San José State University Research Foundation
NON-ACADEMIC NEW HIRE FORMS COMPLETION INSTRUCTIONS

Please note: The 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.

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.

3. **CA Notice to Employee**- Only needs to be completed for non-exempt (hourly) employee, signed copy must be provided to employee. This document provides employer contact information, employee’s start date, pay rate, pay dates, worker’s compensation carrier information and sick leave information.

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

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

6. **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.

7. **Application for Employment**- Employee completes all the information and signs the document.

8. **Summary Data Sheet**- Employee completes this information.

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

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

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

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

13. **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.
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
Non Faculty Appointment Form

SJSU Research Foundation is an E-Verify employer. New hires/Rehires must provide eligibility documents to HR within 3 days of hire date to complete the e-verify process.

|-----------|----------|--------|---------------|-------------|---------------------------|---------|--------------|-------------|------------|-------|

Last Name __________________ First Name ________________
Employee ID __________________________________________
Address ______________________________________________
City __________________________ State __________________
Phone ________________________ Zip Code _______________
SJSU Email ____________________________________________
Personal Email _________________________________________

U. S. Citizen/Permanent Resident  ○ Yes  ○ No
If no, other visa type __________________________________
Work Phone_______________ Work Location _______________
Supervisor Name ______________________________________
Supervisor Email ______________________________________

Have you worked previously for the Research Foundation?
○ Yes  ○ No  If yes, when? _____________________________

Do you have any relatives working for the Research Foundation?
○ Yes  ○ No  If yes, whom? ___________________________

SJSU Employee  ○ Yes*  ○ No
*If yes, complete Additional Employment Request Form.

FOUNDATION EMPLOYEES ARE NOT STATE EMPLOYEES
Research Foundation employees who work on projects or programs funded by grants, contracts, gifts or fees are considered temporary employees under the meaning of Section 89900(c) of the California State Education Code.

STUDENT ASSISTANT APPOINTMENTS ONLY  
(must be completed)
Registered:  □ SJSU  □ Other (Specify): ________________
High School  □ Undergraduate  □ Graduate

Expected Graduation Date: _____________________________

REASON FOR SEPARATION
□ Voluntary (Attach Resignation Letter)
□ Discharge (must have HR pre-approval)
□ End of Appointment
□ Retirement
□ Death

Date Separation is effective ___________________________
Last Day Worked  __________________________

Have you worked previously for the Research Foundation?
○ Yes  ○ No  If yes, when? _____________________________

Do you have any relatives working for the Research Foundation?
○ Yes  ○ No  If yes, whom? ___________________________

APPOINTMENT PERIOD
Start Date __________________ End Date __________________
(Maximum one year or termination of funding, if earlier)

Hourly Rate in $ ________________ Time in % ____________
Semi-Monthly at 100% _________ Annual at 100% ________
Job Title: ________________________________

○ Exempt  ○ Non-exempt  ○ Benefited  ○ Non-benefited

Account No.: ______________________________________

*Sensitive Position:  ○ Yes  ○ No
If yes: Background check/Livescan required
*Sensitive positions include working with minors/disabled elderly, access to level one and financial data. Employee is not authorized to work until HR receives the results of background check/livescan. See HR Background Check Policy for details.

COMMENTS

Send completed form to Research Foundation Human Resources dept. at EXT ZIP 0139.

Rev 1/2/20
**NOTICE TO EMPLOYEE**  
*Labor Code section 2810.5*

### EMPLOYEE

Employee Name: ____________________________
Start Date: ________________________________

### EMPLOYER

Legal Name of Hiring Employer: **SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION**

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  □ Yes  ✔️ No

Other Names Hiring Employer is "doing business as" (if applicable):
____________________________________________________________________

Physical Address of Hiring Employer’s Main Office:

**Central Office location: 210 N, Fourth St., 4th Floor, San Jose, CA 95112**

Hiring Employer’s Mailing Address (if different than above):
____________________________________________________________________

Hiring Employer’s Telephone Number: **(408) 924-1400**

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: ____________________________

Physical Address of Main Office: ____________________________

Mailing Address: ____________________________

Telephone Number: ____________________________

### WAGE INFORMATION

Rate(s) of Pay: ____________________________  Overtime Rate(s) of Pay: ____________________________

Rate by (check box):  ✔️ Hour  □ Shift  □ Day  □ Week  □ Salary  □ Piece rate  □ Commission

Other (provide specifics): ____________________________

Does a written agreement exist providing the rate(s) of pay? (check box)  □ Yes  □ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  □ Yes  □ No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):
____________________________________________________________________

(If the employee has signed the acknowledgment of receipt below, it does not constitute a “voluntary written agreement” as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: **10th and 26th of the month, see Payroll Calendar**
WORKERS’ COMPENSATION

Insurance Carrier’s Name: CSURMA/AORMA Program, administered by Sedgwick CMS

Address:  P. O. Box 14479, Lexington, Kentucky 40512 - 4479

Telephone Number: (916) 851–8058

Policy No.: CSURMA/AORMA

□ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _________________

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and

c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
   1. requesting or using accrued sick days;
   2. attempting to exercise the right to use accrued paid sick days;
   3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
   4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
☐ 2. Accrues paid sick leave pursuant to the employer’s policy which stratifies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
☑ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12 month-period.
☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5 (State exemption and specific subsection for exemption):

ACKNOWLEDGMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative) _______________________ (PRINT NAME of Employee) _______________________

(SIGNATURE of Employer representative) ______________________ (SIGNATURE of Employee) ______________________

(Date) __________ (Date) __________

The employee’s signature on this notice merely constitutes acknowledgment of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.
**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____________________________
Form W-4
Employee’s Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

(a) First name and middle initial
(b) Last name

(b) Social security number

▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

(c) □ Single or Married filing separately
□ Married filing jointly (or Qualifying widow(er))
□ 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 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 ➤ $________________

Multiply the number of other dependents by $500 ➤ $________________

Add the amounts above and enter the total here...

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income...

(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...

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

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)

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 17a, 17b, and 17c; 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. 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.

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.

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.
### Married Filing Jointly or Qualifying Widow(er)

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<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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### Single or Married Filing Separately

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### Head of Household

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<td>$30,000 - 39,999</td>
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<tr>
<td>$40,000 - 49,999</td>
<td>$40,000 - 49,999</td>
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<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
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<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
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<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
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<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
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<tr>
<td>$90,000 - 99,999</td>
<td>$90,000 - 99,999</td>
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<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</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>
<td></td>
<td></td>
<td>Checking</td>
<td>$ ______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remaining balance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Savings</td>
<td>$ ______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remaining balance</td>
<td></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
Employment Application

Position Applying For: ______________________ Date Available to Start: ______________

☐ Benefited position  ☐ Student (temporary) position  ☐ Non-Student temporary position  ☐ Other: ______________

It is the policy of the San Jose State University Research Foundation (“Research Foundation” or “Foundation”) to provide equal employment opportunities to all employees and applicants for employment. All employment practices such as recruitment, selection, promotions, and other terms and conditions of employment are administered in a manner designed to ensure that employees and applicants for employment or services are not subjected to discrimination on the basis of age (over 40), race, color, sex, sexual orientation, national origin, ancestry, medical condition (cancer or genetic characteristics), physical or mental disability, marital status, religion, veteran status, or any other consideration made unlawful by applicable federal, state or local laws. The Research Foundation also prohibits harassment of applicants and employees based on any of these protected classifications.

The Research Foundation is committed to providing a work environment free from discrimination and harassment, and where employees are treated with respect and dignity. This policy is in accordance with federal, state and local laws and reaffirms the Research Foundation’s continuing commitment to both the spirit and intent of equal employment opportunity laws and policies.

If you have any questions or need assistance or an accommodation in completing this application, please contact Research Foundation HR at (408) 924-1400.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Street Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Permanent Street Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Email Address

Have you ever worked for the Research Foundation before? ☐ Yes ☐ No
If Yes, when? ______________ Dept. or Project Worked: ______________

Do you have relatives working for the Research Foundation? If Yes, please state name(s).
Name: __________________________
Name: __________________________

If hired, would you have a reliable means of transportation to and from work? .......... ☐ Yes ☐ No
Are you at least 18 years old? (If under 18, hire is subject to verification that you are eligible to work) ☐ Yes ☐ No
If hired, will you be able to present proof of your legal right to work in the United States? .............................................................. ☐ Yes ☐ No

Rev. 1/2/20
## EDUCATION and TRAINING

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Graduated (Yes/No)</th>
<th>Number of Years Completed</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
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<tr>
<td>College or University</td>
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<tr>
<td>Vocational</td>
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<tr>
<td>Other</td>
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## EMPLOYMENT/VOLUNTEER WORK EXPERIENCE

List below all present and past employment and/or volunteer work experience, starting with your most recent work experience, for the last FIVE years. Please account for all periods of unemployment. You must complete this section even if attaching a resume. Please attach additional pages, as appropriate.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>(Present or Most Recent Employer)</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

**Period of Employment:** From ___________ To ___________

**Position(s) Held:**

**Supervisor’s Name and Position:**

Describe your significant duties:

May we contact this Employer?  [ ] Yes  [ ] No  Reason for leaving:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

**Period of Employment:** From ___________ To ___________

**Position(s) Held:**

**Supervisor’s Name and Position:**

Describe your significant duties:

May we contact this Employer?  [ ] Yes  [ ] No  Reason for leaving:

**How did you hear about this vacancy?**

[ ] Research Foundation posting (If so, where?)

[ ] Research Foundation staff member

Name of staff member: ____________________________

[ ] SJSU Career Center site

[ ] Internet (e.g. Indeed, Dice) Please specify: ____________________________

[ ] Job Fair

[ ] Social Media (e.g. LinkedIn) Please specify: ____________________________

[ ] Other (Please specify location): ____________________________
REFERENCES
List below three persons not related to you who have knowledge of your work performance within the last three years.

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Telephone and e-mail</th>
<th>Occupation</th>
<th>No. of years acquainted</th>
</tr>
</thead>
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<td></td>
</tr>
</tbody>
</table>

Please Read Carefully, Initial Each Paragraph and Sign Below:

Initial Smoking is prohibited in all indoor areas of the Research Foundation. Smoking is permitted only in designated outdoor smoking areas that have been established in accordance with applicable state and local laws.

Initial I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial I hereby authorize the Research Foundation, through its own employees, to investigate my references, work record, education, and other matters related to my suitability for employment. This includes, but is not limited to, social network postings on Twitter and Facebook, among others. I further authorize the references I have listed to disclose to the Research Foundation information about me without giving me prior notice of such disclosure. In addition, I hereby release the Research Foundation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial I recognize that this employment application is not an offer of employment. I understand and agree that if I become employed, my employment is “at will,” which means 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 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. I understand that, unless my employment is subject to such a written contract, the “at will” employment policy will be the sole and entire agreement that exists between me and the Research Foundation as to the duration of employment and the circumstances under which employment may be terminated.

Initial I understand and acknowledge that a background investigation may be conducted on the Research Foundation’s behalf after a conditional offer of employment been made. I agree to complete the requisite authorization forms for any background investigation that may be conducted by the Research Foundation.

Initial I understand that the Research Foundation may decline to hire relatives or friends of present employees if doing so could result in actual or potential problems in supervision, security, safety, or moral, or if doing so could create conflicts of interest.

Initial I understand that in compliance with federal law, if hired, I will be required to establish my identity and eligibility to work in the United States and to submit to E-Verify.

Signature of Applicant: ___________________________ Date: ___________________________
San José State University Research Foundation
Summary Data Sheet

To the Applicant:

As an Equal Opportunity Employer and federal contractor, the San Jose State University Research Foundation is required by applicable laws to compile summary data on the sex, ethnicity, and veteran status of applicants for Research Foundation positions. For the purpose of statistical analysis only, we are requesting that you complete and return this form.

Completion of this form is completely voluntary. Refusal to complete this information will not adversely affect your application. Likewise, this information, if provided, will neither enhance nor will it detract from your opportunity for employment with the San Jose State University Research Foundation. The information provided on this form will not become a part of any personnel file, nor will it be made available to those making employment decisions.

Position Applied For ________________________________

Sex:  [] Male  [] Female

Race/Ethnicity: ________________________________

Veteran Status: Check one of the following boxes

[] I identify as one or more of the classifications of Protected Veteran listed below

[] I identify as a veteran, just not a Protected Veteran.

[] I am not a veteran.

[] I do not wish to self-identify.

Protected Veterans are described as:

<table>
<thead>
<tr>
<th>Protected Veteran</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled Veteran</td>
<td>(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay).</td>
</tr>
<tr>
<td>Active Duty Wartime or Campaign Badge Veteran</td>
<td>(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at <a href="http://www.opm.gov/staffingportal/vgmedal2.asp">http://www.opm.gov/staffingportal/vgmedal2.asp</a>).</td>
</tr>
<tr>
<td>Armed Forces Service Medal Veteran</td>
<td>(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).</td>
</tr>
<tr>
<td>Recently Separated Veteran</td>
<td>(Veteran who served on active duty and was discharged or released from active duty within the last three years).</td>
</tr>
</tbody>
</table>
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.
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.

__________________________
Print Employee Name

__________________________
Employee Signature

_________________________
Date

__________________________
Primary Department Assignment

__________________________
Temporary Department Assignment
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

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.

_________________________   __________________________
Employee Signature                      Date

_________________________
Printed Name

Note: If you are benefited employee, you will receive handbook for benefited employee during your benefits orientation.

Rev. 1/2/20