

__________________________________________
Employee Name (Printed)

__________________________________________
Employee Signature

__________________________________________
Date

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Revised 07-09
SECURITY SENSITIVE RELEASE FORM

REQUIRED INFORMATION

<table>
<thead>
<tr>
<th>Position Applying For</th>
<th>Department</th>
<th>Position No.</th>
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<th>Maiden or Former Names Used</th>
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<th>County</th>
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<th>Zip Code</th>
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<th>Alt. Phone/Fax</th>
<th>Email Address</th>
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<thead>
<tr>
<th>Drivers License Number &amp; State</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
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List all locations where you have lived during the last seven (7) years prior to your current residence.
(If additional space is needed, please write on the back of this form or attach another sheet)

<table>
<thead>
<tr>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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CONSUMER DISCLOSURE AND AUTHORIZATION

Disclosure Regarding Background Investigation

Lamar University performs background checks for all security sensitive positions in accordance with the Texas Education Code §51.215, the Texas Legislative Code §411.094 and Texas State University System Policy.

Lamar University may request, for lawful employment purposes, background information about you from a consumer reporting agency and/or the Texas Department of Public Safety (DPS) in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”) and/or reports from the DPS Computerized Criminal History database. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by Lamar University, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for Lamar University. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.).
etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If Lamar University should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then Lamar University will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting Lamar University. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

The DPS Computerized Criminal History is a name based information database and is not an exact search and only fingerprint record searches represent true identification to criminal history, Lamar University is not allowed to discuss any information obtained using this method. Lamar University is only allowed to discuss information obtained from a DPS Computerized Criminal History Search with authorized users approved by the Texas Department of Public Safety. Therefore Lamar University offers you the opportunity to have a fingerprint search performed to clear any misidentification based on this name search, if the search provides Lamar University a criminal history report that you know could not be yours.

**ADDITIONAL STATE LAW NOTICES**

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight 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 HireRight’s offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. HireRight has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. “Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, HireRight may require additional information concerning your employment and personal or family history to verify your identity.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five 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 such reports.

**MASSACHUSETTS:** If Lamar University requests an investigative consumer report, you have the right, upon written request, to a copy of the report.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

**WASHINGTON STATE:** If Lamar University requests an investigative consumer report, you have the right, upon written request make within a reasonable period of time after your receipt of this disclosure, to receive from Lamar University a complete and accurate disclosure of the nature and scope of the investigation requested by Lamar University. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to Lamar University and its designated representatives and agents, for the purpose of assisting Lamar University in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if Lamar University hires me or contracts for my services, my consent will apply, and Lamar University may obtain background reports, throughout my employment or contract period. I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.
I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

I certify that the information I provided on this form is true, complete, and correct. I understand that any false statements made herein will void my Application for Employment and any actions based on it. I also understand that if employed, my continued employment with Lamar University will be contingent upon the outcome of the investigative consumer reports. If the results of the investigative process indicates that I have been convicted of a felony or had an offence involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) that I did not disclose, Lamar University has the right to terminate my employment immediately.

I understand that Lamar University and its agents are not responsible for the accuracy of the information contained in any criminal history report. I release Lamar University and its agents from all liability, claims, and lawsuits with respect to the information obtained from any or all of the sources consulted in the investigation. I also understand that information contained in my job application, resume/vita or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

I agree to complete the attached DPS Computerized Criminal History (CCH) Verification form allowing Lamar University to conduct a computerized criminal history verification check on myself.

I authorize, without reservation, any party or agency contacted by Lamar University to furnish the above listed information:

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic form (including electronically signed), will be valid for any background reports that may be requested by or on behalf of Lamar University.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Lamar University
Lamar University is firmly committed to Equal Employment Opportunity (EEO) and to compliance with all Federal, State and local laws that prohibit employment discrimination on the basis of age, race, color, gender, national origin, religion, disability, protected veteran status and other protected classifications. This policy applies to all employment decisions including, but not limited to, recruiting, hiring, training, promotions, pay practices, benefits, disciplinary actions and terminations. The information on this Security Sensitive Release Form, together with any attachments, is the property of Lamar University.

ALL INFORMATION RECEIVED ON THIS FORM WILL BE CONFIDENTIAL

REFUSAL TO SIGN AND COMPLETE THIS FORM MAY ELIMINATE THE APPLICANT FROM CONSIDERATION FOR EMPLOYMENT AT LAMAR UNIVERSITY
I, ________________________________ , acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)
NEW YORK CORRECTION LAW
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750: Definitions

751. Applicability

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions: For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability: The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
(2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

   (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

   (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

   (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

   (d) The time which has elapsed since the occurrence of the criminal offense or offenses.

   (e) The age of the person at the time of occurrence of the criminal offense or offenses.

   (f) The seriousness of the offense or offenses.

   (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

   (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment: At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement:

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

A Summary of Your Rights
Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

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<tr>
<th>TYPE OF BUSINESS</th>
<th>CONTACT</th>
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<tbody>
<tr>
<td>Consumer reporting agencies, creditors and others not listed below</td>
<td>Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</td>
</tr>
<tr>
<td>National banks, federal branches/agencies of foreign banks (word &quot;National&quot; or initials &quot;N.A.&quot; appear in or after bank's name)</td>
<td>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743</td>
</tr>
<tr>
<td>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</td>
<td>Federal Reserve Board Division of Consumer &amp; Community Affairs Washington, DC 20551 202-452-3693</td>
</tr>
<tr>
<td>Savings associations and federally chartered savings banks (word &quot;Federal&quot; or initials &quot;F.S.B.&quot; appear in federal institution's name)</td>
<td>Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929</td>
</tr>
<tr>
<td>Federal credit unions (words &quot;Federal Credit Union&quot; appear in institution's name)</td>
<td>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600</td>
</tr>
<tr>
<td>State-chartered banks that are not members of the Federal Reserve System</td>
<td>Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342</td>
</tr>
<tr>
<td>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</td>
<td>Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306</td>
</tr>
<tr>
<td>Activities subject to the Packers and Stockyards Act, 1921</td>
<td>Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051</td>
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POLITICAL AID AND LEGISLATIVE INFLUENCE PROHIBITED. None of the moneys appropriated by Article I, II, III, and IV of this Act, regardless of their source or character shall be used for influencing the outcome of an election or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the State from furnishing to any Member of the Legislature or to any other State official or employee or to any citizen any information in the hands of the employee or the official not considered under law to be confidential information. Any action taken against an employee or official for compliance with this section shall subject the person initiating the action to immediate dismissal from State employment.

None of the funds appropriated in this Act shall be expended in payment of the full or partial safety of any State employee who is also the paid lobbyist of any individual, firm, association or cooperation.

No employee of any State agency shall use any State-owned automobile except on official business of the State and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provision in this Section.

The head or heads of each agency of the State shall furnish each employee of such agency with a copy of the four (4) paragraphs immediately following this one and shall take a receipt therefore from each employee. The preceding sentence shall not be construed to mean that new employees who have previously received for copies of identical provisions prohibiting political aid and legislative influence. The receipts shall be kept accessible for public inspection.

STANDARDS OF CONDUCT

EXCERPTS FROM ACTS 1973, 63RD LEGISLATURE
PAGE 1086, CHAPTER 421

Declaration of Policy

Section 1. It is the policy of the State of Texas that no state officer or state employee shall have any interest, financial or otherwise direct or indirect, or engage in any business transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his duties in the public interest. To implement this policy and to strengthen the faith and confidence of the people of Texas in their state government, there are provided standards of conduct and disclosure requirements to be observed by persons owing a responsibility to the people of Texas and the government of the State of Texas in the performance of their official duties. It is the intent of the legislature that this Act shall serve not only as a guide for official conduct of these covered persons but also as a basis for discipline of those who refuse to abide by its terms.

DEFINITIONS

Sec. 2. In this Act

(7) “State Employee” means a person, other than a state officer, who is employed by
(a) A State agency
(b) The Supreme Court of Texas, the Court of Criminal Appeals of Texas, a Court of Civil Appeals, or the Texas Civil Judicial Council, or
(c) Either house of the Legislature, or any agency, council, or committee of the legislature including the Legislative Budget Board, the Texas Legislative Council, the State Auditor's Office, and the Legislative Reference Library.

(b) “State Agency” means
(a) Any department, commission, board, office, or any other agency that
(1) Is in the executive branch of the state government
(2) Has authority that is not limited to a geographical portion of the state; and
(3) Was created by the constitution or a statute of this state, or
(b) A university system or an institution of higher education as defined in Section 61.003, Texas Education Code, as amended, other than a public junior college.

Standards of Conduct

See 8(a) No state officer or state employee should accept or solicit any service that might reasonably tend to influence him in the discharge of this official duties or that he knows or should know is being offered him in the intent to influence his official conduct.

(b) No state officer or state employee should accept employment or engage in any business or professional activity that he might reasonably expect would require or influence him to disclose confidential information acquired by reason of his official position.

(c) No state officer or state employee should accept other employment or compensation which could reasonably be expected to impair his independence or judgment in the performance of his official duties.

(d) No state officer or state employee should make personal investments which could reasonably be expected to create a substantial conflict between his private interest and the public interest.

(e) No state officer or state employee should intentionally or knowingly solicit, accept, or agree to accept benefit for having exercised his official powers or performed his official duties in favor of another.

66th Legislature of Texas – Regular Session
STATE PROPERTY – ACCOUNTING INVENTORY
H. B. 1673

ARTICLE PROPERTY ACCOUNTING

Section 8.01. Property Accounting System

(a) All real and personal property belonging to the state shall be accounted for by the head of the agency which has possession of the property.

(b) The commission shall administer the property accounting system. The state auditor shall administer the property responsibility system. The commission shall issue rules and regulations and a manual of instruction and prescribe such records, reports, and forms necessary to accomplish the objects of this article subject to the approval of the state auditor. The state auditor is directed to cooperate with the commission in the exercise of the commission’s rulemaking powers herein granted by giving technical assistance and advice.

(c) The commission shall maintain a complete and accurate set of centralized records of state property. Where the commission finds that an agency has demonstrated its ability and competence to maintain complete and accurate detailed records of the property it possesses without the detailed supervision by the commission, it may direct that the detailed records be kept at the principal office of such agency. Where the commission issues such order, it shall keep only summary records of the property of such agency and the agency shall keep such detailed records as the commission directs and furnishes the commission with such reports at such times as directed by the commission.

(d) Each agency head shall cause each item of state property possessed by his agency to be marked so as to identify it. The agency head shall follow the instructions issued by the commission in marking state property.
Section 8.02 Responsibility for Property Accounting

(a) All state agencies shall comply with the provisions of this article and keep the property records required.

(b) All real property owned by the state shall be accounted for by the agency which possesses the property. The real property administered by the General Land Office shall be accounted for by that office and not by the system prescribed herein and the real property administered by the permanent funds established by its administration and not by the system prescribed herein.

(c) All personal property owned by the state shall be accounted for by the agency that possesses the property. The commission shall by regulation define what is meant by personal property for the purpose of this article, but such definition shall not include nonconsumable personal property having a value of $250 or less per unit. In promulgating such regulations, the commission shall take into account the value of the property, its expected useful life, and the cost of record keeping bears a responsible relationship to the cost or the property on which records are kept. The commission shall consult with the state auditor in making such regulations and the auditor shall cooperate with the commission in the exercise of this rulemaking power by giving technical assistance and advice.

(d) All medical, surgical, and technical equipment and supplies provided by the Texas Department of Health to local public health units, local public health laboratories, state institutions and nonprofit institutions, contributing to the promotion and maintenance of public health by the usage of such medical, surgical, and technical equipment and supplies shall be accounted for by that department and not by the system prescribed in this article. The Texas Department of Health shall maintain at all times a complete record of such medical, surgical, and technical equipment and supplies provided and such records shall be verified by government making such grants for assistance in the purchase of such medical, surgical, and technical equipment and supplies.

Section 8.03 Property Manager, Property Inventory

(a) Each agency head is responsible for the proper custody, care, maintenance, and safekeeping of the state property possessed by his agency.

(b) Each agency head shall designate either himself or one of his employees as property manager. The commission shall be informed in writing by the agency head of the name of the property manager and shall be informed of any changes. Where the commission finds that convenience and efficiency will be served, it may permit more than one property manager to be appointed by the agency head.

(c) The property manager shall maintain the required records on all property possessed by the agency and shall be the custodian of all such property.

(d) No person shall entrust state property to any state official or employee or to anyone else to be used for other than state purposes.

(e) When and agency’s property is entrusted to some person other than the property manager, the property manager shall require a written receipt for such property executed by the person receiving custody of the property. When the possession of property of one agency is entrusted to another agency on loan, such transfer shall be done only when authorized in writing by the agency head that is lending such property and the written receipt shall be executed by the agency head who is borrowing such property. The property manager is relieved of the responsibility for property which is the subject of such a receipt.

(f) Each agency shall make a complete physical inventory of all property in its possession once a year. The inventory shall be taken on the date prescribed for the agency by the commission.

(g) The agency head shall forward a signed statement describing the method by which the inventory was verified, along with a copy of such inventory within 45 days after the inventory date for the agency.

(h) The commission shall supervise the property records of each agency so that the records accurately reflect the property currently possessed by the agency. The commission shall prescribe the methods whereby items of property are deleted form the property records of the agency. Property that has become obsolete and no longer serviceable and has been turned over to the commission for disposal under the laws relating thereto shall be deleted from the records of that agency upon the authorization of the commission. Property that is missing from the agency or property that is disposed of directly by the agency in a legal manner shall be deleted from the commission’s records upon the authorization of the state auditor.

Section 8.04 Change of Property Managers

When there is a change in agency heads or property managers, the incoming agency head or property manager shall execute a receipt for all agency property accounted for to the outgoing agency head or property manager. A copy of such receipt shall be delivered to the commission, the state auditor, and the outgoing agency head or property manager. No further warrants in favor of the outgoing agency head or property manager shall be drawn or paid until the state auditor has certified that the agency property has been properly accounted for. The state auditor may make this certification without requiring that a physical inventory be taken.

Section 8.05 Liability for Property Loss

Where agency property disappears, whether through theft or other cause, as a result of the failure to the agency head, property manager, or agency employee entrusted with the property in writing to exercise reasonable care for its safekeeping, such person shall be peculiarly liable to the state for the loss sustained by the state, where agency property deteriorates as a result of the failure of the agency head, property manager, or agency employee entrusted with property in writing to exercise reasonable care to maintain and service the property, such person shall be peculiarly liable to the state for the loss sustained by the state, where agency property is damaged or destroyed as result of an intentional wrongful act or a negligent act of any state official or employee, such person shall be peculiarly liable to the state for the loss sustained by the state. The liability prescribed by this section may be found to attach to more than one person in a particular instance, in such cases, the liability shall be joint and several.

Section 8.06 Reporting to State Auditor

When any state property has been lost, destroyed, or damaged through the negligence or fault of any state official or employee, the agency head responsible for such property shall immediately report such loss, destruction, or damage to the state auditor. Upon leaving in any manner of such property loss, destruction, or damage, the state auditor shall investigate the matter. If the investigation discovers that an injury has been sustained by the state through the fault of a state official or employee, the state auditor shall make written demand upon such state official or employee for reimbursement to the state for the loss so sustained.

Section 8.07 Legal Action to Recover Monetary Loss or Property

In case the demand made by the state auditor for reimbursement for property loss, destruction or damage by the state official or employee upon whom such demand is made, the state auditor shall report the facts to the attorney general. If after an investigation of the facts, the attorney general finds that legal liability may be judged against the state official or employee, he shall take such legal action to recover the monetary loss of the state property occasioned by the loss, damage, or destruction as in his opinion may be deemed necessary. Venue for all such suits instituted against a state official or employee shall lie in the courts of appropriate jurisdiction of Travis County.

Section 8.08 Failure to Keep Records

When any agency fails to keep the records required under the provisions of this article or fails to take the annual physical inventory, the commission shall so inform the comptroller and the comptroller may refuse to draw any warrants on behalf of such agencies.

Section 8.09 Transfer of Personal Property

(a) Any state agency is authorized to transfer any personal property of the state under its control or jurisdiction to any other state agency with or without reimbursement between the agencies; provided, however, that the provisions of this article shall not apply to any real property.

(b) When any personal property under the control or jurisdiction of one state is transferred to the control or jurisdiction of any other state agency, such transfers shall be immediately and simultaneously reported to the commission by the transferee and the transferee on forms prescribed by the commission, and it shall adjust the inventory records of the agencies involved in making the transfer. Whenever any transfer is made with reimbursement from funds deposited in the state treasury, the transferee shall issue a voucher payable to the transferee, and the comptroller of public accounts shall issue warrants for reimbursement.

Section 8.10 Distribution of This Article

Each agency head shall distribute a copy of this article to each of ficial and employee of his agency and shall give a copy to each new employee of the agency.
Notice to Employees Concerning Workers’ Compensation in Texas

Coverage

Lamar University/Lamar Institute of Technology has workers’ compensation insurance coverage from the State Office of Risk Management to protect you in the event of work related injury or illness. An employee or person acting on the employee’s behalf must notify the employer of an injury or illness not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an illness, unless the Division determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers’ compensation insurance.

Employee Assistance

The Division provides free information about how to file a workers’ compensation claim. Division staff will explain your rights and responsibilities under the Workers’ Compensation Act and assist in resolving disputes about a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031.

Safety Hotline

The Division has established a 24-hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact Health and Safety at 1-800-452-9595.

Notice to New Employees

You may elect to retain your common law right of action if, not later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers’ compensation income or medical benefits if you are injured.

Texas Department of Insurance
Division of Workers’ Compensation
7551 Metro Center Drive, Suite 100
Austin, Texas  78744-1609
512-804-4000 ? 512-804-4001 Fax
www.tdi.state.tx.us

State Office of Risk Management
P. O. Box 13777
Austin, Texas  78711-3777
512-475-1440
877-445-0006 Toll Free
www.sorm.state.tx.us
From the Office of International Student Services: International Student Employment Process for F-1 or J-1 Visa Holders

1. Department completes F3.2

2. Employment Data for Non-Immigrants packet (EDN) must accompany ALL F3.2’s. (Incomplete paperwork will be returned to the department)

3. Student & Employing Department completes EDN packet

4. Department attaches all of the following required forms for the EDN packet:

F-1 Visa Holders: Copy of the front & back of the SEVIS I-20 (F-1 Visa Immigration Document)
   Copy of form I-94 Arrival/Departure Card (front & back)
   Copy of the Passport biographical page & F-1 Visa page from the United States. NOTE.....If the passport biographical page is expired, you will need to also copy the renewal date which is usually located within the next 2 pages.

J-1 Visa Holders: Copy of front & back of form DS 2019(J-1 Exchange Visitor)
   Copy of all biographical pages of passport
   Copy of form I-94 Arrival/Departure Card (front & back)

5. F3.2 must be included

6. If dual employment exists, the number of hours must be indicated in the comments section of the F3.2

7. The EDN packet is sent to the International Office, Wimberly Building, Room 118 or by campus mail to P.O. Box 10078

8. The department will be emailed of employment eligibility, and if any dates were changed on the F3.2

The complete packet will be forwarded to Budget or Human Resources

NOTE: If the Student is not eligible for employment, all documents will be returned to the employing department

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It is critical that this information be accurate to ensure that both the student and Lamar University are complying with the United States Citizenship & Immigration Service federal regulations for on campus employment!

Revised 5/15/13
EMPLOYMENT DATA FOR NON-IMMIGRANTS (EDN)
Revision Date: August 18, 2008

To be completed by the Student. This form must accompany ALL F3.2’s for hiring ALL INTERNATIONAL STUDENTS. If this form is not completed in full, it will be returned. A copy of the student’s passport biographical & visa pages, SEVIS I20, & I-94 Arrival/Departure Card must be attached to this form. Please print legible or type!

Social Security No: ____________________________    LU ID No: ____________________________
Lamar Email Address: ____________________________

Student’s Name: __________________________________________________________
Family/Last Name    First    Middle
(This address must match the address that is recorded on your SEVIS Record & International Office)
Local Address: __________________________________________________________
Cardinal Village
Residence Hall: ____________________________    Room No: __________    PO Box __________ Beaumont, TX 77710 __________
Birth Date: Mo /Day /Year [ ] Female [ ] Male
Local Home Phone No. 409-__________________________    Cell or Alternate Phone No. ____________________________

VISA INFORMATION:
F-1 [ ]    J-1 [ ]    Visa No: ______________    Entries to U.S. __________    Date: __________    Expiration Date: __________
Visa Issuing Post (City): ____________________________    Port of Entry to U.S. ____________________________

PASSPORT INFORMATION:
Passport No: ____________________________    Country/Nation Issued: ____________________________    Expiration Date: __________

I-94 ARRIVAL/DEPARTURE CARD & SEVIS I-20 INFORMATION:
Visa Type/Status: _______    I-94 No: ____________________________
SEVIS No: __________    SEVIS I-20 DATES: __________ to __________

NATIONALITY INFORMATION:
Country of Birth: ____________________________    Country of Citizenship: ____________________________    Country of Permanent Residence:

DEPENDENT INFORMATION: If you have a spouse and/or children with you U.S, please complete this section.
Spouse in U.S. [ ]    Number of Children
EDUCATION INFORMATION:
[ ] Associate  [ ] Bachelor  [ ] Master  [ ] Doctor  [ ] PhD  [ ] LLI Language Training

Major Program/Branch Of Study: ____________________________  Expected Graduation Date: ____________________________

ON-CAMPUS EMPLOYMENT INFORMATION:

Are you currently employed either on campus or at Chartwells or the Bookstore?  [ ] Yes  [ ] No
If Yes, what department? _______________________________________________________

Classification of employment:  Student Assistant  Number of hours per week: _____________

  Graduate Assistant  [ ] Yes  [ ] No  [ ] 50%  [ ] 49%  [ ] 30%  [ ] 25%

  Teaching Assistant  [ ] Yes  [ ] No  [ ] 50%  [ ] 49%  [ ] 30%  [ ] 25%

  Research Assistant  [ ] Yes  [ ] No  [ ] 50%  [ ] 49%  [ ] 30%  [ ] 25%

Are you currently working on approved “curricular practical training? (CPT)?  [ ] Yes  [ ] No
(If you are currently pursuing CPT, you are not eligible for on-campus employment)

Are you currently working with approved “economic hardship” by the Department of Homeland Security?  [ ] Yes  [ ] No
(If you are currently pursuing Economic Hardship, you are not eligible for on-campus employment)

EMPLOYMENT ELIGIBILITY GUIDELINES:

PLEASE NOTE! If you are currently employed on-campus as indicated above, you are required to submit a letter from that department indicating the number of weekly hours that you are employed. If you are no longer employed with Chartwells or the Bookstore, you are required to submit a letter from that department indicating your termination date.

LIMITATIONS ON EMPLOYMENT: Employment must not exceed 20 hours per week while school is in session. If the student is employed elsewhere on campus or is employed off-campus with proper authorization, that work must also be counted toward the 20-hour limit. Graduate assistants, teaching or research assistants must be enrolled for the specified dates on the F3.2. Student assistants must be enrolled for the fall or spring semester according to the dates on the F3.2. EXCEPTION FOR STUDENT ASSISTANTS: If they are not enrolled for the summer sessions, they must be pre-registered for the Fall semester.

MAINTENANCE OF LAWFUL STATUS - UNITED STATES CITIZENSHIP & IMMIGRATION SERVICE (DEPARTMENT OF HOMELAND SECURITY): In order to preserve on-campus employment eligibility, F-1 or J-1 students must maintain their lawful status as follows:

1. Report to the P/DSO for initial registration in the SEVIS System upon arriving at the school;
2. For the first initial school visa/attendance, the student must enroll for a minimum of one semester (12 hours for Undergraduates & 9 hours for Graduate students);
3. Pursue a full course of study during each long semesters while summer semesters are optional;
4. Make normal progress towards completing the course of study within the dates listed on the SEVIS I20;
5. SEVIS I20 must be kept valid by following proper procedures for extension of stay or change of level/program of study, if needed;
6. Keep SEVIS I-20 valid by following proper procedures for transfer of schools;
7. Abide by the F-1 grace period rules, including remaining in the US for no longer than 60 days after completing a full course of study, unless the student followed procedures for applying for practical training, moving educational levels, or school transfers;
8. Report a change of address to the P/DSO within 10 days of the address change;
9. Abide by rules requiring disclosure of information and prohibition on criminal activity;
10. Abide by any special requirements, such as Special Registration requirements;
11. Do not work on or off-campus, unless specifically authorized under the regulations at [8CFR 214.2(f)(9) or 214.2 (f)(10)].
12. As of 01/03/2003, the regulations specify that upon initial entry to begin a new course of study, an F-1 student may not begin on-campus employment more than 30 days prior to the actual start of classes.
13. An F-1 student may not engage in on-campus employment during the 60-day grace period following the completion of a course of study or thereafter, except during authorized optional practical training.
14. The federal regulations state that in the case of a transfer in SEVIS, the student may only engage in on-campus employment at the school having jurisdiction over the student’s SEVIS record. The transfer-out school has jurisdiction over the SEVIS record BEFORE the transfer release date, and the transfer-in school has jurisdiction over the SEVIS record ON AND AFTER the transfer release date.
15. If an F-1 student is currently pursuing curricular practical training, he/she is not eligible for any additional on-campus employment.
16. An undergraduate international student must maintain a 2.0 GPA for employment eligibility.

LAMAR UNIVERSITY COLLEGE OF GRADUATE STUDIES EMPLOYMENT POLICY:

1. All students must maintain a grade point average of 3.0 for graduate students (Master/Doctor/PhD) and a 2.0 for undergraduate students (Associate/Bachelors).
2. All students must be in lawful status with the Department of Homeland Security.
3. Students that have a pending reinstatement petition with the USCIS-DHS are not eligible for any employment until they have been reinstated to F-1 student status. The student must submit proof of their reinstatement approval to the International Office.
4. All graduate students must be enrolled for a minimum of 9 semester credit hours during each Fall and Spring semesters. Summer enrollment is optional - 3 semester credit hours for each session.
5. All undergraduate students must be enrolled for a minimum of 12 semester credit hours during each Fall and Spring semesters. Summer enrollment is optional - 4 semester credit hours for each session.
6. Graduate Assistants, Teaching Assistants, and Research Assistants must be enrolled according to the dates on the F3.2.

I agree to release any information about my immigration status in the U.S. to a University contract employer if needed. This permission does not apply to off-campus employers. I understand it is my responsibility to maintain lawful immigration status. I further understand that my employment can be terminated if I violate any federal regulations or University policy.

__________________________________________________________________________
Student’s signature Date

__________________________________________________________________________
Department signature Date
DEPARTMENT GRADUATION VERIFICATION
EDN Packet - International Students

Must be submitted with both the F 3.2 & completed EDN packet.

This student will be employed in the Department of as a

[] Student Assistant [] Hourly Employee [] Graduate Assistant

[] Teaching Assistant or [] Research Assistant

for the following dates: __________ to ______________. The student’s expected graduation date is: ______________.

According to federal regulations [8 C.F.R. 214.2 (f) (9) (i)], F-1 students are generally permitted to work part-time (20 hrs per week or 50% FTE) on the premises of the school that issued their currently valid SEVIS Form I-20, while they are attending that school, and maintaining their F-1 status. A student may not engage in on-campus employment past their graduation date or during the 60-day grace period following the completion of a course of study unless the student has been approved/received the Employment Authorization Document (EAD Card) for Optional Practical Training (OPT) from the United States Citizenship & Immigration Service.

____________________________________  __________________________
Student’s signature                          Date

____________________________________  __________________________
Department’s signature                       Date