



CAMERON UNIVERSITY

HUMAN RESOURCES

Dear Student,

Congratulations on your employment at Cameron University! As a student employee, you are considered a part-time employee of Cameron University. All student employees are required to complete the attached packet of forms. **You will not be able to begin employment until the hiring packet is completed and all documents are received.** Please write legibly. In addition to the hiring packet, the following forms are required for employment at Cameron University:

U.S. Citizen

- Social Security Card
- Driver's License
- CU ID Card

International Student

- Foreign Passport
- I-94
- I-20
- CU ID Card
- Receipt from Social Security Office that SS Card application was made.

All payments are made through Direct Deposit. You must provide one of the following documents:

- Direct Deposit form from your bank
- Voided check
- Students with an Aggie One account can deposit money on their Aggie One Card by providing the direct deposit for their account available at www.AggieOneCard.com.

Please return the completed hiring packet and required forms of identification to the Human Resources Department. Please note that you will be asked to complete the mandatory online student employment orientation and quiz on your first day with your hiring department.

The Student Employee Pay Schedule is included in this packet. This is yours to keep.

If you have any questions, please contact Human Resources at 580-581-2245.

Brandy L. Myers-Juarez
Employment Coordinator
bmyersju@cameron.edu



2021-2022 Work-Study Pay Dates & Timesheet Due Dates

***All timesheets must be submitted and approved in Aggie Access by 5:00 P.M. on the due date to ensure timely payment.**

PAY DATES: direct deposited in account	PAY PERIOD: Begin Date	PAY PERIOD: End Date	TIMESHEET DEADLINE: submitted for approval via Aggie Access
August 12 th	July 1 st	July 31 st	Friday, July 30 th
September 10 th	August 1 st	August 31 st	Tuesday, August 31 st
October 12 th	September 1 st	September 30 th	Thursday, September 30 th
November 12 th	October 1 st	October 31 st	Friday, October 29 th
December 10 th	November 1 st	November 30 th	Tuesday, November 30 th
January 12 th	December 1 st	December 31 st	Friday, December 31 st
February 11 th	January 1 st	January 31 st	Friday, January 31 st
March 11 th	February 1 st	February 28 th	Monday, February 28 th
April 12 th	March 1 st	March 31 st	Thursday, March 31 st
May 12 th	April 1 st	April 30 th	Friday, April 29 th
June 10 th	May 1 st	May 31 st	Tuesday, May 31 st
July 12 th	June 1 st	June 30 th	Thursday, June 30 th

Please complete and turn in a [Direct Deposit Form](#) to the Human Resources Office located in the Administration Building, Room 121 if you have not already done so.

If you have questions regarding time sheets, due dates, or pay dates, please contact the Cameron Human Resources Department at 581-2245.

Cameron University

AGENCY, AUTHORITY, COMMISSION, DEPARTMENT OR INSTITUTION

#100

AGENCY NO.

2800 West Gore Blvd. Lawton, OK 73505

ADDRESS, CITY, STATE AND ZIP CODE

PRINT NAME OF OFFICER OR EMPLOYEE

LOYALTY OATH

Section 1 Article XV of the Oklahoma Constitution

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am

"An Employee of Cameron University"

(Here put name of office, or if an employee, insert "An Employee of _____" followed by the complete designation of the employing officer, agency, authority, commission, department or institution.) 51 O.S., 36.2

Affiant Sign Here

State of OKLAHOMA

County of OKLAHOMA

Signed and sworn to (or affirmed) before me on this _____ day of

_____, 20 _____ by _____.

Print name of the person taking the oath.

(SEAL)

Signature of the Notary

My Commission Expires: _____

Commission Number: _____

Employee's Withholding Certificate**2022**

- ▶ **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 2022 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)
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Oklahoma Tax Commission Employee's State Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial	Last Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town	State	ZIP Code

1. Allowance For Yourself: Enter 1 for yourself	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<u>Single</u>	<u>Married Filing Joint</u>
\$1,000 - personal exemption	\$ 2,000 - personal exemption
\$6,350 - standard deduction	\$12,700 - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".



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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

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

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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



Background Check Authorization Form

IMPORTANT: Print legibly using **BLACK** ink only. Fill out all information requested. If not applicable enter N/A. Falsification of any information on this form will void your application for employment and any actions based on it. The information on the application for employment, including any attachments, is property of Cameron University.

Last Name		First Name		MI	Maiden
Current Address		City		State	Zip
List any former names used:				Current Phone Number:	
Social Security Number:				Drivers License – State and #	
Gender <input type="radio"/> Male <input type="radio"/> Female				*Date of Birth (Month/Day/Year)	
List ALL residency information since the age of 17 – dates of residency, city, and state, beginning with your most current. Please account for the country of residency as well. If additional space is needed, please attach a separate sheet					
From (MM/YY)	TO (MM/YY)	City	State	County/Country	
Do you have any criminal convictions since age 17 or older or any deferred adjudications where the final disposition is still pending (i.e. the original charge has not been dismissed)? If yes, list year(s) of convictions(s) and nature of offense(s) and penalty(ies). If additional space is needed, attach a separate sheet. <input type="radio"/> Yes <input type="radio"/> No					
Year	Nature of Offense		Penalty		
PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE. I hereby authorize educational institutions, listed references, employees (past and present), law enforcement agencies, and any other person, agency or organization to Release to Cameron University or its representative any information or document deemed necessary to process my application for employment. I further release any individuals and organizations from liability that could arise in any manner from the act of furnishing records and information to Cameron University of its representative. It is understood and agreed that the voluntary release of this information to Cameron University is expressly for use in this employment process and will not be maintained as part of my official application for employment. I understand that this form is not a part of the application, but the hiring process is not complete without it. My signature verifies that I am the person who executed the above authorization. I understand its meaning, intent, and effects. APPLICANT SIGNATURE _____ DATE _____ *In order to verify my identity for purposes of the background investigation, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.					
HUMAN RESOURCES OR DEPARTMENT REPRESENTATIVE TO COMPLETE INFORMATION BELOW (Please fill out completely with job posting information for which the applicant is applying)					
Classified <input type="checkbox"/> Administrative/Professional <input type="checkbox"/> Faculty <input type="checkbox"/> Adjunct <input type="checkbox"/> Work-study <input type="checkbox"/>					
Position Number			Position Job Title		
Department Name			Department Phone # or Ext.		
Department Contact		Signature		Date	
Send this completed form to Cameron University Human Resources Department (Fax #581-5560 or email hr@cameron.edu)					
THIS SECTION TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT					
Authorization Form Received	Background Check Submitted	Background Check Completed		Notified Hiring Dept. with Results	
Date	Date	Date		Date	

**AUTOMATIC DEPOSIT TRANSMITTAL**

This form is to be used by State and Higher Education Employees in communicating their direct deposit information.

PS Employee ID:	<input type="text"/>	Social Security Number:	<input type="text"/>
First Name (limit to 15 characters)	<input type="text"/>	Last Name (limit to 15 characters):	<input type="text"/>
Date of Birth:	<input type="text"/>		
	MM	DD	YYYY

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employee's Direct Deposit Act, 74:292.10 to:

ADD <input type="checkbox"/>	PAYROLL – (Deposit my payroll warrant in my account as indicated below)
REMOVE <input type="checkbox"/>	PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit)
ADD/ REMOVE <input type="checkbox"/> <input type="checkbox"/>	SPENDING ACCOUNT – (HEALTH CARE, DEPENDENT CARE REIMBURSEMENT)
ADD/ REMOVE <input type="checkbox"/> <input type="checkbox"/>	TRAVEL

If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT ☐ CHECKING ☐ SAVINGS ☐ PayCard

Financial Institution Name (Your Bank):	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>

This authority is to remain in full force and effect until: **(A)** I give my employer written notice using this form (OPM-73) to terminate this direct deposit agreement. **(B)** I fail to utilize payroll direct deposit for 365 days, at which time this agreement will expire. **(C)** The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		ZIP:	<input type="text"/>
Home Telephone Number:	<input type="text"/>	Work Telephone Number:	<input type="text"/>
Email:	<input type="text"/>		
Employing Agency:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer.

If this is an initial enrollment or bank routing and/or account number change please attach a **voided check** or an **official document** from your financial institution showing the financial institution's routing number and your account number.

A signed form must be on file with the employer.
Please mail the completed form to the address below.

Paycard Option

Customer Service Phone
Number:

1-866-444-4283

ATTACH CHECK HERE

Agency, Board, Commission Name
ATTN: Direct Deposit Contact
Address
City, ST Zip



OUTSTANDING WAGES BENEFICIARY DESIGNATION

Cameron University offers its employees the option of designating a beneficiary to receive the employee's final check in the event of an employee's death while employed by the university. If you choose to name a beneficiary, you must complete the form below and submit to the Human Resources department. If you wish to change your beneficiary, you will need to complete a new Outstanding Wages Designation form. If you designate more than one person as a primary or contingent beneficiary, the payment will be divided equally among them.

Primary Beneficiary: Receives priority distribution upon the employee's death.

Contingent Beneficiary: Receives distribution *only* if the primary beneficiary is deceased at the time of the employee's death.

If an employee does not elect to name a beneficiary, the Human Resources office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, in accordance with Title 40, O.S., Section 165.3a, Payment of wages to surviving spouse and children. Please be advised that if your final check is processed without the naming of a beneficiary, your surviving spouse - or if there is no surviving spouse - your dependent children, or their guardians or the conservators of their estates, will receive in equal shares a total up to the maximum \$3,000 allowed by law. Any remaining payment would go into the estate and go through probate. Please be advised that access to the funds processed to an estate may be delayed due to the probate process.

Employee's Name: _____ **SSN:** _____ **Employee ID:** _____

BENEFICIARY: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percentage (Must equal 100%): _____			
Full Name: _____		DOB (mm/dd/yyyy): _____	
Social Security Number: _____		Phone Number: _____	
Relationship: _____		Email: _____	
Address: _____			
Street	City	State	Zip Code

****Please see the following page for additional beneficiaries and REQUIRED SIGNATURE.**

Continuation:

BENEFICIARY: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percentage (Must equal 100%) : _____			
Full Name: _____		DOB (mm/dd/yyyy): _____	
Social Security Number: _____		Phone Number: _____	
Relationship: _____		Email: _____	
Address: _____			
Street	City	State	Zip Code

BENEFICIARY: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percentage (Must equal 100%) : _____			
Full Name: _____		DOB (mm/dd/yyyy): _____	
Social Security Number: _____		Phone Number: _____	
Relationship: _____		Email: _____	
Address: _____			
Street	City	State	Zip Code

BENEFICIARY: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percentage (Must equal 100%) : _____			
Full Name: _____		DOB (mm/dd/yyyy): _____	
Social Security Number: _____		Phone Number: _____	
Relationship: _____		Email: _____	
Address: _____			
Street	City	State	Zip Code

Employee's Full Name - PLEASE PRINT

Signature

Date



Student Employee Agreement/ Statement of Confidentiality

I understand that in my position as a student worker, I may have access to, or come into contact with, confidential and private records of other students, faculty and staff. I understand that under federal law and University policy, student records are protected from disclosure to a third party. I also understand that I am not permitted to access student, faculty, or staff information unless I have a legitimate work-related reason to do so that has been clearly authorized by my supervisor. I understand that I should discuss any questions and/or concerns with my supervisor prior to accessing confidential student, faculty or staff information. I understand that unauthorized release, access or use such privileged information violates Cameron University Policy.

I agree that I will treat confidential information with the highest level of privacy, care and professionalism. I will discuss confidential information only with authorized personnel, and only for legitimate, work-required purposes. I am aware that any breach of confidentiality of this information, whether intentional or due to neglect on my part, or any abuse of my position, including but not limited to authorized access to records, disclosure of information from student records, alteration of records, and/or destruction of records or other similar acts, is considered a serious offense and may result in disciplinary actions up to and including immediate termination of employment.

I understand and agree that I am not to upload or download information to/from any University computer unless it is in the performance of my job duties and is fully authorized by my supervisor. Violation of this agreement may result in immediate termination of employment.

Student's Signature

Date signed

Printed Name

Student ID #