Uniform Agreement

I understand I am being issued a CRS uniform to wear while working and that this uniform is being provided to me free of charge. If I resign or I am terminated from my positions within 30 calendar days of my uniform issue date, my signature below authorizes CRS to bill my student account for the cost of my uniform ($40.00).

________________________________   ______________________________
Signature                            Uniform Issue Date & Work Group Area

________________________________   ______________________________
Printed Name               Student ID Number

Paycheck Agreement

I understand that as a Campus Recreation Service employee I will be paid every two weeks and that I have two options for receiving payment: state-generated payroll check and direct deposit. If I choose the state-generated check option I understand that if I do not pick up my check after three pay-periods (6 weeks), the check will be mailed to the address listed on the check (address from completed W-4) and I will be charged $10 service fee (for mailing the check via certified mail and staff time). If I choose the direct deposit payment method, I understand that if I do not pick up my “Direct deposit Advice” (paycheck stub) after three pay periods (6 weeks) it will be destroyed, and a duplicate “Advice” is not available. My signature below signifies my understanding of this policy.

Students are strongly encouraged to sign-up/enroll for direct deposit.

____________________________________                           ______________________________
Signature                                                                                   Date

____________________________________                           ______________________________
Printed Name                                                                            Student ID number
Student Employment Personnel Data Form

<table>
<thead>
<tr>
<th>Name</th>
<th>University Student ID Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earl Cabellon</td>
<td>123-45-6789</td>
<td>12.4.1979</td>
</tr>
</tbody>
</table>

Preferred Name: Earlbert

<table>
<thead>
<tr>
<th>Campus Local Address</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1115 Eppley Recreation Center</td>
<td>College Park</td>
<td>MD</td>
<td>20742</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Campus/ Local Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(301) - 226 - 4410</td>
<td><a href="mailto:ecabell@umd.edu">ecabell@umd.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizenship</th>
<th>Applies to Non-resident Aliens Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Citizen</td>
<td>Citizenship Country:</td>
</tr>
<tr>
<td>Lawful Permanent Resident</td>
<td>Visa Type:</td>
</tr>
<tr>
<td>Non- Resident Alien</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity (optional)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td></td>
<td>Black/African American</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>James Cecil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Hired</td>
<td>North Campus Facility Staff</td>
</tr>
<tr>
<td>Pay-codes</td>
<td></td>
</tr>
</tbody>
</table>
Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabellon</td>
<td>Earl</td>
<td>T</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1115 Eppley Recreation Center</td>
<td></td>
<td>College Park</td>
<td>MD</td>
<td>20723</td>
</tr>
</tbody>
</table>

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | E-mail Address | Telephone Number |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12.4.1979</td>
<td>123-45-6789</td>
<td><a href="mailto:ecabell@umd.edu">ecabell@umd.edu</a></td>
<td>301-226-4410</td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [] A lawful permanent resident (Alien Registration Number/USCIS Number): ____________________________
- [] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) __________________ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number: 1

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: 3

Country of Issuance: 4

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ____________________________ Date (mm/dd/yyyy): 1.1.14

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: ____________________________ Date (mm/dd/yyyy): ____________________________
Section 1 - Employee Information

Payroll System (check one)  
RG □ CT □ UM X

Name of Employing Agency
University of Maryland

Agency Number  
360222

Social Security Number  
123-45-6789

Employee Name  
Earl Cabellon

Home Address (number and street or rural route)  
1115 Eppley Recreation Center

City  
College Park

State  
MD

Zip Code  
20742

Section 2 - Federal Withholding Form W-4

3 Single ☐ Married ☐ Married, but withhold at higher Single Rate ☐

Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ☐

5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)

6 $  

7 I claim exemption from withholding for 2010, and I certify that I meet

5 of the following conditions for exemption.

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

b. 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…………………………………………………

Section 3 - Maryland Withholding Form MW 507

Withhold at Single Rate ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐ Married, but withhold at Single Rate ☐

1. Total number of exemptions you are claiming from Maryland worksheet 1. _______________________________

2. Additional withholding per pay period under agreement with employer 2. _______________________________

3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.

a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld.

AND

b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement).

If both a and b apply, enter year applicable 2013 (year effective) Enter “EXEMPT” here 3. Exempt

4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.

☐ Pennsylvania (indicate township/borough under Address Continued in section 1 above.) ☐ Virginia

I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2 of the worksheet Enter “EXEMPT” here 4. _______________________________

5. I certify that I am a legal resident of the state of _______ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter “EXEMPT” here 5. _______________________________

Section 4 - Employee Signature

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. I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3, 4 or 5, whichever applies.

Employee's signature  
______________________________

Date 1.1.14

Employer’s name and address (including zip code) - For employer use only

Central Payroll Bureau  
P.O. Box 2396  
Annapolis, MD 21404

Federal Employer identification number  
52-6002033  
(For State of Maryland - CPB use only)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

Web Site - http://compnet.comp.state.md.us/cpb
Earl Cabellon

123-45-6789
STATE OF MARYLAND
PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one)  [ ] Regular  [ ] Contract  [X] University of Maryland

Social Security Number
1 2 3 4 5 6 7 8 9

Agency Code
3 6 0 2 2 2

Employee’s Name (please print)
Earl Cabellon

Agency Name (please print)
UMCP - ERC

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

☐ 1. Initiate Deposit directly to my checking/savings account
   (Will take at least two pay periods to allow for pre-note process.)

☐ 2. Change account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
   Do not close account until payroll check is issued.

☐ 3. Discontinue direct deposit into my checking/savings and issue a payroll check instead.
   Do not close account until payroll check is issued.

Bank Name:
Capital One

Account Type: (Must Check One)
☐ Checking  ☐ Savings

If not marked this form will be returned

Bank Number
1 2 2 3 4 5 6 7 8

Checking/Savings Account Number
1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9

IAT requirement  ☐ Check box if your full net pay is subsequently transferred to a foreign bank.

CPB Use Only

Effective PPE:

Processed by:

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

1.1.14  301-226-4410

Date  Employee signature  Daytime phone number

Instructions:
• Only one account is permitted for direct deposit. You can choose either checking or savings not both.
• Type or print only (except signature).
• Use black ink only.
• Complete all blocked areas in the top part of form except for the section “CPB use only.”
• Read authorization and sign the completed form. Unsigned or incomplete forms will be returned.
• Deposit amount will be full net amount of pay into either your checking/savings account...
• If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
• Do not send a voided blank check.
• Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.