



Payroll Action Form

- New Employee
 Continuing Employee
 Adjunct
 Overload
 Stipend

To Be Completed by Employee

CU ID or SSN: _____ **Name:** _____ **Suffix/Salutation** _____
Last, First, Middle Jr./Sr./Mr./Mrs. etc.

Phone: _____ **Current Address:** _____
Street, City, State, Zip

Sex: Male Female **Birth Date:** _____

Citizenship:
 U.S. Citizen
 Resident Alien
 Non-Resident Alien
 # _____
 Exp. Date _____

ARE YOU an Active Member of OK Teacher's Retirement System?
 Yes No
Presently Retired from OTRS?
 Yes No
Currently a student enrolled half time or more?
 Yes No

Race:
 White
 Black
 American Indian or Alaska Native
 Asian or Pacific Islander
 Hispanic
 Other

Highest Degree Earned: (BA, MS, PhD, etc) _____

School Name: _____

The information supplied is correct to the best of my knowledge.

Employee Signature: _____ **Date Signed:** _____

To Be Completed by Hiring Department

Account Number(s): _____ **Department Name:** _____ **Salary Amount:** _____

Position Number: _____ **Title/Rank:** _____

Starting Date: _____ **Ending Date:** _____ **Length of Appointment:** _____

Type Status:
 1. Permanent
 2. Temporary

Type:
 A. Administrative/Professional
 C. Classified
 F. Faculty

Type Employee:
 P. Part-time
 F. Full-time

Tenure Code:
 1. Continued tenure or permanent status
 2. Continued non-tenure—on tenure track
 3. First time tenure or permanent status
 4. First time non-tenured - on tenure track
 5. Non-tenured - not on tenure track
 6. Temporary position will not be considered
 X. Does Not Apply

Notes:

Signature of Department Hiring Authority _____ **Date Signed** _____ **Signature of Approving Authority** _____ **Date Signed** _____

Please send the completed form to the Human Resources Department

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.

Signature of the Notary

(SEAL)

My Commission Expires: _____

Commission Number: _____



BACKGROUND CHECK AUTHORIZATION FORM

Applicant Information:

First Name:

Last Name:

Email:

Phone Number:

Position/Job Title:

Student Worker Position:

Yes No

Hiring Department Contact:

The applicant will receive an email from NoReply@sterling.app at the email address listed above. The email will contain a link to complete the background check process.

Below to be completed by Human Resources:

**Background Check
Completed Date:**

**Hiring Department
Notified Date:**

Employee's Withholding Certificate

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 surviving spouse <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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)

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)

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.

Single	Married Filing Joint
\$1,000 - personal exemption	\$ 2,000 - personal exemption
<u>\$6,350</u> - standard deduction	<u>\$12,700</u> - 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 itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- 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 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".
- 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.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



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.**



OUTSTANDING WAGES
BENEFICIARY DESIGNATION

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