



Office of Human Resources Management

Orientation Checklist – Work-Study

Work-Study Student must sign and return all documents below to the Office of Human Resources.

Document Name	✓
Employment Documentation	
Personal Data AND Emergency Contact Form(s)	_____
Federal (W-4) Withholding Form	_____
State (G-4) Withholding Form	_____
I-9 Employment Eligibility Form (IMPORTANT: Include copies of required I-9 documents)	_____
Direct Deposit Form (Voided check/ACH deposit form required)	_____
Equal Opportunity Employer	_____
Policy Acknowledgements	
Confidentiality & Security Access	_____
Policy Conflicts of Interest/Fiscal	_____
Misconduct Fraud, Waste and Abuse	_____
Drug-Free Campus Policy	_____
Sexual Harassment	_____
USG Ethics Policy and D2L Training	_____
Jeanne Clery Act	_____
Sterling Background Check Forms	_____



*PERSONAL DATA 1

Name (please print)			Hire Date:	
Last Name:	First Name:	Middle Name:		
Prefix:			Social Security Number:	
Dr. Miss Mister Mrs. Ms.				
Current Address (Your first paycheck will be mailed to the address you list here.)				
Permanent Address:				
City	County	State	Zip Code	Phone #

*PERSONAL DATA 2

Gender:	Marital Status:	Highest Education?			Full-time Student?
Male	Married	High School	Associates	Bachelors	YES
Female	Single Widow	Masters	Doctorate		NO
Date of Birth:	Birth Country:	Date of Marriage:	Email Address:		
How did you find out about this job?					
Applicant Clearinghouse		Internet	Advertisement	Job Posting	Other (Specify)
Citizenship Status:					
Native U.S.		Naturalized U.S.	Alien Temp (Alien authorized to work)		Alien Perm (Permanent Alien Resident)
Ethnic Group:					
White		American Indian	Asian	Black	Hispanic
Multi-racial (If you choose "Multi-racial", please specify which races by checking the appropriate boxes above)					
Other (If you choose "Other", please specify race.)					
Military Service:					
None Active		Active	Reserves	Veteran	Retired
					Vietnam Veteran
Are you disabled?		Yes	No	Are you a disabled Veteran?	
				Yes	No
Do you have previous employment with the University System of Georgia?				Yes	No
At which Institution:				Date Last Worked:	



EMERGENCY CONTACT INFORMATION

Employee's Name (please print)

Last Name:

First Name:

Middle Name:

Primary Contact Name:

Relationship to Employee:

[Check here if contact specified has same address and phone number as employee.](#)

If Primary Contact has a different address, please specify below.

Street

City

County

State

Zip Code

Home Phone Number:

Other Phone Number (specify type)

Business

Pager

Cell

SECONDARY CONTACT INFORMATION

Secondary Contact Name:

Relationship to Employee:

[Check here if contact specified has same address and phone number as employee.](#)

If Secondary Contact has a different address and/or phone number, please specify below.

Street

City

County

State

Zip Code

Home Phone Number:

Other Phone Number (specify type)

Business

Pager

Cell

Full Name: _____ Signature: _____ Date: _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2019</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment
		10 Employer identification number (EIN)

STATE OF GEORGIA

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. YOUR FULL NAME	2. YOUR SOCIAL SECURITY NUMBER
HOME ADDRESS (Number, Street, or Rural Route)	CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: enter 0 or 1 []
- B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 []
- C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 []
- D. Married Filing Separate: enter 0 or 1 or 2 []
- E. Head of Household: enter 0 or 1 or 2 []

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(complete worksheet below)

6. ADDITIONAL WITHHOLDING \$ _____

7. LETTER USED (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables on pages 16 through 35 of the Employer's Tax Guide)

8. EXEMPT: I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** .

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 if the employee claims over 14 allowances or exempt from withholding. Mail entire form to Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____
EMPLOYER'S FEIN: _____
EMPLOYER'S WH#: _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over Blind
Spouse: Age 65 or over Blind Number of boxes checked ____ x 1300 \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

- A. Federal Estimated Itemized Deductions \$ _____
- B. Georgia Standard Deduction (enter one):
Single/Head of Household \$2,300
Each Spouse \$1,500 \$ _____
- C. Subtract Line B from Line A \$ _____
- D. Allowable Deductions to Federal Adjusted Gross Income \$ _____
- E. Add the Amounts on Lines 1, 2C, and 2D \$ _____
- F. Estimate of Taxable Income not Subject to Withholding \$ _____
- G. Subtract Line F from Line E (if zero or less, stop here) \$ _____
- H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above
(This is the number of additional allowances. If the remainder is over \$1,500 round up).

CREATE AS MANY COPIES AS NEEDED



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

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.)

Form with fields for: 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):

Attestation options: 1. A citizen of the United States, 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes fields for document numbers and a QR code area.

Signature of Employee and Today's Date (mm/dd/yyyy)

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 and 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



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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C 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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Direct Deposit

NOTE: Your first check will be mailed to the address on your Personal Data Form

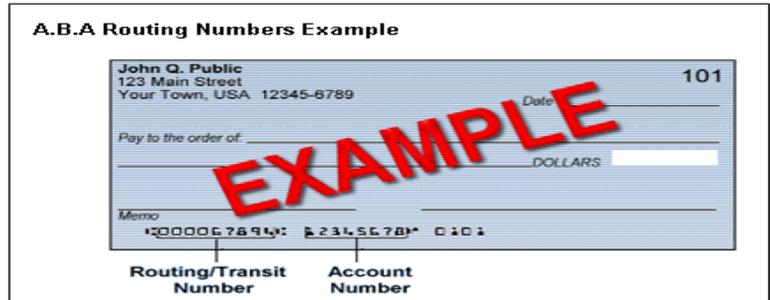
ACH stands for automatic clearing house. It means direct deposit of a check or payment into a bank account. You will receive a paper check. The money is electronically put into an account.

One account must be designated as the “balance” account to deposit 100% of their paycheck into.

A blank check marked “VOID” should be submitted with this direct deposit form. This account will be **pre-noted** the first pay cycle after this authorization form has been received.

You must attach (1) of the following items:

- A voided check (**Bank Deposit forms or courtesy checks without pre-printed name and mailing address are not acceptable**)



- ACH Check Deposit form from your bank with routing and account numbers displayed.

NOTE: If you are establishing more than one bank account, please complete the sections below.

Print Name:	
Direct Deposit Account I	
Effective Date:	
Priority:	Excess? Partial Allowed?
Bank Name:	
Transit Number:	Account Number
Percent of Net Pay	Dollar Amount: \$
Account Type: Checking ()	Savings ()
Direct Deposit Account II	
Effective Date:	
Priority:	Excess? Partial Allowed?
Bank Name:	
Transit Number:	Account Number
Percent of Net Pay	Dollar Amount: \$
Account Type: Checking ()	Savings ()

Sterling Talent Solutions

The Georgia Bureau of Investigation consent form is needed to complete a statewide criminal search in Georgia.

The applicant must complete the following steps:

Step 1: The top portion of the form must be completed in its entirety and signed by the applicant.

- Full Name (last name, first name, middle name)
- Address
- Sex
- Race
- Date of Birth
- Social Security Number
- Signature
- Date

Step 2: The lower portion of the form must be completed

- Check applicable employment provisions
- Enter your first and last name to consent to periodic criminal history background checks for the duration of your employment with this company OR authorize the validity for a designated amount of time from the date of signature.

Step 3: Fax or Email Instructions

- Once you have completed the form, please fax **or** email a copy to Sterling at:
 - 866-685-9426 or CrimAwaitingInfo@sterlingts.com

If you have any questions please call 800-943-2589 to speak with a client services representative.

Sterling Talent Solutions

Georgia Bureau of Investigation Georgia Crime Information Center

Consent Form

I hereby authorize **Sterling Infosystems, Inc dba Sterling Talent Solutions** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name

Address

_____ _____ _____ _____

Sex Race Date of Birth Social Security Number

_____ _____

Signature Date

.....

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – non-sworn (Purpose code 'J')
- Employment with criminal justice agency – sworn (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/___ (circle one) days from date of signature.
- I, _____ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company

Sterling Talent Solutions / 4511 Rockside Rd. 4th Floor / Independence, OH 44131

Tel: 800-943-2589 / fax: 866-685-9426 / www.sterlingtalentsolutions.com



AUTHORIZATION

I have carefully read and understand the separate background check disclosure document and the below authorization form. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Sterling Talent Solutions, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

First Name: _____

Full Middle Name: _____

Last Name: _____

Social Security Number: _____

Date of Birth _____

Email Address _____

Signature: _____ **Date:** _____

CALIFORNIA, MASSACHUSETTS, MINNESOTA, NEW JERSEY, and OKLAHOMA applicants or residents: You have a right to request a free copy of your report. Please check here if you would like [Company Name] to provide you with a copy of your report. [NO CHANGES ALLOWED]



Equal Opportunity Employer

Albany State University provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Albany State University complies with applicable state and local laws governing nondiscrimination in employment in every location in which the University has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Albany State University expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Albany State University's employees to perform their job duties may result in discipline up to and including discharge.

The University shall take action, to the extent allowed under state and federal law, to ensure fulfillment of this policy. For questions or more detailed information regarding this policy, or to file a complaint regarding violation of this policy, please contact the Albany State University Office of Human Resources, 504 College Drive, Billy C. Black Building, Room 382, Albany, Georgia 31705, Director of Human Resources, (229) 430-4623. Students requiring disability-related accommodations for participation in any event or to obtain print materials in an alternative format, please contact the Student Disability Services Center, New Student Center, 2nd Floor, Green Zone, Room 2-140, Dr. Stephanie Harris-Jolly, Director of Counseling and Student Disability Services, (229) 903-3610.

Full Name: _____ Signature: _____ Date: _____



CONFIDENTIALITY AND SECURITY ACCESS AGREEMENT

Albany State University has a legal and ethical responsibility to safeguard and to protect all confidential information. Confidential information includes employee information, student records, business information, financial information and other information relating to Albany State University. In the course of my employment and/or association with Albany State University, I understand that I will come into contact with confidential information. Confidential information may be spoken, written or electronic. The purpose of this agreement is to clarify my duties regarding confidential information. By signing this document I understand and agree to comply with Albany State University Policies & Procedures on Confidentiality and Security Access and the GA Computer Systems Protection Act, copies of which I have received for my records. In addition:

1. I agree not to disclose confidential information to others who do not have a need-to-know. Need-to-know is defined as that which is necessary for one to adequately perform one's specific job responsibilities as they relate to Albany State University.
2. I agree not to access or attempt to access any information, or utilize equipment, other than that which is required to do my job.
3. I agree not to discuss confidential information where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, at restaurants, at social events. I understand that it is not acceptable to discuss any confidential information inside or outside the organization, while on or off duty, even if specific names are not used, other than as permitted in this agreement.
4. I agree not to access any confidential information for any person who does not have a need-to-know.
5. I understand that my user name and password are the equivalent of my signature and that I am accountable for all entries and actions recorded during their use.
6. I agree that I will not disclose my user name and password to any person for any reason.
7. I agree not to access any confidential information using someone else's user name and password.
8. I agree not to send or take any confidential information outside Albany State University in any form (including PDAs) without authorization.
9. I agree not to make any additions, modifications or deletions to any confidential information without authorization.
10. I agree to respect the limitations and usage of the information system network and not to interfere unreasonably with the activity usage of other authorized persons.
11. I understand that my access to all computer systems may be monitored and audited without notice to me.
12. I agree to log out of any computer session opened under my user name and password prior to leaving any computer or terminal unattended.
13. I understand that if authorized to use Internet and/or email, I will use it only for authorized job responsibilities. Any misuse or abuse (e.g., pornographic material, chain letters, etc.) of these privileges could be grounds for disciplinary action.
14. I understand that I must participate in periodic training, as determined by Albany State University.
15. I agree to respect the ownership of proprietary software (e.g., I will not operate any unauthorized software on Albany State University computers or make unauthorized copies of any software for my own use).
16. I understand that confidential papers should be picked up as soon as possible from copiers, mail boxes, fax machines, printers and other publicly accessible locations. Confidential papers, reports, and computer printouts should be kept in a secure place. When they are no longer needed, confidential papers should be deposited in the document destruction bins to be destroyed.
17. I understand that my obligation under this agreement will continue after my termination of employment and/or association with Albany State University and that my privileges are subject to periodic review, revision, renewal and termination.
18. I agree to notify my supervisor or the Department of Human Resources immediately of any unauthorized access or use of confidential information or of violation by anyone of any of the rules above.

I understand that violation of this agreement may result in the following: Denial of access to University computer systems; Disciplinary action as stated in University Policies and Procedures up to and including termination; Penalties under State and Federal laws and regulations; Denial of entry into University facilities; Notification to State and/or national professional licensing departments or organizations; any combination of the above.

Full Name: _____ Signature: _____ Date: _____



Conflict of Interest

In accordance with Georgia Law (Section 45-10-26 of the Official Code of Georgia Annotated) all University employees are required to disclose any business transactions made between the employee and the State of Georgia or any agency of the State of Georgia occurring during a calendar year. Employees are also required to disclose any transactions made between the employee and the State of Georgia on behalf of any business, or any business that the employee has a substantial interest. Failure to disclose such business transactions will subject an employee to a civil fine not to exceed \$10,000 restitution to the State of Georgia and removal from employment.

Fiscal Misconduct Policy

REQUEST FOR ACTION: WHEREAS, federal and state statutes define and prescribe penalties for actions that are criminal in nature; and WHEREAS, State of Georgia administrative rules and University policies set out guidelines for the behavior of University employees in the conduct of University business; and WHEREAS, the Board of Regents establishes Standards of Conduct expected of those who serve the University System of Georgia; and WHEREAS, it is essential to the effective operation of Albany State University that administrative officers and other employees of the University be independent and impartial in all actions involving the University, that public office not be used for private gain, and that there be complete public confidence in the integrity of the University; now, therefore, be it resolved that it is the policy of the Board of Regents that the University shall conduct its affairs so that no member of the University community shall derive private gain from his/her association with the University except as provided by explicit policies of the University; and WHEREAS, in recognition of the negative impact that fiscal misconduct may have on the financial resources and reputation of Albany State University, the University wishes to make an additional statement of policy regarding Fiscal Misconduct; NOW THEREFORE BE IT RESOLVED, that the attached policy on Fiscal Misconduct be approved within the Fiscal Affairs Policy and Procedure Manual.

I have read and acknowledge the above *Conflict of Interest and Fiscal Misconduct* policies.

Full Name: _____ Signature: _____ Date: _____



FRAUD, WASTE AND ABUSE ACKNOWLEDGEMENT STATEMENT

The University System of Georgia (USG) is committed to the highest standards of excellence, integrity, accountability and respect throughout all of its operations and institutions. Dedicated to its mission of transforming the System, changing lives, and strengthening the state, the USG both expects and requires its employees to report suspected malfeasance or wrongdoing on the part of any USG employee or member of the USG community. Additionally, USG institutions are required to report suspected malfeasance and other violations of federal and state law or BOR policy.

All suspected or known employee malfeasance shall be reported. Examples of employee malfeasance include but are not limited to embezzlement, misappropriation, alteration or falsification of documents, false claims or reimbursement requests, theft of any asset, inappropriate use of computer systems, violation of state or federal laws, violation of the [USG Ethics Policy](#) or any misuse of federal funds to include funds provided pursuant to the American Recovery and Reinvestment Act of 2009. Additionally, violations of policies and procedures often must be reported to the appropriate USG office.

WHO IS RESPONSIBLE FOR REPORTING INCIDENTS?

The USG Ethics Policy mandates reporting wrongdoing to the proper authority while protecting those who do report violations from retaliation.

- Individual USG employees should report suspected malfeasance on the part of a USG employee using any of the options outlined below.
- USG institutions are also required to report suspected employee malfeasance in a timely manner to the USG Office of Internal Audit. Additionally, incidents involving misuse of information technology assets or involving computer/network security breaches must be reported to the USG Office of Information Security.

HOW SHOULD INCIDENTS BE REPORTED?

- Anonymously by phone or internet using the USG Ethics and Compliance Hotline available online 24/7 at <https://asurams.alertline.com/gcs/welcome> or toll-free by calling 1-877-516-3415.

- Directly to any of the following Albany State University departments:

Legal Affairs:	229-430-0577	Internal Audit:	229-430-3494
Human Resources:	229-430-4623	Dean of Students:	229-903-3607
Information Technology:	229-430-0538	Police Department:	229-430-4711

Location of the Policy – I acknowledge that I have been informed that the USG Fraud, Waste and Abuse Reporting Policy information is available at: http://www.usg.edu/organizational_effectiveness/ethics_compliance/fraud_waste_and_abuse_reporting.

Notification of Future Changes – It is my responsibility to read and comply with the policies and procedures contained in the USG Fraud, Waste and Abuse Reporting Policy. I understand that the policies and procedures contained in it may change without prior notice.

Acknowledgement of Policy – I hereby acknowledge the USG Fraud, Waste and Abuse Reporting Policy for all Albany State University Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

Email Address: _____

Full Name: _____ Signature: _____ Date: _____



**DRUG-FREE CAMPUS
ACKNOWLEDGEMENT STATEMENT**

The University System of Georgia (USG) is committed to the highest ethical and professional standards of conduct in pursuit of its mission to create a more educated Georgia. Accomplishing this mission demands integrity, good judgment and dedication to public service from all members of the USG community. While the USG affirms each person’s accountability for individual actions, it also recognizes that the shared mission and the shared enterprise of its institutions require a shared set of core values and ethical conduct to which each member of the USG community must be held accountable. Furthermore, the USG acknowledges that an organizational culture grounded in trust is essential to supporting these core values and ethical conduct.

The University System of Georgia promotes and requires a drug-free work place among its employees.

Albany State University (ASU) complies with and supports federal, state and local laws, and policies of the Board of Regents of the University System of Georgia, with respect to the unlawful manufacture, distribution, sale use or possession of marijuana, a controlled substance or other illegal or dangerous drugs on college campuses and elsewhere.

Albany State University prohibits the unlawful manufacture, distribution, sale, use or possession or use of illegal drugs by students and employees on the Albany State University campus or as any part of its activities, where on or off campus.

Location of the Policy – I acknowledge that I have been provided a copy of the ASU Drug-Free Campus Policy and informed that the Policy is available on the Human Resources Department website at <https://www.asurams.edu/albany-state-university/administration/human-resources-home/>.

Notification of Future Changes – It is my responsibility to read and comply with the policies and procedures contained in the ASU Drug-Free Campus Policy. I understand that the policies and procedures contained in it may change without prior notice.

Acknowledgement of Policy – I hereby acknowledge the ASU Drug-Free Campus Policy for all ASU Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of the USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

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Full Name: _____ Signature: _____ Date: _____



SEXUAL HARASSMENT ACKNOWLEDGEMENT STATEMENT

The University System of Georgia (USG) is committed to the highest ethical and professional standards of conduct in pursuit of its mission to create a more educated Georgia. Accomplishing this mission demands integrity, good judgment and dedication to public service from all members of the USG community. While the USG affirms each person’s accountability for individual actions, it also recognizes that the shared mission and the shared enterprise of its institutions require a shared set of core values and ethical conduct to which each member of the USG community must be held accountable. Furthermore, the USG acknowledges that an organizational culture grounded in trust is essential to supporting these core values and ethical conduct.

8.2.16 Sexual Harassment

Federal law provides that it shall be an unlawful discriminatory practice for any employer, because of the sex of any person, to discharge without cause, to refuse to hire, or otherwise discriminate against any person with respect to any matter directly or indirectly related to employment or academic standing. Harassment of an employee on the basis of sex violates this federal law.

Sexual harassment of USG employees or students is prohibited and shall subject the offender to dismissal or other sanctions after compliance with procedural due process requirements.

Unwelcome sexual advancements, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1. Submission to such conduct is made explicitly or implicitly a term or condition of an individual’s employment or academic standing; or,
2. Submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting an individual; or,
3. Such conduct unreasonably interferes with an individual’s work or academic performance or creates an intimidating, hostile or offensive working or academic environment.

(Last Modified on July 28, 2009)

(BoR Minutes, 1980-81, p. 237-38)

Location of the Policy – I acknowledge that I have been informed that the USG Sexual Harassment Policy is available at http://www.usg.edu/policymanual/section8/C224/#p8.2.16_sexual_harassment.

Notification of Future Changes – It is my responsibility to read and comply with the policies and procedures contained in the USG Sexual Harassment Policy. I understand that the policies and procedures contained in it may change without prior notice.

Acknowledgement of Policy – I hereby acknowledge the USG Sexual Harassment Policy for all Albany State University Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

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Full Name: _____ Signature: _____ Date: _____



USG ETHICS POLICY AND TRAINING ACKNOWLEDGEMENT STATEMENT

The University System of Georgia (USG) is committed to the highest ethical and professional standards of conduct in pursuit of its mission to create a more educated Georgia. Accomplishing this mission demands integrity, good judgment and dedication to public service from all members of the USG community. While the USG affirms each person’s accountability for individual actions, it also recognizes that the shared mission and the shared enterprise of its institutions require a shared set of core values and ethical conduct to which each member of the USG community must be held accountable. Furthermore, the USG acknowledges that an organizational culture grounded in trust is essential to supporting these core values and ethical conduct.

The USG Ethics Policy applies to all members of the USG community. The USG community includes:

1. All members of the Board of Regents;
2. All individuals employed by, or acting on behalf of, the USG or one of the USG institutions, including volunteers, vendors, and contractors; and,
3. Members of the governing boards and employees of all cooperative organizations affiliated with the USG or one of its institutions.

Members of the Board of Regents and all individuals employed by the USG or one of its institutions in any capacity shall participate in USG Ethics Policy training, and shall certify compliance with the USG Ethics Policy on a periodic basis as provided in the USG Business Procedures Manual. The USG Ethics Policy governs only official conduct performed by or on behalf of the USG. Violations of the USG Ethics Policy may result in disciplinary action including dismissal or termination.

Training Requirement

All new employees **are required** to complete the USG Ethics Training course online in GeorgiaView. Completion of the training module **must** be completed within thirty (30) days of your start date.

If you experience difficulties accessing the USG Ethics Training course in GeorgiaView, please contact asuonline@asurams.edu or call 317-6241. If you are unable to access your email account or need password assistance please email helpdesk@asurams.edu, visit the ITS Help Desk (West campus: Building A or East campus: 1st floor JP Library) or call 229-430-4909.

Location of the Policy – I acknowledge that I have been informed that the USG Ethics Policy which is available on the USG website at: <http://www.usg.edu/audit/compliance/ethics/>.

Notification of Future Changes – It is my responsibility to read and comply with the policies and procedures contained in the USG Ethics Policy. I understand that the policies and procedures contained in it may change without prior notice.

Acknowledgement of Policy – I hereby acknowledge the USG Ethics Policy for all Albany State University (ASU) Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

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Full Name: _____ Signature: _____ Date: _____



Jeanne Clery Act

Crime Statistics and Report Training for Campus Security Authorities

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act is the landmark federal law, originally known as the Campus Security Act that requires colleges and universities across the United States to disclose information about crime on and around their campuses. The directly relates to participation in federal student financial aid programs, therefore it applies to most institutions of higher education both public and private. It is enforced by the U.S. Department of Education (DOE).

The “Clery Act” is named in memory of 19 year old Lehigh University freshman Jeanne Ann Clery who was raped and murdered while asleep in her residence hall room on April 5, 1986. Jeanne’s parents discovered that students hadn’t been told about 38 violent crimes on the campus in the three years before her murder. They joined with other campus crime victims and persuaded Congress to enact this law, which was originally known as the “Crime Awareness and Campus Security Act of 1990”. The law was amended in 1992 to add a requirement that schools afford the victims of campus sexual assault certain basic rights, and was amended again in 1998 to expand the reporting requirements. The 1998 amendments also formally named the law in memory of Jeanne Clery.

What is a CSA?

CSA stands for “Campus Security Authority.” CSA’s are usually found in departments responsible for, but not limited to, student and campus activities, safety/security, discipline, housing, human resources, or judicial proceedings. This designation also includes any individual who has been specified by ASUPD to receive and report offenses. CSA’s are responsible for reporting the number of crimes and incidents as described in the Clery Act that occur in their department to the ASU Police Department. These numbers are then included in the federally-mandated Clery Report, which is distributed every year by October 1st.

How do I know what to report?

You must report all allegations of crimes that you determine are made in good faith as a statistic that will be included in the Annual Security Report. Although law enforcement personnel may conclude after further investigation that some allegations are not substantiated by the facts or the law, you must report information that is reported to you. Neither a formal police report nor an investigation is needed in order for a crime report to be included in these statistics. Your responsibility is to provide as accurate and complete a description as possible of what happened, including the location and whether the victim or alleged perpetrator was a student.

What crimes must I report?

The Annual Security Report must include statistics on nine types of crime:

Criminal Homicide - (A) Murder and Non- Negligent Manslaughter, and (B) Negligent Manslaughter;

Sex Offenses - (A) Forcible Sex Offenses and (B) Non-Forcible Sex Offenses;

Robbery;

Aggravated Assault;

Burglary;

Motor Vehicle Theft;

Arson;

Arrests and Disciplinary Referrals for liquor law violations, drug law violations, and illegal weapons possession; and

Full Name: _____ Signature: _____ Date: _____



Hate Crimes/bias.

Campus Police will ensure that crimes are properly classified.

Who must report campus crime?

In addition to the Police Department, Campus Security Authorities must report any crimes or incidents that may be crimes that are reported to them. You are a Campus Security Authority if you fit any the following descriptions: 1. Individuals with Campus Security responsibility staff assigned to security functions. 2. Designated Individuals – any individual or organization identified on the campus as Clery Coordinator to which crimes must be reported.

If you are a pastoral counselor or professional counselor, use your judgement. When appropriate, you may tell a person you are counseling about campus procedures for reporting crimes and confidentially for inclusion in the annual disclosure of crime statistics report even if the person does not want to press charges or participate in an investigation. Procedures for reporting crimes confidentially must be included in the Annual Safety and Fire Report.

What about timely warnings?

Immediate reporting of crimes allows the police to act in a timely fashion to investigate or otherwise address alleged crimes that may present a clear danger to the campus community. All you need do is report the crime by calling the police. The ASU Police Department is responsible for gathering the data for all crimes reported, and soliciting information from local police agencies concerning crimes reported to them.

A copy of the Annual Safety and Fire Report and Compliance Statement can be found on the ASU website at www.asurams.edu.

Clery Coordinator

Captain LaShawnda Ethridge

Phone: (229) 894-0606

Lashawnda.ethridge@asurams.edu

Officials with Significant Responsibility for Student and Campus Activities campus officials who manage or otherwise oversee students and campus activities, for example, staff responsible for campus student housing, a student center, or student extra-curricular activities; a director of athletics or a team coach; faculty advisors to a student groups; staff responsible for student discipline; campus judicial staff. Each campus must identify these individuals. The Clery Coordinator is responsible for ensuring that they are aware of their responsibilities and report periodically. If you are a Campus Security Authority you must report unless you are one of those whom the regulations define as exempt.

What about confidentiality?

The crime statistics included in the Annual Security Report do not include any information that would identify the victim or the person accused of committing the crime. Your report to the Clery Coordinator should not include personally identifying information. Make sure you advise the student that you will not release that information but that you are obligated to report the alleged criminal conduct.

Full Name: _____ Signature: _____ Date: _____