

Hello and welcome to your Temporary/Co-Op/Casual Employee position with the Academy of Natural Sciences of Drexel University! We are excited to have you working with our team! Please review the following information carefully so we can complete your accounts in our systems as quickly as possible.

Enclosed in this packet you will find the documents required to be completed to work at The Academy of Natural Sciences of Drexel University. All documents *must be completed in their entirety* or as noted below.

- **Self-Identification** form must be submitted even if you choose not to fill out your race, gender, and veteran status information. Simply check the “I Do Not Wish to Disclose” box and then submit the form. Please note that completion/non-completion of this form does not affect your employment status in any way.
- **Direct Deposit** form is optional. If you do not complete the form, your check will be physically mailed to you each pay period. A voided check is not necessary.
- **Guidelines for Occupational Health Services** form must be completed in its entirety. If you are not sure what category your position falls under, please contact your supervisor for clarification. Also, be sure to list your supervisor's name and phone number (use [ANS's Search site](#)) on this form and then sign the bottom. Your supervisor will sign the form at a later date.
- **Employee's Statement of Non-Residence in PA** form is an optional form intended only for residents of NJ, WV, VA, OH, MD and IN. Complete this form only if you wish to have your home state's taxes withheld from your pay. Residents of other states can disregard this form.
- **International Tax Notification form:** If you are NOT a *citizen* or *permanent resident alien* of the U.S., print the [International Tax Notification](#) form, complete it and submit it along with the enclosed documents.

After completing these documents, you may hand them in at the ANS HR office or scan and e-mail them to your [Talent Acquisition Specialist](#) by the date in the attached email. Please print these documents as one-sided. If you have any questions, please call your [Talent Acquisition Specialist](#) or our main number at 215.895.2850. We thank you in advance for your prompt response and we wish you the best!

Sincerely,

Drexel University Human Resources Team

The Academy of Natural Sciences at Drexel University is an Equal Opportunity/Affirmative Action employer that welcomes individuals from diverse backgrounds and perspectives, and believes that an inclusive and respectful environment enriches the University community and the educational and employment experience of its members. The University prohibits discrimination against individuals on the basis of race, color, national origin, religion, sex, sexual orientation, disability, age, status as a veteran or special disabled veteran, gender identity or expression, genetic information, pregnancy, childbirth or related medical conditions and any other prohibited characteristic. Please visit our website to view all [University Policies](#) and [Workplace Postings](#).

Temporary New Employee Form

EMPLOYEE INFORMATION

SSN	Last Name	First Name	Middle Initial	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Suffix <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other <input type="text"/>		
Home Address	<input type="text"/>	Apt <input type="text"/>	City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>
Home Telephone	<input type="text"/>	Cell Phone	<input type="text"/>	

EMERGENCY CONTACT INFORMATION

Name	<input type="text"/>	Relationship	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Apt <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

WORK LOCATION INFORMATION

Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>				

BIOGRAPHICAL INFORMATION

Gender	Citizenship	Residency Status
<input type="checkbox"/> Male	<input type="checkbox"/> Citizen	<input type="checkbox"/> US Citizen
<input type="checkbox"/> Female	<input type="checkbox"/> Non-Citizen	<input type="checkbox"/> Permanent Resident
Marital Status		<input type="checkbox"/> Non-Resident Alien
<input type="checkbox"/> Single		<input type="checkbox"/> Resident Alien
<input type="checkbox"/> Married		<input type="checkbox"/> Unknown

VISA INFORMATION

<input type="checkbox"/> F-1	Visa Expiration Date	<input type="text"/>
<input type="checkbox"/> J-1	Birth Country	<input type="text"/>
<input type="checkbox"/> H-1	Citizenship Country	<input type="text"/>
<input type="checkbox"/> B-1	Employment Authorization	<input type="text"/>
<input type="checkbox"/> Other	Expiration Date	

POSITION INFORMATION

Start Date	<input type="text"/>
Department	<input type="text"/>
<input type="checkbox"/> New Hire	
<input type="checkbox"/> Rehire (if you had a position with Drexel or its affiliates within the past year)	

SIGNATURES

Employee Signature	_____	Date	_____
Human Resources	_____	Date	_____
HRIS	_____	Date	_____

Self Identification Form

☐ New ☐ Update

University ID (required for Updates)

Last Name

First Name

Middle Initial

The Academy of Natural Sciences of Drexel University is an equal opportunity employer committed to providing a diverse working environment where all qualified individuals are treated and considered for employment without regard to race, color, national origin, religion, gender, age, disability, sexual orientation, identity or expression or veteran's status.

As a federal contractor receiving funds in the form of financial aid and research grants, The Academy of Natural Sciences of Drexel University is required to report to the federal government summary data about the gender, ethnicity, race, and veteran status of its employees and its efforts to achieve equal opportunity through affirmative action for minorities, women, persons with disabilities, and veterans.

The Academy of Natural Sciences of Drexel University asks and encourages its employees to self-identify their status in order to make our Affirmative Action Plan and governmental reporting as accurate as possible. However, employees are not required to provide this information and refusing to do so will not subject you to any adverse action. The information collected by the Academy will be kept confidential and will only be used to report in summary fashion for compliance purposes. When reported, data will not identify any specific individual.

Please indicate the categories in which you should be reported.

ETHNICITY (Select all that apply.)

<input type="checkbox"/>	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Hispanic	
<input type="checkbox"/>	Cuban American	
<input type="checkbox"/>	Puerto Rican American - Mainland	
<input type="checkbox"/>	Puerto Rican American - Commonwealth	
<input type="checkbox"/>	Mexican American	
<input type="checkbox"/>	Not Hispanic or Latino	
<input type="checkbox"/>	I do not wish to disclose	

RACE (Select all that apply.)

<input type="checkbox"/>	American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	Asian	
<input type="checkbox"/>	Chinese	
<input type="checkbox"/>	Filipino	
<input type="checkbox"/>	Indian	
<input type="checkbox"/>	Japanese	
<input type="checkbox"/>	Korean	
<input type="checkbox"/>	Pakistani	
<input type="checkbox"/>	Vietnamese	
<input type="checkbox"/>	Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	I do not wish to disclose	

VETERAN STATUS

☐ I am not a veteran.

☐ I am a veteran. If you are a veteran who served on active duty in the U.S. military, ground, naval or air service and have been discharged or released, please indicate your discharge date:

☐ I do not wish to disclose

If you are a veteran, please select one or more categories below that apply to you:

<input type="checkbox"/> Disabled Veteran	1. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or 2. Was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/> Other Protected Veteran	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. For a list of officially recognized campaigns, please see www.opm.gov/veterans/html/vgmedal2.asp .
<input type="checkbox"/> Armed Forces Service Medal Veteran	A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p.159).
<input type="checkbox"/> Recently Separated Veteran	Veterans within 36 months from discharge or release from active duty.

DISABILITY STATUS (Select One.)

<input type="checkbox"/> Not Disabled	
<input type="checkbox"/> Disabled	<p>The Americans with Disabilities Act ("ADA") Amendment Act guides Drexel in defining a person with a disability who is entitled to a reasonable accommodation as a person who:</p> <p>1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities, or 2. Has a record of such impairment.</p> <p><i>If you are requesting an accommodation, please visit the Office of Disability Resources website (www.drexel.edu/oed/disabilityResources) for more information.</i></p>
<input type="checkbox"/> I do not wish to disclose	

The information I have provided to The Academy of Natural Sciences of Drexel University is true and complete to the best of my knowledge.

Signature

Date

Drexel University Application for Employment

It is the policy of Drexel University to provide a working and learning environment in which employees and students are able to realized their full potential as productive members of the Drexel Community.

Drexel University values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University does not discriminate in hiring or employment on the basis of race, sex, sexual orientation, religion, color, national or ethnic origin, age, disability, status as a Vietnam Era Veteran or disabled veteran, or gender identity or expression in the administration of educational policies, program or activities; admissions policies, scholarship and load awards; athletic, or other University administered programs or employment. Any questions on this application or other employment documents relating to any of the foregoing enumerated categories is intended to secure information for use only in conjunction with the University's affirmative action plan required by federal law. Submission of such information is voluntary.

Employment resulting from this application is terminable "at will" by either the employee or Drexel University. Employment is contingent upon the applicant providing the necessary proof of US citizenship or legal authorization to work in the United States.

Note: Please complete all sections of this Application for Employment even when attaching a resume.

PERSONAL DATA

Last Name First Name Middle Initial

Street Address & Apt Number

City State Zip Code Email

Telephone Secondary Telephone

Are you 18 years of age or older? ☐ Yes ☐ No

Other names under which you have been known for employment, educational records or references:

Position (w/Position #) for which you are applying

Desired Salary Date Available

Have you ever been employed by Drexel? ☐ Yes ☐ No If Yes, reason for leaving

Are you a student at Drexel? ☐ Yes ☐ No If Yes, type of student: ☐ Full Time ☐ Part Time

How did you learn about this position? ☐ Employee Referral Name of Employee

☐ Posting Name of Website

☐ Print Ad Name of Newspaper/Journal

☐ Agency Name of Agency

Available for: ☐ Full Time ☐ Part Time Hours Available Temporary (dates)

Are you legally eligible to work in the US?* ☐ Yes Alien Registration # ☐ No

**Under the Immigration Reform Control Act of 1986, any new employee (whether US citizen, resident alien or non-immigrant) must provide proof of identity and/or work authorization at time of employment. If unable to do so, the individual cannot be employed.*

EDUCATION & TRAINING

School	Name & Address of School	Major/Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Technical or Other				

EMPLOYMENT HISTORY

Please give past employment record as completely as possible starting with your current or most recent employer.

Current or Most Recent Employer Start Date End Date

Address Starting Salary Ending Salary

Telephone Supervisor Job/Position Title

Description of Duties

Reason for Leaving

Past Employer Start Date End Date

Address Starting Salary Ending Salary

Telephone Supervisor Job/Position Title

Description of Duties

Reason for Leaving

Past Employer Start Date End Date

Address Starting Salary Ending Salary

Telephone Supervisor Job/Position Title

Description of Duties

Reason for Leaving

Past Employer Start Date End Date

Address Starting Salary Ending Salary

Telephone Supervisor Job/Position Title

Description of Duties

Reason for Leaving

Please list all other employment and periods of employment.

Employer	City/State	Position Title	From (Month/Year)	To (Month/Year)	Annual Salary	Reason for Leaving

PROFESSIONAL LICENSURE, REGISTRY, and/or CERTIFICATION

Type of License, Registry, or Certification	Issuing State or Organization	Number	Expiration Date

PROFESSIONAL REFERENCES

Please list individuals who can attest to your professional abilities and work accomplishments.

Name of Reference	Company	Title	Telephone Number

As an applicant for employment with Drexel University, I understand the following:

- ☐ Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment.
- ☐ I understand that my employment is contingent upon the successful completion of a background investigation, including reference checks.
- ☐ I authorize Drexel University and any agent acting on its behalf, to conduct such investigation and authorize all previous employers to furnish Drexel with my reason for leaving, my employment dates and position title(s) and other information regarding my job duties and responsibilities. I release Drexel and my previous employers from all liability that may arise from such investigation.
- ☐ Neither this form nor statements by representatives of Drexel University constitutes an employment contract. Employment with Drexel is not guaranteed for any term, and the employer or the employee may terminate employment at any time for any reason. No management or academic official is authorized to make any oral assurance or promise of continued employment.
- ☐ Upon employment, I must submit appropriate documentation to satisfy the requirement for completing INS Form I-9.
- ☐ Upon employment, I also agree to abide by all rules, policies and procedures and performance standards established by Drexel University, Management and my immediate supervisor.
- ☐ As a condition of employment with Drexel University, I understand that if I am a full-time, benefits eligible faculty or professional staff member eligible for university contributions under the Drexel University 403(b) plan and I do not enroll in the plan within 31 days from my date of hire, I will be automatically enrolled in the University's default vendor at an employee contribution rate of 2%.
- ☐ Drexel University's annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings owned or controlled by Drexel University, and on public property within, or immediately adjacent to and accessible from campus. The report also includes institutional policies concerning campus security, such as policies on alcohol and drug use, crime prevention, reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report through Public Safety by calling 215-895-1550.

Signature

Date

Employee's Withholding Certificate

OMB No. 1545-0074

2021

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

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

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

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

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

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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

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

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

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

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

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

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

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

Single or Married Filing Separately

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

Head of Household

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

DIRECT DEPOSIT AUTHORIZATION

For Payroll and Employee Expense Reimbursements

Current employees may submit this form to the Payroll Department through AskDrexel (askdrexel.drexel.edu) under the Employment and Benefits/Direct Deposit topic.

Payroll Department
1505 Race Street, 9th Floor
Mail Stop 1062
Philadelphia, PA 19102
Tel: 215.895.2885

Instructions for submitting requests through AskDrexel are available on the Payroll web page at: <http://drexel.edu/comptroller/payroll/instructions/>

I am an Employee of: ☐ Drexel University ☐ Academy of Natural Sciences of Drexel University

Employee Name: _____ University ID Number: _____

Election for direct deposit requires full net pay to be distributed between the checking and savings accounts listed below. All direct deposit information will be verified with your bank before becoming active. You will receive paper checks until your accounts become active, which may take two or more pay periods. The primary account will also be used for direct deposit of employee expense reimbursements. Please note that student billing account eRefunds will continue to be deposited to the account you have designated for that purpose, which may be different from the primary account designated below. A copy of a check or a direct deposit form from the bank must be provided for each account listed below.

Primary Account - Required for Payroll and Employee Expense Reimbursements

Bank Transit/ Routing Number: (9 digits)	Bank Name and Phone #
Account Number:	Net payroll, after the partial deposits listed below, will be deposited to this account. This account will also receive all employee expense reimbursements.
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop

Secondary Account #1 - Optional partial deposit for Payroll only

Bank Transit/ Routing Number: (9 digits)	Bank Name and Phone #
Account Number:	Dollar Amount to be Deposited:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount

Secondary Account #2 - Optional partial deposit for Payroll only

Bank Transit/ Routing Number: (9 digits)	Bank Name and Phone #
Account Number:	Dollar Amount to be Deposited:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount

I hereby authorize the University to initiate direct deposit into the account(s) and financial institution(s) listed above. Payroll direct deposits and direct deposits of employee expense reimbursements will be made to the accounts listed above until I choose to terminate or change this agreement by submission of a new Direct Deposit Authorization form.

Should funds be erroneously deposited into my account(s), I authorize the University to debit my account for an amount not to exceed the amount of the credit.

I further authorize the University to provide me with an electronic pay statement and I understand that I will be notified by e-mail to my official University e-mail address for any employee expense reimbursements made to my primary account.

Employee Signature: _____ Date: _____ Phone: _____

Drexel Payroll Facts

PAYROLL OFFICE INFORMATION

3201 Arch St, Suite 400 / Monday - Friday 8:00am-5:00pm

www.drexel.edu/depts/compt/payroll/index.html

215.895.2885 (t) / 215.895.1615 (f)

Cycle	Employee Type	Period Begins	Period Ends	Timesheet Due to Payroll	Pay Day
Weekly	Union	Sunday	Saturday	Every Monday by 12:00 noon	Every Thursday
Bi-weekly	Students & Non-exempt Admin	See schedule: http://www.drexel.edu/depts/compt/payroll/DUCOM2011.html	See schedule: http://www.drexel.edu/depts/compt/payroll/DUCOM2011.html	Last day of period	Every Other Friday
Monthly	Faculty & Exempt Admin	First Day of Month	Last Day of Month	10th of Month by 12:00 noon	Last Working Day of Month

CHECK DISTRIBUTION

	Direct Deposit*	Live Check
Bi-weekly	Deposited in account(s) as assigned by employee	Distributed through the Bursar's Office (Main Building, First Floor)
Monthly	Deposited in account(s) as assigned by employee	Distributed through the Bursar's Office (Main Building, First Floor)

* Full amount of net pay must be deposited between your accounts. Direct Deposit takes effect on the second pay cycle after your form is processed. Notify Payroll immediately if you change or close direct deposit account(s).

TAX CHANGES

Federal	Non-Resident Aliens must go to the Tax Office to set up their withholding with a completed International Student/Employee notification sheet. US Citizens and Resident Aliens submit a W-4 form. <i>Note: Non-Resident Aliens employed by the University must have a social security number.</i>
State & Local	Changes made automatically based upon your home address.
W-2 Forms	If you elect to receive your W-2 electronically, it will be available through DrexelOne by January 31st. If you have not elected to receive your W-2 electronically, it will be mailed to your home address by January 31st.

Your home address must be kept up-to-date to guarantee proper tax withholding and delivery of all payroll materials.

Applicant requests and authorizes The Academy of Natural Sciences of Drexel University and/or Compliance Concepts, Inc. (CCI) to conduct a Sanction Check. I authorize The Academy of Natural Sciences of Drexel University to use the information it obtains to evaluate my application for employment and, if I am hired, to evaluate my qualifications as an employee.

Applicant further acknowledges that he/she (i) has never been excluded, suspended, debarred or otherwise deemed ineligible to participate in any and all Federal procurement programs; and (ii) hereby authorizes the The Academy of Natural Sciences of Drexel University to review, on an ongoing basis while an employee of the Academy, pertinent government databases to ensure the eligibility status of employee as required by relevant governmental regulations or to comply with applicable contractual requirements.

PLEASE COMPLETE SECTION BELOW

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[illegible][illegible][illegible][illegible][illegible]

THIS FORM IS MANDATORY AND MUST BE COMPLETED

Guidelines for Occupational Health Services

Please complete and fax to Safety & Health at (215) 895-5926 (Fax)

form revised 11/2016

(PLEASE PRINT)

Employee Name <input style="width: 90%;" type="text"/>	Date of Hire <input style="width: 90%;" type="text"/>
Department <input style="width: 90%;" type="text"/>	Supervisor/Contact <input style="width: 90%;" type="text"/>
Position/Title <input style="width: 90%;" type="text"/>	Phone <input style="width: 90%;" type="text"/>
Phone <input style="width: 90%;" type="text"/>	Recruiter Name <input style="width: 90%;" type="text"/>
University ID # <input style="width: 90%;" type="text"/>	Have you ever been employed by Drexel University or Drexel University College of Medicine or an associated Hospital (HUH)?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Check All Appropriate Categories:

(You are required to obtain health screening services, if applicable, in order to continue in your position with DU or DUCOM. This screening must be done within ten (10) days of your date of hire.)

- ☐ **Research Activity 1** (Do not work with animals, human subjects / human blood or bodily fluids or exotic etiologic agents)
- ☐ **Research Activity 2** (Work with human blood, bodily fluids, tissues or cell lines)
- ☐ **Research Activity 3** (Work with human subjects/patients)
- ☐ **Research Activity 4** (Work with potentially pathogenic botanical agents)
- ☐ **Research Activity 5** (Work with animals)
- ☐ **Research Activity 6** (Work with biological agents known to be infectious, animals exposed to infectious / exotic agents or human subjects/patients, blood or bodily fluids known to be exposed to or contain / carry infectious / exotic agents) List known agents below and have your Department Head / Supervisor sign and fax to Safety & Health at (215) 895-5926.
- ☐ **Research Activity 7** (work with anesthetic gasses or chemical agents known to be carcinogenic, teratogenic or mutagenic) List known agents below.
- ☐ **Clinical Activity 1** (Direct contact with human subjects/patients)
- ☐ **Clinical Activity 2** (Work with non-fixed human cadavers or tissues, human blood or bodily fluids or Work in a clinical setting, hospital or provider office)
- ☐ **Clinical Activity 3** (Work with anesthetic gasses)
- ☐ **Administrative 1** (Located within a clinical setting, hospital or provider office where human subjects / patients are present)
- ☐ **Administrative 2** (Located within a hospital building, but in an area where no patients are present)
- ☐ **Administrative 3** (located in a separate, non-hospital building where no patients or human subjects are present)
- ☐ **Other (please describe)**

Have you ever worked in a research or health care facility? ☐ YES ☐ NO

If you checked one of the following categories, (**Research Activity 2, 3, 6, 7; Clinical Activity 1, 2; Administrative 1**), please submit dates and documentation of all vaccines you have received:

Employee Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
Supervisor Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>

New Jersey Residents

If you are a resident of New Jersey, you may claim exemption from Pennsylvania Personal Income Tax withholding by completing the attached form Employee's Statement of Non-Residence in Pennsylvania and Authorization to Withhold Other State's Income Tax (**Form REV-419 EX**).

Generally, The Academy of Natural Sciences of Drexel University will not withhold New Jersey income tax from your paychecks, since the credit for income taxes paid for Philadelphia city wage tax, will offset any New Jersey tax liability on your earnings from The Academy. However, if you have income from other sources in New Jersey, you may still have a tax liability. If you still wish to have New Jersey income tax withheld from your pay, you must complete a Form NJ-W4 (which can be found at <http://www.state.nj.us/treasury/taxation/pdf/current/njw4.pdf>).

REV-419 EX
Employee's Nonwithholding
Application Certificate

(05-10)

20

PA DEPARTMENT OF REVENUE

Purpose. Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.

Note: Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to refile this application every year.

Who is Eligible for Nonwithholding? You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax the preceding tax year and/or you anticipate that you will incur no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, the Servicemember Civil Relief Act (SCRA) or as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state.

When to Claim? File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate REV-419 with each employer.

Responsibilities of Employee. You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer. Claimants who qualify for complete Tax Forgiveness under section 304 of the Tax Reform Code must file a PA-40, Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if they are eligible for nonwithholding.

Under the SCRA, as amended by the Military Spouses Residency Relief Act, you may be exempt from PA personal income tax on your wages if (i) your spouse is a member of the armed forces present in PA in compliance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain the same domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse's current military orders to form REV-419.

Responsibilities of Employer. If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state's tax.

Retain Form REV-419 with your records. You are required to submit a copy of this certificate

OFFICIAL USE ONLY

and accompanying attachments to the PA DEPARTMENT OF REVENUE, BUREAU OF BUSINESS TRUST FUND TAXES, PO BOX 280904, HARRISBURG, PA 17128-0904, when:

1. you have reason to believe this certificate is incorrect;
2. the PA taxable gross compensation of any employee who claimed either exemption from nonwithholding a or b below exceeds \$1,625 for any quarter;
3. the employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee's state of residence; or
4. the employee claims an exemption from withholding under the SCRA as amended by the Military Spouses Residency Relief Act.

Department's Responsibility. Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Please print or type. A fill-in form may be obtained from www.revenue.state.pa.us.

Employee name: first, middle initial, last	Social Security Number	Telephone Number
Street Address City, State, ZIP	Tax Year (not necessary if checking Box c below)	

I claim exception from withholding because I do not expect to owe Pennsylvania personal income tax due to the reason(s) checked below:

- ☐ a. Last year I qualified for Tax Forgiveness of my PA personal income tax liability and had a right to a full refund of all income tax withheld.
- ☐ b. This year I expect to qualify for Tax Forgiveness of my PA personal income tax liability and expect to have a right to a full refund of all income tax withheld.
- ☐ c. I declare I am a resident of the reciprocal state checked below:
☐ INDIANA ☐ MARYLAND ☐ NEW JERSEY ☐ OHIO ☐ VIRGINIA ☐ WEST VIRGINIA
 and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.
- ☐ d. I certify I am a legal resident of the state of _____ and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature	Date
Employer Name	Federal Employer Identification Number
Business Address	Telephone Number
City, State, ZIP	
Employer's Signature	Employee's Quarterly Compensation (not required for applicants checking Box c or d above) \$

Policy Acknowledgement

Acknowledgement of Responsibility to Read and Comply with all Academy Policies including Conflict of Interest and Commitment, Confidentiality, and Code of Conduct.

This is to acknowledge that I have been advised of the web-based The Academy of Natural Sciences of Drexel University Human Resources Policies and Procedures, which can be accessed at www.drexel.edu/hr/policies/index.html. I understand that this section outlines my privileges and obligations as an employee of The Academy of Natural Sciences of Drexel University. I further understand that I am governed by the contents of the Policies and Procedures and that it is my responsibility to familiarize myself with all the information in the Policies and Procedures section of the website.

I further understand that as a member of the Drexel University community, it is my obligation to read, comply with, and act in accordance to the principles and standards as stated in the Conflict of Interest and Commitment Policy (<http://www.drexel.edu/generalcounsel/drexelpolicies/OGC-1/>), the Confidentiality Policy (<http://www.drexel.edu/hr/resources/policies/dupolicies/hr50/>), and the Code of Conduct (<http://www.drexel.edu/generalcounsel/drexelpolicies/OGC-5/>).

Since information, policies and benefits described in the Policies and Procedures are subject to change, I understand and agree that such changes can be made by the Academy in its sole and absolute discretion, and I agree to observe those changes in all respects.

If I have any questions about any of the material in the Policies and Procedures, I will direct my questions to my supervisor and/or the Human Resources Department.

Employee Name

Date

Employee Signature

Department

Acknowledgement of DrexelOne Portal for Employee Services

Upon being granted access to the DrexelOne Portal (<http://one.drexel.edu>), I acknowledge that I may obtain my personnel and payroll information. Human Resources has informed me of this valuable option.

The DrexelOne Portal contains specific real-time facts and figures for your student and/or employee records. By signing below, you certify that you have been made aware of the Employee Services section within DrexelOne.

Information available online through the DrexelOne Portal for each active employee includes:

- Benefits and Deductions
- Payroll Information (history included)
- Tax Forms
- Current and Past Jobs
- Time Reporting and Leave Balances
- Timesheet/Leave Report

Employee Name

Date

Employee Signature

Department

Compliance Hotline

The Academy of Natural Sciences of Drexel University is committed to conducting its affairs in full compliance with the law and its own policies and procedures. Such adherence strengthens and promotes ethical and fair practices and treatment of all members of the Academy and those who conduct business with it.

While we have developed and implemented internal controls and procedures that we hope will deter and prevent improper conduct, there is an easy and confidential way for members of the Academy community to bring instances of suspected improper conduct to the attention of someone who can be counted upon to investigate the problem promptly and fairly, without any fear of retaliation.

The following hotlines may be used to report any improper conduct to the Academy's Chief Compliance Officers:

The Academy of Natural Sciences of Drexel University: 866.358.1010 or https://secure.ethicspoint.com/domain/en/report_custom.asp?clientid=14030

This hotline was created at the specific direction of the Board of Trustees. Every report is kept completely confidential. No information likely to reveal your identity will be shared with anyone else without your permission. Reporters will be completely protected from retaliation for having made good faith reports. The Chief Compliance Officer is required to report quarterly to the Audit Committee of the Board of Trustees on all matters reported to the hotline and the actions taken in response.

If you are aware of any conduct--act or omission--which you think violates Academy policy, rule or regulation, you are encouraged to report them to your supervisor or teacher, your Department Head, your Dean, or a Vice President; or to use the hotline. We owe it to ourselves to make this the best place it can be.

Questions about the hotlines may be addressed to the Vice President and Chief Compliance, Privacy and Internal Audit Officer. Visit drexel.edu/cpo/about/contact/ for more information.

The Academy policy governing the hotline may be found at: www.drexel.edu/generalcounsel/drexelpolicies/OGC-7/

Office of Equality and Diversity

Welcome to the Drexel University community.

Drexel is committed to providing to all qualified individuals equal employment opportunity and a welcoming, inclusive, respectful, engaging, and diverse work environment free from unlawful discrimination. The University specifically prohibits discrimination based on race, color, ~~religion, national origin,~~ gender, pregnancy, sexual orientation, gender identity and expression, age, disability, veteran status, and any other prohibited characteristic.

Information about the University's nondiscrimination policies and applicable federal, state, and local laws can be found on the Office of Equality and Diversity's website at <http://www.drexel.edu/oed>.

The University's WIRED Guide is intended as a resource for ~~supporting our welcoming, inclusive,~~ respectful, engaging, and diverse (WIRED) community and for preparing our students to be leaders in the workforces of the future. The WIRED Guide includes links to University resources and tips for best practices for understanding and respecting difference and creating a WIRED community that supports all members of our diverse and global community. Please take a moment to review this Guide at <http://www.drexel.edu/diversity/>.

For more information about diversity and inclusion initiatives at Drexel, or if you have any questions or concerns related to equal opportunity, discrimination, harassment, or retaliation, please contact the Office of Equality and Diversity at (215) 895-1405 or by e-mail at oed@drexel.edu.

I hereby acknowledge receipt of the "Office of Equality and Diversity" form.

Employee Signature

Date

Workers' Compensation Information

The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: 1171 South Cameron St, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania: 800.482.2383; telephone number outside of this Commonwealth: 717.772.4447; TTY: 800.362.4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.

I hereby acknowledge receipt of the "WORKERS' COMPENSATION INFORMATION" form.

Employee Signature _____

Date _____

Notice to Employee and Employee Acknowledgement of Rights and Responsibilities (Work Related Injuries)

1. If you suffer a work-related injury or illness, your employer or its workers' compensation insurance company must pay for surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, which are reasonable, necessary and related to the work-related injury.
2. Your employer has posted in the departments of Human Resources and Risk Management at least six designated health care providers. In order to ensure that your reasonable and necessary medical treatment and supplies will be paid for by your employer or its workers' compensation insurance company during the first ninety (90) days of treatment, you must select and visit one of the listed health care providers, and continue to visit that health care provider or another of the listed health care providers for a period of ninety (90) days from the date of the first visit. As required by law, this list will include no more than four coordinated care organizations (as approved by the state), and no fewer than three physicians. You are permitted to switch from one health care provider on the list to another health care provider on the list during the ninety (90) day period.
3. The employer is not permitted to include on this list a physician or health care provider who is employed, owned or controlled by your employer or its workers' compensation carrier unless that employment, ownership or control is disclosed on the list.
4. You have the right to seek treatment from a provider not appearing on the list (referral provider) if you are referred to such provider by one of the designated providers appearing on the list. Your employer shall pay for the reasonable and necessary treatment rendered by the referral provider for the work-related injury.
5. You have the right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be rendered by a designated provider for the remainder of the ninety (90) day period.
6. If one of the designated providers prescribes or recommends invasive surgery, you may seek and receive an additional opinion from any health care provider of your own choice. The charge for this consultation will be paid by your employer. If the additional opinion differs from the opinion provided by the designated provider, you may choose which course of treatment to follow: provided, however, that the second opinion includes a specific and detailed course of treatment. If you choose to follow the procedures designated in the additional or second opinion, such procedures shall be performed by one of the designated providers for a period of ninety (90) days from the date of your visit to the physician rendering the second or additional opinion.
7. With regard to all other treatment (i.e., that not involving invasive surgery), you have the right to seek treatment or medical consultation from a non-designated provider during the ninety (90) day period, but such services shall be at your own expense during the applicable period of ninety (90) days.
8. Following the first ninety (90) days of treatment with the designated physician or other health care provider, subsequent treatment may be provided by any health care provider of your own choice. You must notify your employer that your care has been transferred to a non-designated provider within five (5) days of your first visit to the non-designated provider of your choice. Your employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable by a Utilization Review Organization, under Subchapter C (relating to medical treatment review).

I hereby acknowledge that I have received this notice, and that I understand my rights and responsibilities as set forth herein.

Employee Name

Employee Signature

Date

The Academy of Natural Sciences

Panel of Providers

THE FOLLOWING PROCEDURE MUST BE FOLLOWED IN CASE OF WORK RELATED INJURY OR ILLNESS:

A. IMMEDIATELY REPORT THE INJURY TO YOUR SUPERVISOR.

Any injury you sustain at work must be reported immediately to your supervisor. **Failure to do so may delay your benefits or cause you to lose your rights to benefits.**

B. OBTAIN MEDICAL CARE FROM A MEDICAL HEALTH CARE PROVIDER LISTED BELOW.

Physician/ Specialty	Address/ Phone	
WORKNET Occupational Medicine Francis X. Burke, M.D. - Medical Director Brian Birkmire, PA Treatment types: ALL non life-threatening injuries	219 N. Broad Street, 1st Floor Philadelphia, PA 19107-1511 P: 215-762-8525 F: 215-762-1448 Hours: 8:00 am to 5:00 pm	<i>Free Transportation/ Hospital Accessibility</i>
Chiropractor Jeff Sklar, ACA	325 Cherry Street Philadelphia, PA 19106 P: 215.627.6279	
General Surgery Constantinos Pavlides, M.D	245 North Broad Street, Suite 400 Philadelphia, Pa. 19107 P: 215.568.1015	
Hand Specialist David. Zelouf, M.D.	834 Chestnut Street Philadelphia, PA 19107 P: 215.521.3000	<i>Philadelphia Hand Center</i>
Ophthalmology Myron Yanoff, M.D., Yelena Doych, M.D., Prathima Thumma, M.D.	219 Broad Street, 3 rd Floor Philadelphia, PA 19107 P: 215.762.3937	<i>Drexel Eye Physicians</i>
Orthopedics James Tom, M.D., Frederic Kleinbart, M.D., Jay Zampini, M.D.	216 N. Broad Street Feinstein Building, 2 nd Floor Philadelphia, PA 19102 P: 215.762.2663	<i>University Orthopedic Institute</i>
Orthopedics/Neurosurgery/Hand Specialty Peter Deluca, M.D.; Mark Lazarus, M.D.; Paul Marchetto, M.D.; Nicholas Taweel, D.P.M., P.T.; Greg Anderson, M.D.	925 Chestnut St, 5 th Floor Philadelphia, PA 19107 P: 215.955.3458	<i>Group Name: Rothman Institute</i>
Neurology I. Howard Levin, M.D., Richard Katz, M.D., Richard Bennett, M.D.	405 Klein Bldg. 5401 Old York Road Philadelphia, PA 19141 P: 800.789.7366	
Neurosurgery Francis Kralick, D.O., Joseph Queenan, M.D.	231 N. Broad Street, 1 st Floor Philadelphia, PA 19107 P: 215.762.3131	<i>Hahnemann Neurosurgery</i>
Physical Therapy Kevin Gard, PT, DPT, OCS, Robert Maschi, PT, DPT, OCS Noel Goodstadt, PT, DPT, OCS, Sarah Wenger, PT, DPT, OCS	Drexel University Physical Therapy 3 Parkway Building 1601 Cherry Street Philadelphia, Pa 19102 P: 215.553.7012	<i>Drexel University Physical Therapy</i>
Physical Therapy Michael Marchessani, PT	One Reed Street Philadelphia, PA 19147 P: 215.467.5800	<i>Free transportation available to appointments</i>

C. MEDICAL EMERGENCY:

If you are faced with a medical emergency, **you may secure initial emergency treatment from any emergency facility.** However, any follow-up care to the emergency treatment must be with a designated health care provider.

D. FOR MEDICAL TREATMENT TO BE PAID BY YOUR EMPLOYER:

- You must select one of the providers listed above** . If you choose to seek treatment from a provider not listed above within the first ninety (90) days of treatment **you will be held responsible for costs incurred.**
- You must continue** to visit one of the providers listed above or any specialist to which that provider refers you, if you need treatment, for **ninety (90) days from the date of your first visit.** This requirement is in conformance with the Pennsylvania Workers' Compensation Act, Section 306 (F) (1) (i).
- After Ninety (90) days,** if you still need treatment, you may continue with the same provider or you may choose to go to another provider for treatment. **If you decide to go to another provider, you must notify your employer of this action within five (5) days of your visit.**
- In the event a posted panel physician recommends invasive surgery, you may seek a second opinion with a physician of your choice. If you choose to undergo the invasive surgery, you must use a posted physician for the treatment.