

# TEMPORARY HOURLY EMPLOYMENT APPLICATION

Please complete this form and return it to Human Resources, 1090 James H. Zumberge Hall, 1 Campus Drive, Allendale, MI or fax to 616-331-3216

Date: \_\_\_\_\_

G#: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Legal Name: \_\_\_\_\_

Current Address: Last First Middle Maiden (If Applicable)

No. Street City State Zip

Telephone: Home: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Mobile: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

In Emergency, contact: \_\_\_\_\_ Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Please list any relatives employed by GVSU:

Name & Relationship \_\_\_\_\_

## Voluntary Demographic Questions:

Gender: ☐ Male ☐ Female

**Circle All That Apply:** American Indian or Alaska Native Asian Black or African American  
Native Hawaiian or Other Pacific Islander White

Are you Hispanic or Latino: \_\_\_\_ Yes \_\_\_\_ No

Michigan and federal law require that you notify Grand Valley State University after you know or should have known that a job accommodation was needed. Failure to properly notify Grand Valley State University will preclude any claim that the employer failed to accommodate the employee.

I give my consent for a criminal history check: \_\_\_\_ Yes

Have you ever been convicted of a felony? \_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

Do you have previous addresses for the past 7 years? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list below:

1. Previous Address:

No. Street City State

Length of Residence: \_\_\_\_\_

2. Previous Address:

No.	Street	City	State
Length of Residence: _____			

If there are more previous addresses, please write them at the end of this document.

Grand Valley State University is an affirmative action/equal opportunity institution. It encourages diversity and provides equal opportunity in education, employment, all of its programs, and the use of its facilities. It is committed to protecting the constitutional and statutory civil rights of persons connected with the university. Unlawful acts of discrimination or harassment by members of the campus community are prohibited. In addition, even if not illegal, acts are prohibited if they harass or discriminate against any university community member(s) through inappropriate limitation of access to, or participation in, educational, employment, athletic, social, cultural, or other university activities on the basis of age, color, disability, familial status, height, marital status, national origin, political affiliation, race, religion, sex/gender, sexual orientation (gender identity and expression), veteran status, or weight. Limitations are lawful if they are: directly related to a legitimate university purpose, required by law, lawfully required by a grant of contract between the university and the state or federal government, or addressing domestic partner benefits. Michigan and federal law requires that you notify Grand Valley State University after you know or should have known that a job accommodation was needed. Failure to properly notify Grand Valley State University will preclude any claim that the employer failed to accommodate the employee.

In submitting this application I understand that: (1) Any falsification, misrepresentation, misleading statements, or omissions of fact, either on this application or during the pre-hire process constitutes grounds for rejection or dismissal. (2) I authorize my employer and former employers, schools, or persons named to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said employers, schools, or persons and Grand Valley State University from all liability for any damage for issuing or receiving this information. (3) Employment is contingent upon meeting the requirements imposed by the Immigration Reform and Control Act of 1986, which requires a completed Form I-9, Employment Eligibility Verification, verifying identity and work eligibility on persons hired. (4) Employment appointments are subject to the applicable probationary period, University Policies and/or collective bargaining contracts, and University rules as amended IURP time to time.

I agree that if I am employed by Grand Valley State University that in partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the event complained of and agree to waive any statute of limitations to the contrary.

I understand that as part of the employment screening process, Grand Valley State University may obtain a criminal history report of any felony convictions. I further understand that my appointment to an employment position at Grand Valley State University is not final until the University is satisfied with the criminal conviction information received, and other University requirements are satisfied. I understand that if I am separated from my employment with Grand Valley State University for a period of greater than 12 months, the University reserves the right to repeat these background checks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GVSU is committed to assisting all members of the university community in providing for their own safety and security. The Annual Security and Fire Report is available on the Grand Valley Policy Department website at [www.gvsu.edu/gvpd/](http://www.gvsu.edu/gvpd/). If you would like to receive a hard copy of the Annual Security and Fire Report you can stop by the Service Building or you can request that a copy be mailed to you by calling (616)331-3255. The website and booklet contain information regarding campus security and personal safety including topics such as: crime prevention, fire safety, university police law enforcement authority, crime reporting policies, disciplinary procedures and other matters of importance related to security and safety on campus. They also contain information about crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; In certain off-campus buildings or property owned or controlled by GVSU; and on public property within or immediately adjacent to and accessible from the campus. This information is required by law and is provided by the Grand Valley Policy Department.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact The Benefits Office at Grand Valley State University at 616-331-2220 or by email at [healthandwellness@gvsu.edu](mailto:healthandwellness@gvsu.edu)

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

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Grand Valley State University</b>		4. Employer Identification Number (EIN) <b>38-1684280</b>	
5. Employer address <b>1090 James H. Zumberge Hall, 1 Campus Dr.</b>		6. Employer phone number <b>616-331-2215</b>	
7. City <b>Allendale</b>	8. State <b>MI</b>	9. ZIP code <b>49401</b>	
10. Who can we contact about employee health coverage at this job? <b>Health and Wellness, Benefits Office</b>			
11. Phone number (if different from above) <b>616-331-2220</b>		12. Email address <b>healthandwellness@gvsu.edu</b>	

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

- As your employer, we offer a health plan to:
  - ☐ All employees.
  - ☒ Some employees. Eligible employees are:
    - o Faculty (includes Tenure Track, Visiting & part-time Visiting, Affiliate & Part-time Affiliate and Librarians)
    - o Clerical Office and Technical Staff (includes full-time, part-time, confidential and part-time confidential)
    - o Executive and Administrative Professional Staff (includes full-time, part-time, Academic Year, Coaches, twelve month Adjunct AP)
    - o Maintenance Grounds and Services Staff (including part-time)
    - o Public Safety
- Non-Eligible employees are:
  - o Part-time Instructor
  - o Senior Part-time Instructor
  - o Less than 12 Month Adjunct Administrative Professional
  - o Limited Part-time Clerical Office and Technical Staff
  - o Temporary Staff
  - o Students
  - o Graduate Assistants
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    - o Spouse or a Household Member
    - o Children
    - o Step-Children
    - o Children of Household Member

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See Instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See Instructions)</i>  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. <i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>
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I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page







**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## 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.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
For persons under age 18 who are unable to present a document listed above:				
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		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 the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



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## IMPORTANT TAX FORM INFORMATION

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In addition to the paperwork in this packet, we also require you to fill out the Federal, Michigan, and City Taxes payroll forms. These forms can be found at [gvsu.edu/payroll/forms](https://gvsu.edu/payroll/forms) and send completed forms to the payroll office.

**If you have any questions contact payroll at:**

**Payroll Office**  
1035 James H. Zumberge Hall  
1 Campus Drive  
Allendale, Michigan 49401  
(616) 331-2237  
(616) 331-3975 (Fax)  
[payroll@gvsu.edu](mailto:payroll@gvsu.edu)



A separate form from the Accounting Office **MUST** be completed for direct deposit of travel expenses.



## Grand Valley State University Payroll Direct Deposit Authorization From

Employee Name: \_\_\_\_\_ G-Number: \_\_\_\_\_  
First M.I. Last

GVSU Department: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Employee Classification (please check one): ☐ Full Time ☐ Part Time ☐ Student ☐ Temp

### COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account ☐ Checking ☐ Savings Accountholders Name: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net ☐ Specific Dollar Amount \$ \_\_\_\_\_ .00 ☐ Remainder of net pay

Type of Account ☐ Checking ☐ Savings Accountholders Name: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net ☐ Specific Dollar Amount \$ \_\_\_\_\_ .00 ☐ Remainder of net pay

### YOUR CHECK STUB WILL BE SENT ELECTRONICALLY TO YOUR GVSU ISSUED E-MAIL ADDRESS

**For a CHECKING account:**  
Write VOID on an unused check and attach here.

**For a SAVINGS account:**  
Contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form.

John and Mary Jones 123 Main Street Anytown, MI 48888		1234
Pay to: _____ \$ _____		
VOID _____ DOLLARS		
Anytown Bank Anytown, MI 48888		
For: _____		Do Not Complete Shaded Area
I: 072412345 I: 0012300456 " 1234		
Routing Number (9 digits)	Account Number (up to 17 digits)	

\*Transit Routing Numbers are **always** 9 digits  
• Lines for more accounts are on the reverse side of this form.

**If available, please attach a voided check for each new account.**

Attaching these items are optional.

### Employee Confirmation Statement

#### IMPORTANT NOTICE ABOUT INTERNATIONAL ACH/DIRECT DEPOSIT

Due to banking regulations funds electronically deposited via Automated Clearing House (ACH) in a U.S. bank and then forwarded to a non-U.S. bank are required to include additional information. Until this additional information can be obtained, payments of this nature must be paid by paper check or will be rejected by the ACH network.

If you plan to send funds to a non-U.S. bank from one of the accounts that you use for Direct Deposit then you may send a check (not ACH). If you do use ACH to send funds to a non-U.S. bank the bank may reject your ACH and return the funds to GVSU. Grand Valley State University is not responsible for international ACH transactions that are rejected and/or delayed due to missing information.

Check here if you plan to forward your ACH to a non-US bank: ☐

I authorize Grand Valley State University and the financial institutions as signatory owner of the account(s) listed on this form to deposit my pay automatically to the accounts indicated (and only those accounts) each payday. Adjusting entries to correct errors are also authorized. ***This authority replaces any previous direct deposit authorization*** and will remain in effect until I have canceled it in writing.

 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Note: Digital or Electronic Signatures are not acceptable.\*\***

#### FOR GVSU OFFICE USE ONLY

I confirm that the above named employee has added or changed a bank account for direct deposit transaction processed by Grand Valley State University. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the employee.

GVSU Payroll Representative \_\_\_\_\_ Date \_\_\_\_\_

GVSU Payroll Representative \_\_\_\_\_ Date \_\_\_\_\_

☐ ID ☐ OB ☐ Forms ☐ Call ☐ VM ☐ EE Confirmed \_\_\_\_\_

**COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY**Type of Account   ☐ Checking   ☐ Savings

Accountholders Name:

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net   ☐ Specific Dollar Amount \$\_\_\_\_\_.00   ☐ Remainder of net payType of Account   ☐ Checking   ☐ Savings

Accountholders Name:

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net   ☐ Specific Dollar Amount \$\_\_\_\_\_.00   ☐ Remainder of net payType of Account   ☐ Checking   ☐ Savings

Accountholders Name:

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net   ☐ Specific Dollar Amount \$\_\_\_\_\_.00   ☐ Remainder of net payType of Account   ☐ Checking   ☐ Savings

Accountholders Name:

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net   ☐ Specific Dollar Amount \$\_\_\_\_\_.00   ☐ Remainder of net payType of Account   ☐ Checking   ☐ Savings

Accountholders Name:

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net   ☐ Specific Dollar Amount \$\_\_\_\_\_.00   ☐ Remainder of net payType of Account   ☐ Checking   ☐ Savings

Accountholders Name:

Routing/Transit Number: \_\_\_\_\_

Checking/Savings Account Number\*\* \_\_\_\_\_

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one): ☐ \_\_\_\_\_ % of Net   ☐ Specific Dollar Amount \$\_\_\_\_\_.00   ☐ Remainder of net pay

## Notice Regarding Elective Deferrals to 403(b) Plan



**To: All Employees**

**Re: Notice Regarding Eligibility to Make Elective Deferrals to Our 403(b) Plan**

This is to notify you that if you are an eligible employee of Grand Valley State University, you may elect to make an elective deferral from your salary to the Grand Valley State University 403(b) Retirement Plan (the "Plan"). You may also make after-tax Roth contributions to the Plan.

All employees are eligible to make elective deferrals to the Plan except student-employees who are working in a job that is not covered by Social Security, leased employees working at the University through a temporary service and certain non-resident aliens. To receive a University Contribution under the Plan, however, you must meet additional eligibility requirements specified in the Plan document.

You can enroll in the Plan at any time. To enroll you must complete a Salary Reduction Agreement. You will also be required to complete an online enrollment process with TIAA and/or Fidelity Investments to establish your investment account or accounts under the Plan. Salary Reduction Agreements can be completed online via the Anytime Events system. Contact the Human Resources office at (616) 331-2220 or [benefitsandwellness@gvsu.edu](mailto:benefitsandwellness@gvsu.edu) for more information. You may make, change or stop such an election to contribute as often as you wish, and it will be effective as indicated on the Salary Reduction Agreement or the next applicable payroll date after it is approved by the Plan Administrator.

Such elective contributions are subject to applicable Internal Revenue Code limits and the terms of the Plan. For 2019, the limit is \$19,000 for participants under age 50 and \$25,000 for participants who become age 50 or older during the calendar year. If you have at least 15 years of service, you may be eligible to make an additional catch-up contribution that is based on a formula that takes into account all past contributions to the Plan and your total years of service to the University. Note that you must contribute at least \$200 per year to participate in this plan. In addition, if you are making pre-tax salary deferral contributions to another 403(b), 401(k), Simple IRA, or SARSEP plan, the total you can contribute to all plans combined is the amount indicated above.

*This Notice is to provide general information regarding the Plan. You should consult with your own financial, tax, or legal advisor as to whether you should contribute to the Plan. Should there be any difference between the information in this Notice and the Plan, the terms of the Plan will control. The information in this Notice is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code or promoting, marketing or recommending to any transaction or matter addressed herein.*

# 2020 Form W-4 Highlights

The 2020 Form W-4 is designed to be easier to understand and more accurate, permitting quick adjustments for anticipated tax credits, additional income or deductions. To adjust your withholding to account for these factors, simply enter your full-year estimated amounts on the Form W-4.

1. There are three options for employees with multiple jobs or two-earner families:
  - Simplified worksheet in the W-4 instructions
  - Enhanced IRS online Withholding Estimator
  - New checkbox to automatically adjust for multiple jobs or two-earner families
2. New filing status — Head of Household
3. New adjustment entries:
  - Full-year child and dependent tax credits
  - Full-year other income
  - Full-year deductions

Also, the option remains for having an additional dollar amount withheld from each pay period, for any reason.

Before completing the 2020 Form W-4, read the instructions that are included with the form. **You must complete Steps 1 (personal info) and 5 (signature) on the form.**

Steps 2, 3, and 4 are optional, but completing them will help ensure that your federal income tax withholding more accurately matches your tax liability:

- Step 2 is for households with multiple jobs
  - Step 3 is used to claim tax credits for dependents
  - Step 4 is for other adjustments (additional income, such as interest and dividends, itemized deductions that exceed the standard deduction, and extra tax you wish to withhold)
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## Sample updated W-4 form

**Required**  
Step 1

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Certificate</b> ▶ 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.		OMB No. 1545-0074  <b>2020</b>
<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial		Last name	
	Address			
	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.)		(b) Social security number  ▶ 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .	

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 online estimator, and privacy.

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <a href="http://www.irs.gov/W4app">www.irs.gov/W4app</a> 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. <input type="checkbox"/>  <b>TIP:</b> To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.
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Note: If you use this box, each spouse should check the box on their Form W-4. But ONLY one spouse should complete lines 3 through 4(b).

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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your 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 \$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(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 ..... (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 ..... (c) Extra withholding. Enter any additional tax you want withheld each pay period .....	4(a) \$ 4(b) \$ 4(c) \$

Step 3 is NOT for claiming exemptions. Using this section will have a direct impact on your tax return and may drastically reduce your refund and/or cause you to owe the IRS. See detailed worksheet for instructions.

Lines 3, 4(a) and 4(b) are FULL-YEAR amounts. Line 4(c) is a PER-PAYROLL amount.

Line 4(b) should report deductions OVER the standard deduction amount. See the instructions.

**Required**  
Step 5

<b>Step 5:</b> <b>Sign Here</b>	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
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2020)