

**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

OMB No. 1545-0074

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.

2023

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, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>Do only one of the following.</p> <p>(a) Reserved for future use.</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(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 <input type="checkbox"/></p> <p>TIP: If you have self-employment income, see page 2.</p>
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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	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>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</p>	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)
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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
<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 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



**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