Student Employment Paperwork Packet

Name: ____________________________________________

Date: ___________________________  Student ID: __________________

Department for which I’ll be working: ____________________________

Position: _________________________________________________

Supervisor, if known: ________________________________________

I came in to complete my paperwork because:

☐ The person hiring me told me to come in.

☐ I received an e-mail instructing me to come in.

☐ Other: _________________________________________________

_____________________________________________________

Updated 01-11-17
**Form W-4 (2017)**

**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.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can’t claim the exemption from withholding if your total income exceeds $1,050 and includes more than $330 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don’t apply to supplemental wages greater than $1,000,000.

**Basic instructions.** If you aren’t exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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### Personal Allowances Worksheet (Keep for your records.)

| A |  
| Enter “1” for yourself if no one else can claim you as a dependent |  
| B |  
| Enter “1” if: |  
| - You’re single and have only one job; or |  
| - You’re married, have only one job, and your spouse doesn’t work; or |  
| - Your wages from a second job or your spouse’s wages (total of both) are $1,500 or less. |  
| C |  
| Enter “1” for your spouse. But, you may choose to enter “0” if you are married and have either a working spouse or more than one job. (Entering “-0-” may help you avoid having too little tax withheld.) |  
| D |  
| Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. |  
| E |  
| Enter “1” if you will file as head of household on your tax return (see conditions under Head of household above) |  
| F |  
| Enter “1” if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit |  

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than $70,000 ($100,000 if married), enter “2” for each eligible child; then less “1” if you have two to four eligible children or less “2” if you have five or more eligible children.
- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter “1” for each eligible child.
- Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

**H For accuracy, complete all worksheets that apply.**

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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### Form W-4

#### Employee’s Withholding Allowance Certificate

- Whether you are 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.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Last name</td>
</tr>
<tr>
<td>3</td>
<td>Social security number</td>
</tr>
<tr>
<td>4</td>
<td>Tax year</td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
</tr>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption,</td>
</tr>
</tbody>
</table>
| 8 | 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**

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For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2017)
**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details. **$1,270,000**

2. Enter:
   - $9,350 if head of household  **$9,350**
   - $6,350 if single or married filing separately  **$6,350**

3. Subtract line 2 from line 1. **$2,980**

4. Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505).  **$4,000**

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505).  **$6,980**

6. Enter an estimate of your 2017 nonwage income (such as dividends or interest).  **$6,000**

7. Subtract line 6 from line 5. **$0**

8. Divide the amount on line 7 by $4,050 and enter the result here. **$0**

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.  **$9,000**

10. Add lines 8 and 9 and enter the total here. **$9,000**

    If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

**Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)**

**Note:** Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).  **$1,000**

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than “3”.  **$3,000**

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-“) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.  **$7,000**

**Table 1**

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,001 - 14,000</td>
<td>1</td>
</tr>
<tr>
<td>14,001 - 22,000</td>
<td>2</td>
</tr>
<tr>
<td>22,001 - 27,000</td>
<td>3</td>
</tr>
<tr>
<td>27,001 - 35,000</td>
<td>4</td>
</tr>
<tr>
<td>35,001 - 44,000</td>
<td>5</td>
</tr>
<tr>
<td>44,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>7</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>9</td>
</tr>
<tr>
<td>80,001 - 95,000</td>
<td>10</td>
</tr>
<tr>
<td>95,001 - 115,000</td>
<td>11</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>12</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>13</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>14</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $7,500</td>
<td>$610</td>
</tr>
<tr>
<td>7,501 - 135,000</td>
<td>1,010</td>
</tr>
<tr>
<td>135,001 - 205,000</td>
<td>1,130</td>
</tr>
<tr>
<td>205,001 - 360,000</td>
<td>1,340</td>
</tr>
<tr>
<td>360,001 - 405,000</td>
<td>1,420</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,600</td>
</tr>
</tbody>
</table>

**Table 2**

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
Form WH-4
Employee’s Withholding Exemption and County Status Certificate

This form is for the employer’s records. Do not send this form to the Department of Revenue. The completed form should be returned to your employer.

Full Name ___________________________ Social Security Number or ITIN ___________________________

Home Address ____________________________ City ____________________________ State ______ Zip Code ___________

Indiana County of Residence as of January 1: ____________________________ (See instructions)
Indiana County of Principal Employment as of January 1: Delaware County (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter “1” .................................................................
   Nonresident aliens must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter “1” .................................................

3. You are allowed one (1) exemption for each dependent. Enter number claimed .................................................................

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
   (b) if you and/or your spouse are legally blind.
   Check box(es) for additional exemptions: You are 65 or older □ or blind □ Spouse is 65 or older □ or blind □
   Enter the total number of boxes checked ..........................................................................................................................

5. Add lines 1, 2, 3, and 4. Enter the total here .....................................................................................................................................

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) .................................................

7. Enter the amount of additional state withholding (if any) you want withheld each pay period ..............................................

8. Enter the amount of additional county withholding (if any) you want withheld each pay period ..............................................

I hereby declare that to the best of my knowledge the above statements are true.

Signature: ______________________________________________________________________ Date: __________________________

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter “not applicable” on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter “1” on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than $1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. NOTE: An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions increases. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you decreases for any of the following reasons:

(a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
(b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person’s support for the tax year; or
(c) the person who you claim as an exemption will receive more than $1,000 of income during the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.
BALL STATE UNIVERSITY PAYROLL & EMPLOYEE BENEFITS
Student Employee
Authorization for Direct Deposit

Instructions:
1. Fill in the form.
2. You may establish direct deposit for up to 2 financial institutions.
3. Return on campus to CAREER CENTER (Lucina 220)
   If mailing the form send it to: Career Center, 2000 W. University Ave., Muncie, IN 47306
   (DO NOT SEND IN CAMPUS MAIL)

BSU ID: ___ ___  ___  -  ___ ___  ___  -  ___ ___  ___

Last Name ________________________________ First Name _____________________________ M.I. _________

Choose only one:

☐ START direct deposit to the financial institution(s) noted below
☐ STOP direct deposit send to payroll BEFORE closing your account
☐ CHANGE my current direct deposit by stopping any and all authorizations now in force by me and replacing with the financial information listed below.

NOTE: You may designate direct deposit by either percent or amount, but not both. This direct deposit information will be used to distribute ALL PAYROLL payments from Ball State University.

1) Financial Institution: ______________________________________________________
   Bank Routing Number: _____________________________________________________
   Bank Account Number: _____________________________________________________

Complete only 1 of the following:

☐ Checking ☐ Savings

_________percent (%)  OR  $_________Amount

Only complete if you elect to designate the remaining portion of your direct deposit to a second financial institution or another account.

2) Financial Institution: ______________________________________________________
   Bank Routing Number: _____________________________________________________
   Bank Account Number: _____________________________________________________

Complete only 1 of the following:

☐ Checking ☐ Savings

I hereby authorize Ball State University to deposit my payroll amounts automatically to my account at the financial institution(s) indicated above. I understand that the very earliest I can expect my checking or saving account(s) to be credited will be on payday. I further understand that if I change or terminate my account(s) without notifying Ball State payroll in writing my pay may be delayed.

Signature: ________________________________  Date: ____________________________

FOR ACCOUNTING PAYMENTS (i.e. EMPLOYEE TRAVEL, EXPENSE REIMBURSEMENTS, FINANCIAL AID, ETC) FOLLOW THE LINK BELOW TO A SECURE SITE TO ENTER YOUR BANK INFORMATION FOR THE ACCOUNTING DEPARTMENT. https://www.bsu.edu/webapps2/frsachs/
WHAT IS A 403(b) PLAN?
A 403(b) plan is a tax-deferred retirement plan for employees of certain tax-exempt, governmental organizations or public education institutions. An employer may sponsor a 403(b) plan to provide a benefit to its employees to save for retirement on a tax-deferred basis. Contributing to a 403(b) plan may help to give you peace of mind through financial security during your retirement. Participation in the 403(b) plan sponsored by the University is completely voluntary. You may contribute a portion of your pay to the 403(b) plan as a pre-tax contribution or an after-tax (Roth) contribution in order to save toward your retirement. If you are already contributing to the 403(b) plan, now may be the perfect time to think about increasing your contributions.

WHO IS ELIGIBLE TO CONTRIBUTE TO A 403(b) PLAN?
All University employees are eligible to participate in the University’s 403(b) plan except students performing services that are exempt from FICA and non-resident aliens who receive no earned income from the University which constitutes U.S. source income.

WHAT ARE THE BENEFITS OF CONTRIBUTING TO A 403(b) PLAN?
LOWER YOUR TAXES
You may make pre-tax contributions to the 403(b) plan. This means that you are taxed on a lower amount of income. For example, if your federal marginal income tax rate is 25%, and if you contribute $100 a month to the 403(b) plan, you have reduced your federal income taxes by nearly $25. In effect, your $100 contribution costs you only $75. You will realize similar tax savings based on your state income tax rate. The tax savings can grow with the size of your contributions to the plan.

TAX-DEFERRED GROWTH
Interest and earnings on your contributions to the 403(b) plan grow tax-free until you withdraw them from the plan. The compounding interest on your contributions to the 403(b) plan can allow your account to grow more quickly than saving money in a checking account where interest and earnings on your contributions to the 403(b) plan grow tax-free until you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person’s salary upon retirement. The 403(b) plan can be a great way to provide you with additional income at retirement.

POSSIBLE TAX CREDITS
If you contribute to the 403(b) plan, you may be able to receive a tax credit, which could reduce your overall federal income tax paid for the year. Please contact your tax advisor to learn more.

ROTH 403(b) OPTION
You may also choose to contribute a portion of your pay to the 403(b) plan on an after-tax (Roth) basis. If you wait at least five years before taking a distribution of your after-tax (Roth) account and meet certain other requirements, you can request a distribution of your entire account tax-free.

HOW MUCH CAN YOU CONTRIBUTE TO A 403(b) PLAN?
You may elect to contribute up to $18,000 of your pay to the 403(b) plan in 2015. (If you are age 50 or older, or will attain age 50 by the end of the calendar year, you may also elect to contribute up to an additional $6,000 of your pay to the 403(b) plan in 2015.)

HOW TO ENROLL IN THE PLAN
You must first select an investment provider with which to invest your contributions. Once you have opened an account with an investment provider, you should submit a 403(b) and 457(b) Plan Salary Reduction Agreement (SRA) to the Office of Payroll & Employee Benefits indicating the percentage of pay you would like to contribute to the 403(b) plan. A list of approved investment providers under the 403(b) plan and a SRA for making your elections can be found on the Payroll & Employee Benefits website at www.bsu.edu/benefits by clicking Benefits >> Saving for Retirement.

TAKING THE INITIATIVE
Contributing to the 403(b) plan can help you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person’s salary upon retirement. The 403(b) plan can be a great way to provide you with additional income at retirement.

INVESTMENT CHOICES
You can contact the approved investment providers under the 403(b) plan for a comprehensive listing of the investment options offered by each investment provider.

DISTRIBUTIONS FROM THE PLAN
You or your beneficiary can take a distribution from the 403(b) plan at the earlier of:
1. Retirement
2. Total disability
3. Death of participant
4. Termination of employment
5. Attainment of age 59 ½
Your investment provider will provide you with the distribution paperwork.

LOANS
Loans are limited to one at a time from all investment providers combined. You may borrow up to ½ of your balance up to a maximum of $50,000. Contact your investment provider for more information.

GENERAL PLAN INFORMATION
To obtain additional information about the 403(b) plan, please contact the Office of Payroll & Employee Benefits at 765-285-8461 or peb@bsu.edu.

Plan Name:
Ball State University Tax Deferred Annuity Plan

Plan Administrator:
Ball State University

Updated 11/11/14
I, __________________________________________, acknowledge that I have received a
(Please print name.)
copy of the University's “Important Information Regarding Your Retirement Savings”
document for participation in the university's 403(b) Tax Deferred Annuity Plan, as well as
a summary description of the university's other voluntary Roth 403(b) and 457(b)
retirement plans.

I also understand that if I am interested in enrolling in any of these voluntary retirement plans
or if I have any questions regarding these plans that I am to contact the Office of Payroll and
Employee Benefits at (765) 285-8461 for assistance.

__________________________________  ________________________________
Employee Signature                  Employee (Student) I.D.

_______________________________
Date
1. INTRODUCTION

This Confidentially and Information Access Employee Agreement must be read, understood, and signed by all employees who either access or may encounter Ball State University confidential information as a part of their assigned duties. Questions which arise during the course of employment may be directed to your immediate supervisor, Career Center, or the Office of Information Security Services. Employees signing this agreement should keep a copy for their records.

2. CONFIDENTIAL INFORMATION DEFINED

Ball State University is dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our student, employee, and organizational information. “Confidential Information” includes all of this information that is personally identifiable and non-public. I understand Confidential Information may be paper-based, electronic, or stored or transmitted in some other form, and that examples of Confidential Information include, but are not limited to:

a. Academic information, such as grades and class schedules
b. Bank and credit card account information, income, credit history, and consumer report information
c. Disciplinary or employment records or related information
d. Loan information, including loan applications and loan servicing, collection and processing
e. Money wiring and other electronic funds transfers
f. Other non-public personally identifiable information relating to a financial transaction
g. Social Security Numbers, driver’s license numbers, or similar identification codes or numbers
h. Student account balance information, financial aid information

I understand the existence of information in one publicly available format does not imply approval to disclose it in another format. For example, I understand certain student directory information (such as telephone numbers and mailing addresses) may appear in the printed Ball State University Directory, however disclosure of the same information in another format such as an electronic file requires separate approval from the appropriate Data Steward. I will contact my supervisor or the Office of Institutional Effectiveness for help in determining the appropriate Data Steward for particular university data when dealing with Confidential Information if I am unsure how to proceed.

3. PROTECTION OF CONFIDENTIAL INFORMATION

Protection of Confidential Information requires the following minimum standards, which I agree as a condition of my continued employment:

a. Download or Transmission of Confidential Information: I will not download or extract Confidential Information to removable storage devices such as compact discs or flash drives, or transmit such information to any non-university system including personally owned systems or entity without explicit approval to do so from my supervisor or the appropriate Data Steward and the Office of Information Security Services.
b. Access to Confidential Information: I will safeguard and maintain the confidentiality of all Confidential Information at all times and will only access, use, or disclose Confidential Information necessary to perform my assigned duties. I will disclose such information to other individuals or organizations only for legitimate University business, research, or academic purposes, and only after I have received prior approval to do so from my supervisor or the appropriate Data Steward.
c. Desktop and Laptop Computer Security: I will maintain the security of any computer or device I use to access or store Confidential Information to the best of my ability including the use of passwords, protected “screen savers”, approved antivirus and anti-spyware software, and other measures as may be required by Information Technology Security procedures available at http://www.bsu.edu/security. If I am uncertain as to how to secure my computers or devices I will obtain the necessary help to ensure they are protected.
CONFIDENCEALITY AND INFORMATION ACCESS EMPLOYEE AGREEMENT

3. PROTECTION OF CONFIDENTIAL INFORMATION (CONTINUED)

d. Servers and Vendors: I understand implementing servers on or off-campus requires compliance with a separate set of procedures available at http://www.bsu.edu/security. I will not implement servers or hosted systems before contacting the Office of Information Security Services to ensure alignment with applicable hosting procedures.

e. Duty to Protect Passwords: I understand passwords used to access university systems are Confidential Information and that I am responsible for access assigned to me. I will not disclose my university passwords for any reason absent the approval of the Office of Information Security Services. In the event I suspect my password has been lost or stolen I will immediately notify the IT Helpdesk (765-285-1517) or Computer Operations (765-285-1549) so that my password may be disabled or reset.

f. Duty of Renounce Access: In the event my duties and responsibilities or job assignment changes or my employment with the university ceases I affirm that I will maintain the confidentiality, integrity and availability of all Confidential Information and will promptly notify the appropriate systems administrator or other authority so that my access may be properly adjusted or removed.

g. Reporting An Information Security Breach Or Policy Violation: In the event I suspect a security breach or inappropriate disclosure of Confidential Information my first action will be to immediately notify either the Office of Information Security Services (765-285-4390), the Office of University Compliance (765-285-5162), or IT Computer Operations after-hours support (765-285-1419). I will then review the official procedures for Reporting an Information Security Incident or Suspected Violation and will take any additional subsequent steps required.

h. Appropriate Use of Technology: I understand the Information Technology Users’ Privileges and Responsibilities policy governs my usage and I agree to abide by the terms of this policy regarding the appropriate use of all technology and information systems at Ball State University.

i. Security Monitoring and Testing Software or Hardware: I will not use software, tools, or techniques (human, technical, or otherwise) designed or intended to break, exploit, or test the security of university technology resources without explicit written approval from the Office of Information Security Services.

j. Audit & Security Review of BSU Information Systems: I understand I have no personal expectation of privacy in any computer or storage system owned, maintained, or utilized by Ball State University. I further understand the university audits, logs, reviews, and utilizes information stored on or passing through information systems for legal or administrative purposes, and that the university may not provide notification of such access or usage.

k. Sanctions: I understand violations of this Agreement may result in disciplinary action up to and including termination of employment, suspension and loss of privileges, termination of authorization to Confidential Information, as well as legal sanctions.

PLEASE REFER ANY QUESTIONS RELATED TO THIS AGREEMENT TO YOUR SUPERVISOR OR THE CAREER CENTER.

By signing this Agreement, I acknowledge that I have read and fully understand and agree to comply with all of its terms and conditions. I also understand my current access may be revoked and I may be denied future access to university information unless I sign, date and return this Agreement in a timely manner.

Employee’s Signature ___________________________ Date ___________________________

Employee’s Printed Name ___________________________ Date ___________________________

Employee (student) ID __________________________________________

Please Return This Completed Agreement To The Career Center.
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):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident  (Alien Registration Number/USCIS Number):
☐ 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. (See instructions)

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.

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)

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