San José State University Research Foundation

FACULTY NEW HIRE FORMS COMPLETION INSTRUCTIONS

Please note: SJSU Research Foundation is an E-Verify employer.

All of these forms must be completed and returned to SJSU Research Foundation Human Resources before beginning any work on the project.

1. **E-Verify**—employment Eligibility Verification. Go to [http://www.newi9.com/](http://www.newi9.com/) to access the electronic I-9 Form and complete the employee section (use Employer Code-14365). Once you complete employee section online, you will see the list of acceptable documents. You must present “acceptable” documents within 3 days of your hire date to Human Resources or the assigned Location Specialist or HR at 210 N. 4th St, 3rd floor, San Jose, CA 95112. Please note that the Research Foundation is a separate employer than SJSU and does not have access to SJSU documents.

2. **Appointment Form**- Must be completed by employee and the project director/account signer. The start date on the appointment form will be adjusted according to the e-verify and HR approval date. Employee is not authorized to work until HR approves the form. Please find the form at **NEW ELECTRONIC FACULTY APPOINTMENT FORM USING DOCUSIGN.**

3. **Confidential Employee Data Form**- Employee provides emergency contact information.

4. **W-4 Form**–Employee’s tax withholding allowance document.

5. **Direct Deposit Form**-Employee provides banking information to deposit the paycheck directly in employee’s account. **Direct deposit is highly encouraged, employees with no direct deposit will be given pay cards. Please see U.S. Bank Focus Card™ Pre-Acquisition Disclosure for more information on the pay cards.**

6. **Voluntary Self-Identification of Disability**-Employee completes this information.

7. **Conflict of Interest Summary**- Employee reviews and signs.

8. **Statement of Confidentiality & Disclosure of Records**-Employee reviews and signs.

9. **Discrimination, Harassment and Retaliation Prevention Policy Acknowledgement**- Employee reviews and signs.

10. **Handbook Acknowledgement**- Employee reviews and signs.

New hires and rehires can review the [Non-benefited Employee Handbook](#) and [New Hire Information](#) page to familiarize themselves with the Research Foundation’s policies and procedures. If you wish to receive hard copy of these documents, please contact Human Resources at [foundation-hr@sjsu.edu](mailto:foundation-hr@sjsu.edu).
San José State University Research Foundation

INSTRUCTIONS FOR COMPLETING E-VERIFY

U.S. law requires that employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee hired after November 6, 1986, to work in the United States.

Effective June 1, 2011, the San Jose State University Research Foundation is a designated E-Verify employer. In undertaking and administering this federal compliance initiative, the Research Foundation has partnered with Equifax. Equifax’s I-9 management service is fully compliant with government regulations and integrates seamlessly with the government’s E-Verify portal and program.

Instructions:

As a new hire/rehire at the Research Foundation, you must complete and sign (electronically) Section 1 no later than the first day of employment.

• Go to www.newi9.com to complete the employee section.
• The first page will ask for employer code, type 14365.
• The next screen will ask for the location. Choose location as follows:
  a. for on campus employees, choose Central office,
  b. NASA employees, choose NASA
  c. MLML employees has two locations, MLML and Norte.
  d. If you do not know your location you can choose ‘default’.
• The next page will let you know what information you will be completing and click on ‘Continue’ button.
• Follow the instructions on following pages to complete your personal and I-9 information.

Once you complete Section 1 in the I-9 portal, a complete list of acceptable documents will be accessible for your review. You must provide those original documents to your designated site specialist or to Human Resources for verification within three days of your employment.

If you need additional information regarding e-verify, you can go to this link. If you have any questions or concerns, please feel free to call Research Foundation Human Resources at (408) 924–1460.
San José State University Research Foundation
Confidential Employee Data Form

In order to comply with Affirmative Action and Equal Employment Opportunity laws and regulations, the San Jose State University Research Foundation required to solicit gender and ethnic identification and other information of all our employees. All information provided will be maintained in a confidential Human Resources file and will not be disclosed to other persons, agencies or organizations except with your written consent or as otherwise authorized by law.

### Personal Data

| Name _____________________________ | Home/Cell Phone__________________________ |
| Work Phone____________________ | Email____________________ | Gender__________________________ |
| Date of Birth_______________ | Married ___ | Ethnicity__________________________ |
| Disabled ___ | Will special accommodation required? ______________________ |
| If yes, please explain____________________________________________________________________ |

### Military Status

### Emergency Information

| Contact Name_____________________________________ | Relationship__________________________ |
| Address_________________________________________ | Phone ______________________________ |
| City__________________ State_____ Zip__________ | Email__________________________ |

### Check Designee (In case of death or total incapacitation)

| Contact Name_____________________________________ | Relationship__________________________ |
| Address_________________________________________ | Phone ______________________________ |
| City__________________ State_____ Zip__________ | Email__________________________ |
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.

**Step 1: Enter Personal Information**

<table>
<thead>
<tr>
<th>First name and middle initial</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td></td>
</tr>
</tbody>
</table>

- **(a)** Single or Married filing separately
- **(b)** Married filing jointly (or Qualifying widow(er))
- **(c)** Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- **(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or
- **(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- **(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3: Claim Dependents**

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000

  $ \[ \text{number of qualifying children under age 17} \times 2,000 \]

- Multiply the number of other dependents by $500

  $ \[ \text{number of other dependents} \times 500 \]

Add the amounts above and enter the total here.

$ \[ \text{total of Step 3} \]

**Step 4 (optional): Other Adjustments**

**Step 4(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.

$ \[ \text{other income} \] $ \[ 4(a) \]

**Step 4(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.

$ \[ \text{deductions} \] $ \[ 4(b) \]

**Step 4(c): Extra withholding.** Enter any additional tax you want withheld each pay period.

$ \[ \text{extra withholding} \] $ \[ 4(c) \]

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.)

**Date**

**Employers Only**

Employer’s name and address

**First date of employment**

**Employer identification number (EIN)**

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For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

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

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box on the Form W-4 for the highest paying job. This option will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/FormW4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/FormW4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1 $ ________________

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

      2a $ ________________

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

      2b $ ________________

   c Add the amounts from lines 2a and 2b and enter the result on line 2c.

      2c $ ________________

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

      3 ________________

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

      4 $ ________________

Step 4(b)—Deductions Worksheet (Keep for your records.)

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

      1 $ ________________

2 Enter:

   • $24,800 if you’re married filing jointly or qualifying widow(er)
   • $18,650 if you’re head of household
   • $12,400 if you’re single or married filing separately

      2 $ ________________

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-”.

      3 $ ________________

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

      4 $ ________________

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

      5 $ ________________

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(b)(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 with no other entries on the form; 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.
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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<tbody>
<tr>
<td>$0 - 9,999</td>
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### Single or Married Filing Separately

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<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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<tbody>
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### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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</table>
San José State University Research Foundation
Payment Authorization Form

Fill out the form and return it to Human Resources.

First Name ___________________________ Last Name ___________________________ EE ID ___________________________

Phone no. ___________________________ Email ___________________________

Two Convenient Options

☐ Direct Deposit: By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday. If choosing direct deposit, please attach a voided check or copy of check to this form. You can change this information by going to Employee Online once you are hired. Do not attach a deposit slip.

Fill in the account information and the deduction amount. For each account, you may select a whole dollar amount, 100% or the remaining balance to be deposited:

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Routing no.</th>
<th>Account no.</th>
<th>Type of Account</th>
<th>Deduction Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Checking</td>
<td>$ ___________</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Savings</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Checking</td>
<td>$ ___________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Savings</td>
<td>100%</td>
</tr>
</tbody>
</table>

☐ Focus Card: With the Focus Card, your pay will be deposited onto a prepaid Visa or Mastercard. Your card can be used anywhere Visa or Mastercard debit cards are accepted worldwide. It’s not a credit card and there is no cost to enroll. Fees and transaction limits apply. See Cardholder Agreement and Fee Schedule for details.

I acknowledge receipt of the Pre-Acquisition Disclosure, the Fee Schedule, and the Pre-Enrollment Disclosures, as evidenced by my signature below.

By selecting the payment method above and signing this document, I authorize my employer to initiate credit entries (deposits or loads) and debit entries and adjustments for any credit entries made in error to the bank account or Focus Card indicated above. This authorization will remain in effect until cancelled by me with written notification to Human Resources.

If you do not make a selection, you will automatically receive the Focus Card.

Signature ___________________________________ Date ___________________________

Rev. 1/2/20
San José State University Research Foundation
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?
Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?
You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☑ YES, I HAVE A DISABILITY (or previously had a disability)
☑ NO, I DON'T HAVE A DISABILITY
☐ I DON'T WISH TO ANSWER

Employee Signature ___________________________ Date ______________

Reasonable Accommodation Notice
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

* Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
San José State University Research Foundation

ACKNOWLEDGEMENT & RECEIPT

OF

Discrimination, Harassment, and Retaliation Prevention Policy

I acknowledge that I have received, read, and that I understand the Research Foundation’s Discrimination, Harassment and Retaliation Prevention Policy. I agree to abide by and be bound by the rules, provisions and standards set forth in this policy.

I further acknowledge that the Research Foundation reserves the right to revise, delete and add to the provisions of the Discrimination, Harassment and Retaliation Prevention Policy at any time and I will be provided notice of the change.

_______________________________________________
Employee Signature

_______________________________________________
Print Name

_______________________________________________
Date

[TO BE PLACED IN EMPLOYEE’S PERSONNEL FILE]
San José State University Research Foundation

Conflict Of Interest Summary

Conflicts of interest, which can be either actual or perceived, are not permitted, regardless of the amount of compensation or time base. A conflict of interest is defined as any situation in which an employee has an outside personal economic interest that actually does or could potentially adversely influence their judgement or actions regarding the best interests of the San Jose State Research Foundation. Where there is a question as to potential conflict, it is expected that each employee will consider and take the most conservative view or approach before deciding to engage or not engage in any endeavor that may be viewed as a conflict.

The following guidelines are used to determine whether a real or apparent conflict of interest exists. Questions concerning potential conflicts of interest should be referred to the Research Foundation’s Director of Human Resources or designee.

a. Avoidance of Unfair Competitive Advantage: An employee’s outside employment, consulting, or other business activity outside the Research Foundation may not influence decisions made at the Research Foundation in such a way as to give unfair competitive advantage to the outside business organization.

b. Separation of Research Foundation and Private Interests: An employee’s outside employment, consulting, or other outside business activity financially must not affect the Research Foundation’s dealing with an outside business organization in which the employee or a near relative of the employee has a financial interest as defined by SJSU Academic Senate Policy S99-8 Academic Freedom and Professional Responsibility.

c. Use of Privileged or Official Information: The use of privileged or official information for personal financial gain is a type of conflict of interest and is prohibited. Privileged or official information is information that is known to an individual because of his or her connection with the Research Foundation but is not available to the public. In this connection, the term “privileged information” includes but is not limited to: Medical, Personnel, Salary or Patent Records of Individuals. Individual employees have a right to access their own records except as limited by law. Access to records of other employees is normally limited to legitimate need-to-know situations.

d. Protection of Information Not Yet in Public Domain: A Research Foundation employee, acting as an independent consultant or as an employee of another organization, may not use information, technical skills, or knowledge obtained as a result of Research Foundation employment, that is material or necessary to current or proposed Research Foundation research or development work and that is proprietary to the Research Foundation and not yet in the public domain.

e. Non-competitive with Research Foundation Projects: An employee’s consulting or outside employment activity must not compete with current or proposed Research Foundation projects.

The Research Foundation expects each employee to use good judgment and to maintain high ethical standards and honesty in all business dealings. It is the practice of the Research Foundation to respect the rights of its employees to engage in activities outside their employment that are private in nature and which in no way conflict with or reflect upon the Research Foundation or its corporate image.

A complete copy of this policy may be obtained from the Human Resources department.

Acknowledge Receipt: ________________________________    __________________________

Signature    Date
San José State University Research Foundation

Statement of Confidentiality and Non-Disclosure of Records

Information contained in or pertaining to the business operations of the San Jose State University Research Foundation must be maintained in a confidential manner at all times.

As an employee who has or may be granted access to records in computer information systems, including Human Resources, Payroll, Finance, IT or any other source data, you are required to maintain this information in a confidential manner. Unauthorized access to, modification, deletion or disclosure of information, either internally among employees or departments or externally to outside parties, may compromise the integrity of the Research Foundation’s business operations, violate individual rights of privacy, and/or constitute a criminal act.

The Research Foundation’s computer information systems, which include third party vendor payroll systems, are to be accessed by authorized users only. Reproduction or distribution of any record, document, or information outside of its intended and approved use either verbally, electronically or by hard copy is strictly prohibited and will result in disciplinary action, up to and including termination of employment.

Further, illegal access and/or misuse of this information may be punishable by fine and/or imprisonment in accordance with applicable local, state and federal laws.

I acknowledge that I have received this information, and agree to adhere accordingly.

________________________________________  __________________________
Employee Signature                             Date

Rev. 1/2/20
San José State University Research Foundation

Handbook Acknowledgment
(Non-Benefited Employees Only)

I acknowledge that I have been given the San José State University Research Foundation ("Research Foundation") Employee Handbook. I understand that this edition of the Handbook supersedes any and all previous Handbooks and any and all previous summaries, statements, or descriptions of the Research Foundation’s policies, procedures, and employee benefits.

I also understand that this Handbook describes important information about the Research Foundation. This Handbook is presented as a matter of information only, and the Research Foundation reserves the right to change, amend, modify, and/or eliminate any or all of the policies, procedures, or other statements contained in this Handbook at any time, with or without notice, within its sole discretion and judgment.

I understand that I am responsible for reading the Handbook and for knowing and complying with the policies set forth in the Handbook during my employment with the Research Foundation. I have reviewed, or will, in a timely manner, review, the contents of this Handbook, and understand that I have the opportunity to ask or raise any questions or concerns regarding the terms of the Handbook as it relates to my employment status by directing my questions, issues, or concerns to my Manager, functional Director, or the Director of Human Resources. I understand the terms of this Handbook, and I agree to adhere to its provisions, as they may be modified from time to time, as a requirement of my employment.

I understand that nothing contained in this Handbook, as it is currently stated or as may be modified from time to time, should be interpreted as creating any expectation of continued employment or any contract relationship with the Research Foundation. I understand that my employment with the Research Foundation is “At Will,” that is, that both the Research Foundation and I are free to terminate the employment relationship at any time, with or without cause, and with or without advance notice. I also understand that the Research Foundation may demote or discipline me or otherwise alter the terms of my employment at any time at its sole discretion, with or without cause or advance notice. I understand that this “At Will” employment relationship can only be changed by an express written contract signed by the Executive Director of the Research Foundation. The “At Will” employment policy is the sole and entire agreement that exists between the Research Foundation and me as to the duration of employment and the circumstances under which employment may be terminated.

I understand that this signed Employee Acknowledgment will be placed in my personnel file. Additionally, I have been provided link to the New Hire Information page which contains important information regarding procedures at the Research Foundation and it is my responsibility to follow these guidelines. If you wish to receive a hard copy of handbook and other materials, please contact HR at foundation-hr@sjsu.edu.

___________________________  ____________________
Signature                     Date

NOTE: Benefited employees will receive ‘Handbook for Benefited Employees’ at the time of benefits orientation.