



## HUMAN RESOURCE MANAGEMENT

Please complete the enclosed employment packet and return all forms **to the Department Chair.** Human Resources cannot process payment for services until **all** forms are returned.

Please include all documents listed on the checklist on pages 2-3 in order for your hire to be processed.

[Return:](#)

**Adjuncts & Dual Enrollment:**

The Department Chair

[Questions:](#)

Phone: 662-846-4035

# NEW ADJUNCT EMPLOYMENT PACKET

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## Required information:

ADJUNCT FULL LEGAL NAME \_\_\_\_\_

ADJUNCT PERSONAL EMAIL \_\_\_\_\_

**DEPARTMENTS:** Please use the checklist below to ensure that all documents are included in the employment packet before submitting it to Academic Affairs. The department chair is required to sign off on all completed packets. Incomplete packets will be returned to the hiring department.

## REQUIRED DOCUMENTS TO COMPLETE & SUBMIT FOR A COMPLETE PACKET:

☐ **EAF** – Rate of Pay will be “Set up Only”. All adjuncts are paid through the FLAC System.

☐ **Application for Employment**

☐ **HR Employee Information Form**

☐ **I-9 Form**

☐ **Acceptable I-9 Form Documents as noted on page 3 of the I-9 Form**

Employees may elect to submit: ONE (1) document from List A - Only one document is required if submitted from List A. EXAMPLE: An unexpired U.S. Passport or U.S. Passport Card. OR ONE (1) document from List B (which shows identity) AND ONE (1) document from List C (which documents citizenship) - Employee cannot submit two items from the same list. EXAMPLE: A valid Driver's License (identity) and Social Security Card (citizenship). **Review all documents to ensure that they are not expired and comply with all restrictions in the list provided within the packet.** Copies of all documents must be completed and not cut off or cropped in any way. All documents must be clear and legible. The whole document with all edges must show.

☐ **W-4 Federal Tax Form**

☐ **State Mississippi Tax Withholding Form**

☐ **Selective Service Form –**

To receive the employee's selective service number, please go to <https://www.selectiveservicenumber.org>.

☐ **Direct Deposit Form**

☐ **Direct Deposit Bank Documentation**

To sign up for direct deposit, a voided check OR a letter/statement from their financial institution that clearly shows their name, account number, AND routing number must be attached to this form.

☐ **ADA Form**

☐ **Veteran Form**

☐ **Dual Employment Form**

☐ **PERS Form** – Complete only ONE of the included PERS forms.

1. Adjuncts will indicate on the Dual Employment Form their current employment status.

# NEW ADJUNCT EMPLOYMENT PACKET

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- If they are currently employed by another state agency and participate in PERS with that employer, they will complete PERS Form 1 – Application for Membership.
- If the employee does not currently participate in PERS with another employer or participates in the Optional Retirement Plan (ORP) with another employer, they will complete PERS Form 4A – Non-Covered Employment Acknowledgment.

## **REQUIRED DOCUMENTS FOR ADJUNCTS TO READ, SIGN, & SUBMIT: (all must be included)**

- ☐ **Core Values**
- ☐ **Employee Certification and Authorization** (be sure the box noting if the adjunct has been convicted of or pled guilty to a crime or not is checked)
- ☐ **Employee Signature**
- ☐ **Work Performance & Code of Conduct**
- ☐ **Employee Confidentiality**
- ☐ **Employment Conditions Agreement**
- ☐ **Probationary Employment Period Form**

**Please send Completed Employment Packets with EAF to:**

**Academic Affairs**

I certify that all forms have been completed and signed and all additional documents are included (I-9 documents and bank statement). I have checked all forms for completeness and accuracy. I understand that submitting incomplete packets will delay processing and that incomplete packets will be returned to the hiring department.

**Department Chair:**

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**Signature**

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**Date**



## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Department of Human Resources  
Kent Wyatt Hall 249  
Cleveland, MS 38733  
Fax: (662) 846-4025 • Phone: (662) 846-4035

INSTRUCTIONS: Please answer all questions, where applicable, completely and truthfully to the best of your knowledge and belief. Type or print in ink as carefully as possible. Omit any information that discloses race, age, ethnic origin, religious or political affiliation.

### PERSONAL INFORMATION

Position Applied For:			Email address:		
Last Name	First	Middle	Social Security No.		
Present Address: Street No.		City	State	Zip	Telephone: Daytime:
Working conditions you will accept: (Check all that apply)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		When can you begin work?	Home:

### EDUCATION

	School/Institution	City	State	Dates Attended	Did you Graduate/ Complete?	List Type of Certificate, Courses or Major Diploma, Degree	Courses or Major
High School or GED				To			
Vocational/Technical School				To			
Community College				To			
Undergraduate School				To			
Graduate School				To			
Other				To			

List of scholastic honors, membership in professional societies, etc.

### OTHER REQUIRED INFORMATION

If you are offered employment, can you submit proof of your legal right to work in the United States within three days of your hire? ☐ Yes ☐ No

Are you currently enrolled as a student at the University? ☐ Yes ☐ No

Have you been previously employed by the University? If yes, give department and dates:  
☐ Yes ☐ No

Have you ever been convicted of a felony? If yes, please explain. (A record of conviction will not necessarily bar you from employment).  
☐ Yes ☐ No

Mississippi law prohibits any individual from being employed in a department or unit under the supervision of a relative who has or may have direct effect on the individual's progress, performance or welfare. If you have any relative(s) employed at Delta State University, give their name(s), relationship, and department where employed:

Active Military Service: Service and Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_

If you are applying for a position which requires you to drive, please complete this section:

Type of License:	Classification:	Endorsements:		
<input type="checkbox"/> Not Applicable				
<input type="checkbox"/> Operator	Driver's License No: _____	<input type="checkbox"/> Class "A"	<input type="checkbox"/> Class "B"	<input type="checkbox"/> "H" Hazardous Materials
<input type="checkbox"/> Commercial	State: _____	<input type="checkbox"/> Class "C"	<input type="checkbox"/> Class "D"	<input type="checkbox"/> "P" Passenger Vehicles

Has your license ever been restricted, revoked, or suspended? If yes, please explain. ☐ Yes ☐ No

Do you type: ☐ Yes ☐ No

List equipment you can operate (copier, lawnmower etc.):

Computer Systems/software with which you are experienced (Word, Excel, etc):

List other job-related skills you have (shorthand, dictation, etc.):

EMPLOYMENT (List Most Recent Employer First)				
From:	Month	Year	Employer's Name	
To:	Month	Year	Supervisor's Name/Title	
Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			Street Address	
Your Title:			City	State   Zip
Duties:				

EMPLOYMENT				
From:	Month	Year	Employer's Name	
To:	Month	Year	Supervisor's Name/Title	
Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			Street Address	
Your Title:			City	State   Zip
Duties:				

EMPLOYMENT				
From:	Month	Year	Employer's Name	
To:	Month	Year	Supervisor's Name/Title	
Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			Street Address	
Your Title:			City	State   Zip
Duties:				

REFERENCES (List three persons, other than relatives or personal friends, who have knowledge of your experience and/or education)			
Name	Address	Relationship	Telephone Number

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION AND AUTHORIZATION
<p>This application is not to be interpreted as a contract of employment or as a promise of continued employment. I acknowledge that Delta State University retains the right to establish and enforce with full discretion any and all rules, regulations, and policies. I agree to abide by all applicable rules, regulations, and policies upon my acceptance of employment. I certify that all the information submitted by me on this application is true and accurate. I understand that if any false information, misrepresentation of facts, or omissions are discovered, my application may be rejected and, if I am employed, my employment may be terminated.</p> <p>I authorize Delta State University to contact any educational institution, organization, business, or individual that I have listed on my employment application, resume, or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my performance, experience, skills, credentials, and other factors affecting my suitability for employment. I understand that I am consenting to the release of any reference related information about me held or known by my former employers, department heads, supervisors, and co-workers. In addition, I consent to the release of any information about my education, performance, experience, credentials, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, friends, and acquaintances that Delta State University might contact in the course of conducting a reference check or background investigation of my suitability for employment.</p> <p>In exchange for Delta State University's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against Delta State University or any of its employees or agents arising out of their efforts to obtain work-related information about me. I also agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization, business corporation, educational institution, or individual that provides work-related information about me to Delta State University or any of its employees or agents in accordance with the terms and intent of this release.</p>

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_





## CORE VALUES

**Delta State will promote and embrace traditional core values** such as family, individual worth and well-being, good citizenship, and a healthy life style; intellectual and academic freedom; the pursuit of truth and knowledge; cultural enrichment; civility, inclusive excellence, and respect for all; and, integrity and ethical conduct, among many other desirable values, as listed below—all to support the well-rounded development of our students, and to provide a conducive environment for teaching and learning.

*Core Values. To support the well-rounded development of our students, and to provide a conducive environment for teaching and learning, Delta State will promote and embrace traditional core values of family, individual worth, wellbeing, good citizenship, and a healthy life style; intellectual and academic freedom; the pursuit of truth and knowledge; cultural enrichment; a caring faculty and staff; significant student-faculty academic interaction; personal and professional development, leadership, resourcefulness, and competence; loyalty, commitment, and a strong work ethic; hospitality and family orientation; civility, inclusive excellence, and respect for all; integrity and ethical conduct; accountability and transparency; diversity, inclusion, and fairness; and, customer and community service.*

By signing below, I acknowledge that I have received a copy of Delta State University's Core Values.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Becker, Rachel Human Resources Specialist					
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			
Delta State University		1003 W Sunflower Rd, Cleveland, MS 38733			

For reverification or rehire, complete [Supplement B. Reverification and Rehire](#) on Page 4.



## Acceptable I-9 Documentation:

Please submit one of the following

- ONE (1) document from List A
  - Only one document is required if submitted from List A
- ONE (1) document from List B **AND** ONE document from List C
  - Employee cannot submit two items from the same list

### **LISTS OF ACCEPTABLE DOCUMENTS**

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> Documents that Establish Both Identity and Employment Authorization	<b>OR</b>	<b>LIST B</b> Documents that Establish Identity	<b>AND</b>	<b>LIST C</b> Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Review all documents to ensure that they are not expired and comply with all restrictions above.

Copies and photos of documents must show the entire document, including edges of ID cards and passports, and cannot have been cropped.

# 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.

OMB No. 1545-0074

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$		
	<b>Step 4 (optional):</b> <b>Other Adjustments</b> (a) <b>Other income (not from jobs).</b> 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>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .			<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$		

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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/W4App](http://www.irs.gov/W4App) 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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.** This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2024 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2024 itemized deductions (from Schedule A (Form 1040)). 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:  $\int$  \$21,900 if you're head of household, } . . . . . **2** \$ \_\_\_\_\_  
           \$29,200 if you're married filing jointly or a qualifying surviving spouse }  
           \$14,600 if you're single or married filing separately
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person 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 territories 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 Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



# MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee's Residence \_\_\_\_\_

Number and Street \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION			
	Marital Status	Personal Exemption Allowed	Amount Claimed
<b>EMPLOYEE:</b> File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption . . . . ▶	\$
	2. Marital Status (Check One)	(a) <input type="checkbox"/> Spouse <b>NOT</b> employed: Enter \$12,000 ▶	\$
		(b) <input type="checkbox"/> Spouse <b>IS</b> employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶	\$
	3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below . . . . . ▶	\$
<b>EMPLOYER:</b> Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents <div style="border: 1px solid black; padding: 2px; width: 100px; float: left;">Number Claimed</div>	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶	\$
	5. Age and blindness	<ul style="list-style-type: none"> <li>Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single</li> <li>Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single</li> </ul> Multiply the number of blocks checked by \$1,500. Enter the amount claimed . . . . . ▶ * <b>Note:</b> No exemption allowed for age or blindness for dependents.	\$
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶		\$
	7. Additional dollar amount of withholding per pay period if agreed to by your employer . . . . . ▶		\$
	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.. ▶		_____

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

### 1. The personal exemptions allowed:

- |                                   |          |                     |         |
|-----------------------------------|----------|---------------------|---------|
| (a) Single Individuals            | \$6,000  | (d) Dependents      | \$1,500 |
| (b) Married Individuals (Jointly) | \$12,000 | (e) Age 65 and Over | \$1,500 |
| (c) Head of family                | \$9,500  | (f) Blindness       | \$1,500 |

### 2. Claiming personal exemptions:

(a) Single Individuals enter \$6,000 on Line 1.

(b) Married individuals are allowed a joint exemption of \$12,000.

If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).

(c) Head of Family

A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).

(d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but

should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.

(e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the **age of 65** before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.

(f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are **blind**. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.

### 3. Total Exemption Claimed:

Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.

4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.

5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION.

6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.

To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.

**EMPLOYEE CERTIFICATION AND AUTHORIZATION**

I have been notified that as an employee of the State of Mississippi I cannot have been convicted or pled guilty in any court of this state, another state, or in federal court of any felony in which public funds were unlawfully taken, obtained, or misappropriated in the abuse or misuse of my office or employment or money coming into my hands by virtue of my office or employment. I understand that any conviction or guilty plea of embezzlement will disqualify me from employment with the State of Mississippi and will result in my termination.

I swear or affirm that I have never been convicted or pled guilty in any court of this state, another state, or in federal court of *any felony* in which public funds were unlawfully taken, obtained, or misappropriated by the abuse or misuse of any office or employment or money coming in to my hands by virtue or my office or employment.

I hereby authorize Delta State University ("DSU") to conduct a background check of my criminal history at any time as a condition of and/or subsequent to my employment. **I understand and acknowledge that I may revoke my permission for such background check. In such case, no background check investigation will be done and my employment will be terminated.**

*I further understand and acknowledge that should the criminal background check occur and it established that I have been convicted or pled guilty to misuse of public funds in violation of section 25-1-113 my employment with DSU will terminate, and I will have no recourse against Delta State University.*

I certify that my responses to this requirement are accurate and true to the best of my knowledge and ability.

Have you been convicted or pled guilty to a crime in a court of law: ☐ Yes ☐ No

Individuals with a criminal history will not be automatically disqualified from employment. Multiple factors will be taken into consideration, such as the nature and gravity of the offense(s), the nature of the position sought or held, the accuracy of disclosure on the employment application, etc. The application and authorization form and the criminal background screen reports are maintained in the third party vendor's system and will only be distributed to the Mississippi Institutions of Higher Learning' Attorney General's Office and the employee, as appropriate.

***Employee:***

***Witness:***

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name – Printed

\_\_\_\_\_  
Name of Witness – Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

### SELECTIVE SERVICE ELIGIBILITY AND VERIFICATION

As of January 01, 2000, all new male employees must complete this form regarding their eligibility for Selective Service registration. Males age 18 through 26 who are required to register for Selective Service must provide verification of registration or exemption as a condition of employment. It applies to all male employees of **Delta State University**, including faculty, staff, and students regardless of title or source of funds. If the new employee is unable to provide verification of registration or exemption, they cannot work. For assistance, contact the Human Resources department at 846-4035.

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**INSTRUCTIONS: To be completed immediately by all new male employees on or before first day of employment**

**Name: (Please Print)**

\_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

---

#### Section 1 – Registration Based on Age

1. Are you a male age 18 through 26? (Check one) YES NO

**If YES, go to Section 2.**

**If NO, return this form to the Human Resources department. The Human Resource department will keep this information in your employment records file.**

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#### Section 2 – Registration Based on Status

1. As a male age 18 through 26, are you required to register for Selective Service? (Check one)

YES You are required to register if you are a male U.S. citizen or immigrant alien male.

NO You are not required to register if you are a lawful non-immigrant alien on a student, visitor, tourist, or diplomatic visa; on active duty in the U.S. Armed Forces; or attending certain service academies.

**If YES, go to Section 3.**

**If NO, return this form to the Human Resources department. The Human Resource department will keep this information in your employment records file.**

---

#### Section 3 – Verification of Registration or Exemption

1. The Selective Service card issued upon registration. (Attach a copy of the card to this form)
2. Telephone verification. Call 847-688-6888 to obtain telephone verification of registration.
3. Printout of the on-line confirmation. Web site: <http://www.sss.gov>

**Selective Service Number:** \_\_\_\_\_

If you have not yet registered, you must register **IMMEDIATELY** or you will not be able to be employed at Delta State University. You may register either on-line at <http://www.sss.gov> or at the nearest post office. The supervisor or department head will initiate termination to any employee who does not provide appropriate documentation to the Human Resources department within three weeks of their employment date.

#### Verification of Exemption

Please state the reason you are exempt: \_\_\_\_\_. Exemptions are extremely rare and only include children of diplomats assigned to embassies in the United States, and individuals who are part of trade commissions or embassies of foreign countries. Exemptions do not include student deferments or conscientious objectors. The Human Resource department will contact you for further information and documentation.

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I certify that all the information, including attachments, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired, termination.

**Employee Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_ / \_\_\_\_ / \_\_\_\_





## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Direct Deposit is available to all faculty/staff employees of Delta State University. Your monthly statement from your financial institution will provide a record of all direct deposits. You may also verify your deposit through several services (i.e. telephone info-line, ATM machine, etc.) your financial institution provides. You will receive your pay stub showing your gross earnings, deductions, and net pay at the same time paychecks are available to those that are not participating in direct deposit. Please remember to notify our office of changed or closed accounts. This may delay the receipt of payments.

### Instructions:

- Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested.
- *Checking Account – Attach a voided check, letter or statement from your financial institution which includes the financial institution's routing number and your account number.*
- *Savings Account – Attach a letter or statement from your financial institution which includes the financial institution's routing number and your account number.*
- Sign and return form to the Human Resource Department, Kent Wyatt Hall 249. If you have a joint account, both signatures are required to initiate a direct deposit. Should you have any questions, please contact us at 662-846-4035.

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**EMPLOYEE'S AUTHORIZATION:** I (we) hereby authorize DELTA STATE UNIVERSITY and the financial institution listed below to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below. This authority will remain in effect until I have cancelled in writing with sufficient notice to allow the financial institution and Delta State University adequate time to act on it.

This is an authorization to: ☐ Establish New Direct Deposit Account ☐ Change Existing Direct Deposit Account

☐ **Checking account** – A voided check, letter or statement from your financial institution that includes the routing number and your account number is required to process this authorization.

☐ **Savings Account** – A letter or statement from your financial institution that includes the routing number and your account number is required to process this authorization.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
900 Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Joint Account's Signature (if applicable)

\_\_\_\_\_  
Date

**Note: On joint accounts, both signatures are required**



## Employee Signature Acknowledgement

In accordance with the IHL Best Practices for Human Resources, all employees are required to receive the Computer/Technology Security and Use, and Harassment policies and notices.

By signing below, I acknowledge receiving and reading the policies and procedure statements for each of the items listed below. I agree to abide by the provisions and understand that violation of the policy(ies) may result in disciplinary action.

- Computer/Technology Security and Use
- Drug Free Workplace Policy
- Harassment Policy

For more information regarding these policies, please refer to the Employment Section II and Technology Section IX under the University Policies website.

<http://www.deltastate.edu/policies/policy/university-policies/>

### DELTA STATE UNIVERSITY – STATEMENT OF UNIVERSITY POLICIES AND PROCEDURES

The official policies and procedures of Delta State University are located on the University Policies website at <http://www.deltastate.edu/policies/policy/university-policies/>. By signing below, I acknowledge that it is my responsibility as a DSU employee to become well-informed and to understand DSU's employment practices, benefits, facilities, advantages offered, and the related responsibilities that I accept as an employee. The University reserves the right to amend or alter the conditions and terms as it deems necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name



# Work Performance and Code of Conduct

## POLICY STATEMENT

Delta State University is committed to maintaining an environment conducive to the conduct of business and one in which the rights of others are respected. The University expects of its employees behavior consistent with the expectations of an institution of higher education.

## DEFINITIONS

Employee: This generally includes faculty and staff employees who are working on paid appointments by the University. It generally excludes students or temporary employees. For specific information on who is considered an employee, contact the Human Resources Department.

Supervisor: An employee designated by management who exercises major supervisory functions over another employee or employees. These functions include hiring, evaluating, assigning work, and disciplining employees.

At-Will Employees: All hourly and staff employees, who do not receive an employment contract, may be dismissed from employment for any reason or no reason, as long as it is not an illegal reason.

## PROCEDURES and RESPONSIBILITIES

Part of the intent of this section is to identify typical offenses or behavior patterns for which disciplinary actions are taken. This is necessary in order to provide consistent treatment of all employees and so that the rights of some employees will not be violated by other employees.

Although this list is not an all-inclusive, the following are examples of deficiencies or offenses for which progressive disciplinary actions may be appropriate and which may result in discharge.

Examples of offenses that generally require discipline and may result in discharge:

- Absenteeism
- Failure to record work time accurately
- Failure to report an accident or injury to a student, employee, visitor or self.
- Failure to report to work on time.
- Leaving University premises or work area without permission during work hours; unexcused absences.
- Malicious mischief
- Misuse of sick leave privileges and benefits
- Neglect of duty or inattention to duty; negligence in wearing safety equipment
- Negligence in the performance of duty or productivity not up to standards
- Sleeping during work hours

- Violation of common safety practices
- Failure to cooperate in an investigation
- Gambling on University premises
- Inappropriate behavior in the workplace, including, but not limited to, horseplay and threatening, intimidating, coercing, bullying, or interfering with fellow employees on University property.
- Inappropriate behavior toward, or discourteous treatment of students, visitors, co-workers including use of profanity and other harassing statements.
- Negligence or abuse in the use of University property or equipment.
- Reporting to work when suffering from alcoholic or drug-related hangover
- Misconduct and/or inappropriate behavior in the workplace
- Insubordination
- [Harassment](#)
- Violation of University policies or procedures

The following occurrences are cause for immediate discharge without notice or without pay in lieu of notice. Since a complete list of specific offenses is impossible, discharge is not limited to the situations described below.

- Absence without notification or reasonable cause for failure to notify. Such absences for three consecutive workdays or shifts require no further follow-up prior to termination.
- Any act of fighting on University property
- Conviction of a felony
- Falsifying personnel or pay records, including application for employment, clocking the time record or signing the time sheet for another employee.
- Falsifying official records and documents of the University.
- Fraudulent worker's compensation claims.
- Immoral or indecent conduct on University property.
- Stealing from fellow employees, students, the University or others on University property.
- Theft, misappropriation of funds, and/or unauthorized use or removal of University property.
- Unauthorized possession of firearms, knives, or other weapons.
- Unauthorized release of confidential or official information.
- Reporting to work under the influence of intoxicants, including alcohol, non-prescribed drugs, or illicit drugs.
- Unlawful possession, use, manufacture, distribution or dispensing of illicit drugs, controlled substances, or alcoholic beverages during the employee's work period, whether on the premises of DSU or at any other site where the employee is carrying out DSU duties.
- Violating the Ethics in Government Law (i.e., conflict of interest).
- Behavior of any nature that discredits the University, including but not limited to, a willful misrepresentation to or on behalf of the University.
- Behavior that interferes with the operation of the University or any part thereof.
- Any other action, behavior, or communication that, as perceived by University officials, adversely affects the University or any sub-unit thereof.

### **Attendance and Absence**

Employee attendance is of vital concern to the University. An employee is expected to report to work on time daily and to remain on the job throughout his/her regular work hours. Excessive tardiness or unscheduled absences can result in disciplinary action. If an employee has to be absent from work or has an urgent reason for leaving, he/she should seek prior approval from his/her supervisor or administrative head. Generally, progressive disciplinary action will be due anytime an employee exceeds three (3) occurrences of unexcused absences in a rolling six month period.

As close to the regular starting time as possible, an employee must call his/her supervisor or department head if he/she is going to be absent without prior approval. An employee is expected to explain the reason for his/her absence and indicate the date he/she expects to return to work. Employees with poor attendance records may be asked to provide a doctor's certificate to justify an absence due to illness or injury. Any employee who does not report to work for three (3) consecutive days and does not provide proper notification to Delta State University is considered to have resigned voluntarily. An employee is expected to report to work on time daily and to remain on the job throughout your regular work hours. If you have to be absent from work or have an urgent reason for leaving, you must have prior permission from your supervisor or administrative head.

### **Responsibility of All Employees**

University employees are expected to serve the University as they would any other efficient and progressive organization. The image of the University is presented by the words and deeds of the individual employees who deal with students, colleagues, or guests. Employees are expected to deal with the public and co-workers in a courteous, tactful, and cooperative manner.

If corrective action is necessary, the progressive disciplinary steps outlined below will normally be followed. The nature or severity of the offense will determine the first step.

**Step I. Documented Oral Warning.** Once an employee performance/conduct problem has been identified, or where informal actions such as counseling, training, and assistance have not brought about acceptable performance/conduct, then a discussion should take place. The employee will be informed of his/her deficiencies and acceptable performance/conduct will be discussed. The discussion will be documented and the employee will be given a copy. A documented oral warning should normally be given in private by the supervisor to an employee as a first step in correcting minor deficiencies. (Some first offenses of a more serious nature may require stronger action.) Grievance procedures for faculty and staff do not apply to documented oral warnings. A recipient of such a warning may write a rebuttal to the warning to be included with the file.

**Step II. Formal Warning.** Formal warnings are to be used for recurring or more serious deficiencies or where there is future possibility of more severe action including termination or after an oral warning notice has been unsuccessful. Formal warnings are to be written to the employee and must indicate the date and specific nature of the deficiency and that more severe action may result if the employee does not correct the deficiency. The employee must be provided a copy of the warning and a copy sent to the Director of Human Resources. Grievance procedures for faculty and staff do not apply to formal warnings. A recipient of such a warning may write a rebuttal to the warning to be included with the file.

**Step III. Suspension.** If the employee's misconduct or poor work performance continues, the next progressive disciplinary step is a suspension without pay. The suspension will be for three (3) working days and is the final disciplinary step prior to discharge. This action is taken where previous progressive disciplinary steps have not corrected the deficiency or where the offense is of such serious nature that it may warrant discharge, pending review of the facts. Very serious offenses may be cause for immediate suspension without the steps outlined above. Notices of suspension are placed in the employee's personnel file. The supervisor and/or department head must have written approval from his/her reporting Vice-President before initiating a suspension. The employee must be provided a copy of the suspension warning and a copy sent to the Director of Human Resources.

**Step IV. Dismissal.** The University recognizes that dismissal for any reason is a serious matter. Termination of the employee is a last resort after all other progressive disciplinary measures have failed or if the misconduct is of such a serious nature that immediate discharge is warranted. Recommendation

for dismissal should be reasonably related to the seriousness of the employee's performance/conduct in view of length of service and prior record. Recommendations for dismissal of employees are initiated by the supervisor and/or department head and approved by the reporting Vice-President. In cases of termination of any employee because of lack of funds or reorganization, the employee is to be notified at least four weeks in advance if circumstances and advance knowledge permit.

### **Dismissal of Tenured Faculty, Tenure-Track Faculty and Non-Tenure Track Faculty**

Dismissal procedures for faculty are governed by the Institutions of Higher Learning Policies and Bylaws, Sections 403, 403.0104 and 404.02

### **Termination for Non-Instructional Personnel**

Delta State University is an at will employer and as such reserves the right to terminate employment from any position at any time and for any reason. However, it is the policy of Delta State University to assist employees in improving job performance or correcting improper conduct to avoid termination when possible. If any employee is performing unsatisfactorily or exhibiting improper conduct, the supervisor will work with the employee in an attempt to improve conduct or performance. If disciplinary measures are imposed, it is essential that:

- Each problem be investigated so that the facts of the situation are known;
- Any action taken be primarily corrective and appropriate to the offense and applied without discrimination;
- Employees be given forewarning of the possible consequences of their actions, except in cases of misconduct so serious that employee could be expected to know that such conduct may result in discharge; and
- A record of the incident in which disciplinary action may result must be made.

### **DSU Termination Procedure**

Refer to Delta State University's [Termination/Dismissal policy](http://www.deltastate.edu/policies/policy/university-policies/employment/employee-performance-grievance-and-dismissal/terminationdismissal-non-faculty/) for the termination procedure at <http://www.deltastate.edu/policies/policy/university-policies/employment/employee-performance-grievance-and-dismissal/terminationdismissal-non-faculty/>

The complete Work Performance and Code of Conduct policy can be found at <http://www.deltastate.edu/policies/policy/university-policies/employment/employee-responsibilities-and-standards/work-performance-and-code-of-conduct/> and has been provided to you with other informational forms

**By signing below, I acknowledge receiving the Work Performance and Code of Conduct Policy and I further agree to abide by the provisions and understand that violation of the policy may result in disciplinary action and/or termination of employment.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
900#

\_\_\_\_\_  
Printed Name

This Confidentiality Agreement (“Agreement”) verifies that, as an employee for Delta State University (the “University”), I have access to confidential, proprietary, sensitive, and personal information regarding faculty, staff, students, parents, alumni, donors, vendors, contractors, and the University and/or its foundations. Such confidential information may be verbal, written, contained in software, visible on screen displays, in computer readable form, or otherwise, and may include, but is not limited to, identity, medical/health, educational, financial, employment, contractual, donation, or institutional data. I understand my role in safeguarding such information. Therefore, in consideration of my present or future employment at the University and consistent with the University’s Policies and Procedures, I agree to the terms and conditions below.

**1. Requirements for Handling Information and Access**

I understand that, in the course of my employment, I may have access to information which may be confidential, privileged, proprietary, or otherwise protected from disclosure, including but not limited to documents, lists, software, code, knowledge, log-in credentials, specifications, processes, inventions, techniques, products, studies, reports, designs, developments, photographs, drawings, records, certain assets, plans, scientific materials, prototypes, trade secrets, data, contracts (including terms and conditions thereof), or verbal information, **which may or may not be labeled or otherwise marked as “Confidential,” “Proprietary,” or with a similar marking** (“Confidential Information”). I hereby acknowledge that I will not in any way access, use, remove, disclose, copy, release, sell, loan, alter or destroy any confidential information except as authorized within the scope of my duties with the University. As an employee, I acknowledge I must comply with applicable local, state, and federal laws, as well as University policies related to confidentiality. I acknowledge that I have a duty to safeguard and retain the confidentiality of all confidential information. Upon termination of affiliation with the University, or earlier as instructed by the University, I will return to the University all copies of materials containing confidential information. With respect to such Confidential Information, I will adhere to the following restrictions:

- (a) I will not directly or indirectly use, publish, discuss, distribute, reproduce, sell, reverse engineer, license or otherwise disclose Confidential Information to anyone, including but not limited to my spouse and immediate family, in any way other than what I am authorized to disclose through the course and scope of my work.
- (b) I will treat all information that I reasonably know or should know is not public as Confidential Information. When in doubt, I will ask a supervisor.
- (c) I will not disclose to the University or use in my work at the University (unless otherwise agreed to in writing) any proprietary information of any of my prior employers or of any third party.
- (d) I will exercise reasonable care to prevent disclosure of Confidential Information (e.g., by locking or logging off computer when not in use, not leaving office unattended or unlocked, etc.).
- (e) I will notify my supervisor immediately if I have reason to believe my log-in credentials have been compromised or if any Confidential Information has been shared without authorization.
- (f) I will keep hard copies of Confidential Information in a secure place (e.g., locked drawer or cabinet) when not in active use, and I will shred such hard copies when no longer needed in accordance with University policy, my supervisor’s instructions, or any applicable contractual agreement or law.
- (g) I will not access nor seek to gain access to Confidential Information except to fulfill my assigned duties.
- (h) I will not act for personal gain or to the detriment of the University based on Confidential Information to which I have access.
- (i) I will not copy, alter or remove Confidential Information, nor will I enable others to copy, alter or remove Confidential Information, unless it is necessary for my work.
- (j) I will comply with all University policies and procedures applicable to Confidential Information.
- (k) I agree that all originals and all copies of all files, memoranda, notes, programs, codes and other materials

and writings containing any Confidential Information shall be the sole property of the University and shall be returned to the University upon the termination of my employment for any reason.

- (l) Nothing in this Agreement is meant to prohibit or otherwise restrict me from lawfully reporting waste, fraud, or abuse to an authorized investigative or law enforcement representative of a federal department or agency.

**2. Consequences**

I understand that serving as a University employee is a privilege and not a right. I further understand that employees are subject to certain behavioral expectations (as set forth in the employee Handbook and various University policies) and are also subject to all applicable laws and regulations. I understand that if I violate this Agreement, the University will suffer irreparable harm and I may be subject to disciplinary action, including termination.

**3. Term of Agreement**

This Agreement is considered effective as of the first day of my employment with the University. I represent that I have no outstanding obligations that prevent me from complying with this Agreement. I understand that my obligations to maintain confidentiality under this Agreement will continue even if my employment at the University is terminated or my position for the University changes.

This Agreement may not be modified or terminated, in whole or in part, except in writing signed by an authorized representative of the University. Failure of the University to insist upon strict compliance with any of the terms or conditions of this Agreement shall not be considered a waiver of any terms or conditions. By my signature below, I acknowledge that I have read this Agreement, agree to follow its terms, and have received a copy of it.

☐ By checking this box, I acknowledge that I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name



# DELTA STATE UNIVERSITY



Americans with Disabilities Act (ADA)  
Accommodations Request Form

Delta State University is committed to equal employment opportunity and affirmative action for the disabled. As a government contractor, the IHL Executive Office is subject to The Americans with Disabilities Act of 1990 (ADA), and therefore must comply with governmental recordkeeping, reporting, and other requirements.

A disable person is defined as:

1. An individual who has a physical or mental impairment that substantially limits a major life activity;
2. An individual who has a record of a substantially limiting impairment; and
3. An individual who is regarded as having substantially limiting impairment.

Those who believe themselves covered by the Act and who wish to benefit under Delta State University's Affirmative Action Plan are asked to identify themselves. All information will be considered confidential except (1) supervisors may be informed regarding work restrictions or accommodations; (2) emergency response workers may be informed for first aid purposes; (3) governmental officials investigating compliance of the Act will be informed. Choosing not to provide this information will not result in adverse treatment or disciplinary action.

---

☐ ADA information is not applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

☐ I choose not to provide ADA status information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SEX:    M    F    (Circle One)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DEPARTMENT/OFFICE: \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DISABILITY:

Please describe any reasonable accommodations that you request Delta State University to make to enable you to perform your job in a proper and safe manner.

## VIETNAM ERA AND SPECIAL DISABLED VETERANS IDENTIFICATION INVITATION

Delta State University is committed to equal employment opportunity and affirmative action for Vietnam Era and Special Disabled Veterans. As a government contractor, Delta State University is subject to Sections 503 and 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990 (ADA), and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974; and therefore must comply with governmental record keeping, reporting, and other requirements.

A "Veteran of the Vietnam Era" is defined as (1) an individual who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964 through May 7, 1975, and was honorably discharged or released; or (2) was discharged or released because of a service-connected disability.

A "Special Disabled Veteran" is defined as (1) an individual who is entitled to compensation (including those receiving military retirement pay but who would otherwise be entitled to compensation) under laws administered by the Veterans Administration for disability rated at 30 percent or more or rated at 10 or 20 percent in the case of those determined to have a serious employment disability; or (2) an individual discharged or released from active duty because of a service-connected disability.

Veterans, as defined above, are asked to identify themselves by providing the requested information. All information will be considered confidential and will be used only in accordance with meeting the requirements and obligations of the Acts previously mentioned. Choosing not to provide this information will not result in adverse treatment or disciplinary action.

---

☐ Veteran status information is not applicable.

---

Signature

---

Date

---

☐ I choose not to provide Veteran status information.

---

Signature

---

Date

---

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DEPARTMENT/OFFICE: \_\_\_\_\_

VETERAN'S STATUS (CHECK ONLY ONE PLEASE):

\_\_\_\_\_ VIETNAM ERA

\_\_\_\_\_ DISABLED VETERAN

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Effective July 1, 1999, all Public Employees' Retirement System (PERS) agencies must verify dual employment status. Regulation 36 states that if an employee has dual employment with another PERS agency, and at least one position is classified as a covered position, they MUST be reported by both agencies.

**Please mark the box that applies to you and complete the appropriate application that applies:**

- ☐ Currently employed with a state agency and participate in the Public Employees' Retirement System (PERS), complete **Form 1, Membership Application** included in this packet.
- ☐ Currently employed with a state agency and participate in the Optional Retirement Plan (ORP).
- ☐ Retired from the Public Employees' Retirement System (PERS).
- ☐ Do not participate in the Public Employees' Retirement System (PERS), complete **Form 4A, Non-Covered Employment Acknowledgement** included in this packet.

---

**Employee's Name (Please print)**

---

**Employee's Signature**

---

**Social Security Number**

---

**Date**



# Membership Application

Form 1 – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Member Information – Attach a copy of the member's Social Security card.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: ☐ M ☐ F

Provide previous name, if applicable. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work

Have you previously served on active duty in the U.S. Armed Forces? If yes, attach Form(s) DD214 ..... ☐ Yes ☐ No

Have you ever been a member of the Optional Retirement Plan (ORP) for Institutions of Higher Learning in the State of Mississippi? ..... ☐ Yes ☐ No

## 2 Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

☐ Public Employees' Retirement System of Mississippi (PERS) ☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)

☐ Supplemental Legislative Retirement Plan (SLRP)

## 3 Family Information – Use additional Membership Applications if listing more than four dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, to officially designate any and all beneficiaries.

Marital Status – Select one. Add date for last three. ☐ Single ☐ Married ☐ Divorced ☐ Widowed Effective Date mm/dd/ccyy: \_\_\_\_\_

Spouse's Full Name	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Dependent Child's Full Name – Up to age 19, or 23 if unmarried and a full-time student	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

## 4 Member Certification – If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Member's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 5 Employer Certification – This section must be completed by an authorized employer representative, not the member.

Member's Position Held/Job Title: \_\_\_\_\_ Member's Hire Date mm/dd/ccyy: \_\_\_\_\_

Member's Status: Elected Official: ☐ Yes ☐ No Fee Paid Official: ☐ Yes ☐ No Public Safety Employee: ☐ Yes ☐ No

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I certify that employment in this position meets the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_



# Non-Covered Employment Acknowledgment

Form 4A – Revised 05/02/2023

Complete only if employee is not receiving PERS service retirement benefits and is not contributing to PERS through another employer. Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Employee Status

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: ☐ M ☐ F

Is employee currently receiving PERS service retirement benefits? Choose yes or no and follow related instructions.

☐ Yes – Do not complete form. Instead, complete PERS Form 4B, Reemployment of PERS Retiree Certification/Acknowledgement.

☐ No – Continue to next question.

Is employee currently employed with a PERS-covered employer other than primary employer to be listed in Section 4? Choose yes or no and follow related instructions.

☐ Yes – Choose type of employee for this other employer and follow related instructions.

☐ Temporary or Intermittent Part-Time – Continue to Section 2.

☐ Regular Part-Time Employee (meeting eligibility requirements listed in Section 105 of PERS Board of Trustees Regulation 36 as it relates to dual employment) – Do not complete this form. Instead, complete PERS Form 1, Membership Application.

☐ No – Continue to Section 2.


## 2 Employee Information

Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work

## 3 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*, and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS.  If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 4 Employer Certification – This section must be completed by an authorized employer representative, not the employee.

Employee's Position Held/Job Title: \_\_\_\_\_

Employee's Hire Date mm/dd/ccyy: \_\_\_\_\_ Employee's Termination Date mm/dd/ccyy: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I understand that wages earned and paid to the above-named individual during this period of employment **will not** be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

# Employment Conditions Agreement

You agree to perform those duties usually associated with an instructional position at an institution of higher education, including, but not limited to, preparation of course material, instruction of students, grading, various administrative work, committee work, department meetings, and the advising and direction of students.

## **DELTA STATE UNIVERSITY – STATEMENT OF ETHICS**

Delta State University is a community of individuals – faculty, staff, and students – recognizing the institution’s mission and dedicated to its fulfillment. To that end, each member of the community pledges his/her best effort. Integrity, civility, accountability, and a commitment to excellence govern behavior. Compliance with applicable laws, regulations, and policies is expected and accepted as the standard for the community.

The university has installed a phone and internet-based reporting system, Delta State University Ethics Line. Ethics Line is managed by EthicsPoint, which provides easy ways to discreetly and confidentially report activities that may involve criminal, unethical, or otherwise inappropriate behavior... The system is built to protect the identity of the reporter, as well as a formal mechanism for investigation, follow up and response. You may file a report through the Delta State University Ethics Line at <https://secure.ethicspoint.com/domain/media/en/gui/31497/index.html> or by telephoning toll free 877-310-0424.

## **DELTA STATE UNIVERSITY – STATEMENT OF UNIVERSITY POLICIES AND PROCEDURES**

The official policies and procedures of Delta State University are located on the University Policies website at <http://www.deltastate.edu/policies/policy/university-policies/>. By signing the attached contract, I acknowledge that it is my responsibility to abide by all applicable rules and policies of the University governing the rights, responsibilities, and expectations of faculty, including all revisions, amendments, and modifications to such rules and policies. It is also my responsibility to become well informed and understand all of DSU policies including conflict of interest, employment practices, benefits, facilities, advantages offered, and the related responsibilities I accept as an employee. The University reserves the right to amend or alter the conditions and terms as it deems necessary.

## **DELTA STATE UNIVERSITY – OUTSIDE EMPLOYMENT**

Pursuant to IHL Board Policy 801.08, Members of the faculty and staff are permitted to engage in outside employment, provided permission is first obtained from the executive officer of the institution concerned and, provided further, that the executive officer of the institution concerned shall grant permission to engage in outside employment only after having first determined that the said outside employment will interfere in no way with institutional duties of the individual requesting such permission.

In addition, such individuals will not engage in a business or profession that would in any many compete with a similar business or profession over which he or she would have direct supervision, inspection, or purchasing authority within the university or agency, such being a conflict of interest.

Employees, who participate in outside employment, must complete an [Application for Permission to Engage in Employment or Practice of Profession Outside of Delta State University](#) each fiscal year. This form is located on the Human Resources Forms website.

## DELTA STATE UNIVERSITY – KEY HANDLING POLICY

Faculty and staff may be issued keys to a university building upon the recommendation of a Dean or Vice President and building manager via a Key Request Form submitted to Facilities Management as stated in the Key Handling Policy at <http://www.deltastate.edu/policies/policy/university-policies/academic-and-administrative-operations/key-handling-policy/>.

When a Key Request Form accompanied by a work-order is received, keys are cut. When the key(s) are ready, the individual to be issued the key will be notified that their keys are ready for pickup. In order to receive keys, the faculty/staff must bring their DSU OkraID card with their 900# when they pick up the key(s) from Facilities Management Key Shop cut at 1417 Maple Street. Records of all keys issued will be kept in a Key Tracking Log and will be maintained by Facilities Management Key Shop, except Residence Life and Employee Housing who maintain their own tracking system.

The loss or theft of any key must be reported immediately to the key holder's supervisor, Facilities Management, and the University Police Department. Individuals of departments will be assessed, replacement charges for lost keys at the discretion of the Director of Facilities Management. The Director of Facilities Management will determine if re-keying of the locks or space is necessary at the individual or department's expense. Repined key cylinder (lost/stolen/damaged) will be assessed a charge of \$15 plus labor to install and \$10 for key replacement. Key(s) found hanging in a door or out on a desktop will be confiscated, returned to the Key Shop, and may be reissued.

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Employee Signature

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Print Name

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Date



**DSU Affirmative Action Statement**

Delta State University is committed to a policy of equal employment and educational opportunity. Delta State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. This policy extends to all programs and activities supported by the University.

**Probationary Employment Period**

DSU staff employees who are appointed to full-time, part-time, or time-limited permanent positions must serve a probationary period. The probationary period is an extension of the selection process and allows time for the effective evaluation and adjustment for the new employee.

The length of an employee's probationary period is to be no less than six (6) months and not more than twelve (12) months from the date of hire. The probationary period may be extended, as necessary, but cannot exceed twelve (12) months.

A probationary employee may be discharged at any time during the probationary period, including during the first six (6) months of that period, if the probationary employee's supervisor determines the employee's performance does not meet departmental expectations.

A probationary employee does not have any grievance rights under DSU policy.

I have read and understand the above statements.

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DATE

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Employee Signature

September 21, 2009





## Required Trainings Notice

The following trainings are required of all Delta State University employees by order of the Governor:

### **Active Assailant Preparedness**

### **Discrimination Awareness in the Workplace**

All employees are required to complete the trainings prior to their first day of work.

Once the completed adjunct packet is received by Human Resources:

- The new employee will receive an email from Vector LMS with information about and a link to the two required trainings.
- HR will send an additional email with the employee's log-in information.

Once complete, HR will receive notification that the trainings were successfully completed with the required minimum passing score.  
Employees do not need to submit anything additional.

**EMPLOYEES WILL NOT BE ENTERED INTO THE SYSTEM & CANNOT BE PAID  
UNTIL BOTH TRAININGS ARE COMPLETED.**



**HUMAN RESOURCE  
MANAGEMENT**

## **PLEASE KEEP THE FOLLOWING NOTICES**

Delta State University  
Human Resources Management  
Kent Wyatt Hall 249  
Cleveland, MS 38733  
[Questions:](#)  
Phone: 662-846-4035

# Work Performance and Code of Conduct

## POLICY STATEMENT

Delta State University is committed to maintaining an environment conducive to the conduct of business and one in which the rights of others are respected. The University expects of its employees behavior consistent with the expectations of an institution of higher education.

## DEFINITIONS

Employee: This generally includes faculty and staff employees who are working on paid appointments by the University. It generally excludes students or temporary employees. For specific information on who is considered an employee, contact the Human Resources Department.

Supervisor: An employee designated by management who exercises major supervisory functions over another employee or employees. These functions include hiring, evaluating, assigning work, and disciplining employees.

At-Will Employees: All hourly and staff employees, who do not receive an employment contract, may be dismissed from employment for any reason or no reason, as long as it is not an illegal reason.

## PROCEDURES and RESPONSIBILITIES

Part of the intent of this section is to identify typical offenses or behavior patterns for which disciplinary actions are taken. This is necessary in order to provide consistent treatment of all employees and so that the rights of some employees will not be violated by other employees.

Although this list is not an all-inclusive, the following are examples of deficiencies or offenses for which progressive disciplinary actions may be appropriate and which may result in discharge.

Examples of offenses that generally require discipline and may result in discharge:

- Absenteeism
- Failure to record work time accurately
- Failure to report an accident or injury to a student, employee, visitor or self.
- Failure to report to work on time.
- Leaving University premises or work area without permission during work hours; unexcused absences.
- Malicious mischief

- Misuse of sick leave privileges and benefits
- Neglect of duty or inattention to duty; negligence in wearing safety equipment
- Negligence in the performance of duty or productivity not up to standards
- Sleeping during work hours
- Violation of common safety practices
- Failure to cooperate in an investigation
- Gambling on University premises
- Inappropriate behavior in the workplace, including, but not limited to, horseplay and threatening, intimidating, coercing, bullying, or interfering with fellow employees on University property.
- Inappropriate behavior toward, or discourteous treatment of students, visitors, co-workers including use of profanity and other harassing statements.
- Negligence or abuse in the use of University property or equipment.
- Reporting to work when suffering from alcoholic or drug-related hangover
- Misconduct and/or inappropriate behavior in the workplace
- Insubordination
- [Harassment](#)
- Violation of University policies or procedures

The following occurrences are cause for immediate discharge without notice or without pay in lieu of notice. Since a complete list of specific offenses is impossible, discharge is not limited to the situations described below.

- Absence without notification or reasonable cause for failure to notify. Such absences for three consecutive workdays or shifts require no further follow-up prior to termination.
- Any act of fighting on University property
- Conviction of a felony
- Falsifying personnel or pay records, including application for employment, clocking the time record or signing the time sheet for another employee.
- Falsifying official records and documents of the University.
- Fraudulent worker's compensation claims.
- Immoral or indecent conduct on University property.
- Stealing from fellow employees, students, the University or others on University property.
- Theft, misappropriation of funds, and/or unauthorized use or removal of University property.
- Unauthorized possession of firearms, knives, or other weapons.
- Unauthorized release of confidential or official information.
- Reporting to work under the influence of intoxicants, including alcohol, non-prescribed drugs, or illicit drugs.
- Unlawful possession, use, manufacture, distribution or dispensing of illicit drugs, controlled substances, or alcoholic beverages during the employee's work period, whether on the premises of DSU or at any other site where the employee is carrying out DSU duties.
- Violating the Ethics in Government Law (i.e., conflict of interest).

- Behavior of any nature that discredits the University, including but not limited to, a willful misrepresentation to or on behalf of the University.
- Behavior that interferes with the operation of the University or any part thereof.
- Any other action, behavior, or communication that, as perceived by University officials, adversely affects the University or any sub-unit thereof.

### **Attendance and Absence**

Employee attendance is of vital concern to the University. An employee is expected to report to work on time daily and to remain on the job throughout his/her regular work hours. Excessive tardiness or unscheduled absences can result in disciplinary action. If an employee has to be absent from work or has an urgent reason for leaving, he/she should seek prior approval from his/her supervisor or administrative head. Generally, progressive disciplinary action will be due anytime an employee exceeds three (3) occurrences of unexcused absences in a rolling six month period.

As close to the regular starting time as possible, an employee must call his/her supervisor or department head if he/she is going to be absent without prior approval. An employee is expected to explain the reason for his/her absence and indicate the date he/she expects to return to work. Employees with poor attendance records may be asked to provide a doctor's certificate to justify an absence due to illness or injury. Any employee who does not report to work for three (3) consecutive days and does not provide proper notification to Delta State University is considered to have resigned voluntarily. An employee is expected to report to work on time daily and to remain on the job throughout your regular work hours. If you have to be absent from work or have an urgent reason for leaving, you must have prior permission from your supervisor or administrative head.

### **Responsibility of All Employees**

University employees are expected to serve the University as they would any other efficient and progressive organization. The image of the University is presented by the words and deeds of the individual employees who deal with students, colleagues, or guests. Employees are expected to deal with the public and co-workers in a courteous, tactful, and cooperative manner.

If corrective action is necessary, the progressive disciplinary steps outlined below will normally be followed. The nature or severity of the offense will determine the first step.

**Step I. Documented Oral Warning.** Once an employee performance/conduct problem has been identified, or where informal actions such as counseling, training, and assistance have not brought about acceptable performance/conduct, then a discussion should take place. The employee will be informed of his/her deficiencies and acceptable performance/conduct will be discussed. The discussion will be documented and the employee will be given a copy. A documented oral warning should normally be given in private by the supervisor to an employee

as a first step in correcting minor deficiencies. (Some first offenses of a more serious nature may require stronger action.) Grievance procedures for faculty and staff do not apply to documented oral warnings. A recipient of such a warning may write a rebuttal to the warning to be included with the file.

**Step II. Formal Warning.** Formal warnings are to be used for recurring or more serious deficiencies or where there is future possibility of more severe action including termination or after an oral warning notice has been unsuccessful. Formal warnings are to be written to the employee and must indicate the date and specific nature of the deficiency and that more severe action may result if the employee does not correct the deficiency. The employee must be provided a copy of the warning and a copy sent to the Director of Human Resources. Grievance procedures for faculty and staff do not apply to formal warnings. A recipient of such a warning may write a rebuttal to the warning to be included with the file.

**Step III. Suspension.** If the employee's misconduct or poor work performance continues, the next progressive disciplinary step is a suspension without pay. The suspension will be for three (3) working days and is the final disciplinary step prior to discharge. This action is taken where previous progressive disciplinary steps have not corrected the deficiency or where the offense is of such serious nature that it may warrant discharge, pending review of the facts. Very serious offenses may be cause for immediate suspension without the steps outlined above. Notices of suspension are placed in the employee's personnel file. The supervisor and/or department head must have written approval from his/her reporting Vice-President before initiating a suspension. The employee must be provided a copy of the suspension warning and a copy sent to the Director of Human Resources.

**Step IV. Dismissal.** The University recognizes that dismissal for any reason is a serious matter. Termination of the employee is a last resort after all other progressive disciplinary measures have failed or if the misconduct is of such a serious nature that immediate discharge is warranted. Recommendation for dismissal should be reasonably related to the seriousness of the employee's performance/conduct in view of length of service and prior record. Recommendations for dismissal of employees are initiated by the supervisor and/or department head and approved by the reporting Vice-President. In cases of termination of any employee because of lack of funds or reorganization, the employee is to be notified at least four weeks in advance if circumstances and advance knowledge permit.

**Dismissal of Tenured Faculty, Tenure-Track Faculty and Non-Tenure Track Faculty**  
Dismissal procedures for faculty are governed by the Institutions of Higher Learning Policies and Bylaws, Sections 403, 403.0104 and 404.02

**Termination for Non-Instructional Personnel**

Delta State University is an at will employer and as such reserves the right to terminate employment from any position at any time and for any reason. However, it is the policy of Delta State University to assist employees in improving job performance or correcting improper conduct to avoid termination when possible. If any employee is performing unsatisfactorily or exhibiting improper conduct, the supervisor will work with the employee in an attempt to improve conduct or performance. If disciplinary measures are imposed, it is essential that:

- Each problem be investigated so that the facts of the situation are known;
- Any action taken be primarily corrective and appropriate to the offense and applied without discrimination;
- Employees be given forewarning of the possible consequences of their actions, except in cases of misconduct so serious that employee could be expected to know that such conduct may result in discharge; and
- A record of the incident in which disciplinary action may result must be made.

### **DSU Termination Procedure**

Refer to Delta State University's [Termination/Dismissal policy](#) for the termination procedure.

### **Hearing Procedure for Non-Tenure Track Faculty and Non Instructional Personnel**

1. A contracted employee entitled to a hearing by virtue of a notice of intent to terminate shall have two working days from the date of receipt of the notice of intent to request in writing a hearing before a Personnel Advisory Committee.
2. The Director of Human Resources will notify the President of the request in writing for a hearing and will provide supporting documentation for the cause of termination within two working from the receipt of the request for a hearing.
3. The President will appoint a panel of five members outside of the employee's work division from a list submitted by Human Resources of eligible faculty and staff within two working days of receiving notification to appeal from the Director of Human Resources. One of the panel members will be appointed as Chair by the President. The Director of Human Resources will notify the committee appointees by email.
4. The hearing shall occur within seven working days of the receipt of the request for a hearing.
5. Based upon the evidence presented, the committee will then make a written recommendation to the President as it deems appropriate within three working days from the date of the hearing.
6. The President will provide a decision in writing to the employee who requested a hearing within five working days. A copy of the letter will be given to the Director of Human Resources and the committee Chair.
7. If the President affirms the dismissal, then termination becomes final as of the date of the President's decision. Salary ceases as of the official date of termination.

Hearings will be private. Public statements are to be avoided by all parties concerned, so that an atmosphere conducive to a fair and impartial hearing may be maintained. The committee will not be bound by strict rules of evidence, but may admit any evidence that is of probative value in determining the issues involved. The staff member will be permitted an advisor of his own choice, at his own expense, and will be afforded an opportunity to present witnesses and documentary evidence bearing on the issue involved. The advisor may not speak, question or present evidence during the hearing. The advisor may only advise the affected employee.

A different committee shall be appointed for each hearing. If the employee does not request a hearing, the employee's salary ceases at the end of the second working day following the receipt of the notice of intent to terminate.

Human Resources reserves the right to modify the appeal and hearing timeline due to extenuating circumstances as needed.

At-will employees are not eligible to file an appeal or request a hearing for termination of employment. The salary for at-will employees will cease at the time of the receipt of the notice of intent to terminate.

### **Hearing and Grievance Procedures for Tenured Faculty and Tenure-Track Faculty**

For procedures on filing a hearing or grievance, please see the Faculty Grievance Process and Procedures Policy and the Institutions of Higher Learnings Policies and Bylaws, Sections 403 and 404.

**Responsible Office and/or Policy Owner:** Office of Human Resources

#### **RELATED DOCUMENTS**

- [Termination/Dismissal policy](#)
- [Institutions of Higher Learning Policies and Bylaws](#)

#### **STATUS**

Active

#### **DATES(S)**

- Policy Revised: 03/25/2015
- Cabinet Approved: 04/06/2015
- Policy Revised/Cabinet Approved: 02/05/2018



# Harassment

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## POLICY STATEMENT

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It is the policy of Delta State University that all employees, students, customers, contractors, and visitors to our campus enjoy a positive, respectful and productive work environment free from behavior, actions or language constituting workplace harassment.

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## DEFINITIONS

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**Harassment:** as defined by the Equal Employment Opportunity Commission (EEOC), "is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA). Harassment is unwelcome conduct that is based on race, color, sex, religion, national origin, disability, and/or age. Workplace harassment can also be an act done by any person at the workplace intending to make the other uncomfortable. Harassment becomes unlawful where (1) enduring the offensive conduct becomes a condition of continued employment, or (2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive" (<http://www.eeoc.gov/types/harassment.html>).

Harassment based upon race, color, religion, sex, national origin, age, or disability is a form of discrimination and is prohibited by federal laws. Harassment based on sexual orientation or group affiliation is prohibited by DSU policy. The University, in its efforts to foster an environment of respect for the dignity and worth of all members of the university community, is committed to maintaining a work-learning environment free of harassment. Supervisors have a responsibility to ensure compliance with all applicable laws and regulations and to create a safe and pleasant workplace environment for their employees. Therefore, supervisors must be familiar with anti-harassment laws and regulations and possible consequences of violations.

According to the legal definition, harassment includes but is not limited to:

- Verbal harassment, e.g., epithets, derogatory comments or slurs;
- Physical harassment, e.g., assault, impeding or blocking movement, or any physical interference with normal work or movement, when directed at an individual;
- Visual forms of harassment, e.g., derogatory posters, cartoons, or drawings; or
- Sexual favors, e.g., unwanted sexual advances which condition an employment benefit upon an exchange of sexual favors.

**Hostile Environment:** A hostile environment is determined by looking at all of the circumstances including:

- the nature of the alleged hostility
- the frequency of the allegedly harassing conduct,
- its severity,
- whether it is physically threatening or humiliating, and
- whether it unreasonably interferes with an employee's work or student's academic performance

**Quid Pro Quo:** Unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature by one in a position of power or influence constitutes “quid pro quo sexual harassment” when:

- submission by an individual is made either an explicit or implicit term or condition of employment or of academic standing, or
- submission to or rejection of such conduct is used as the basis for academic or employment decisions affecting that employee or student

As defined, “quid pro quo” normally arises in the context of an authority relationship. This relationship may be direct as in the case of a supervisor and subordinate or teacher and student or it may be indirect when the harasser has the power to influence others who have authority over the victim. Same sex sexual harassment is included in the definition of this policy and the offender and victim can be either male or female.

**Student:** Any individual enrolled either full-time or part-time in Delta State University on or off-campus courses.

**Employee:** This generally includes faculty and staff employees on University paid appointments. It generally excludes students or temporary employees. For specific information on who is considered an employee, contact the Human Resources Department.

**Supervisor:** An employee designated by management who exercises major supervisory functions over another employee or employees. These functions include hiring, evaluating, assigning work, and disciplining employees.

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## **PROCEDURES and RESPONSIBILITIES**

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Delta State University is committed to providing and promoting an atmosphere of respect for all members of the university community in which faculty and staff can realize their maximum potential in the workplace and students can engage fully in the learning process. Toward this end, all members of the university community (including faculty, staff and students) must understand that harassment will not be tolerated, and that they are required to abide by university policy. Supervisors have a responsibility to ensure compliance with all applicable laws and regulations and to create a safe and pleasant workplace environment for their employees. Therefore, supervisors must be familiar with anti-harassment laws and regulations and possible consequences of violations.

The purpose of this policy includes:

1. to serve as notice of the types of behavior which are unacceptable and will not be tolerated by DSU and
  2. to advise those who feel they have been the object of harassment of the recourses available to them.
- It is incumbent upon anyone who feels he or she has been harassed to avail themselves of this policy and procedure.

Engaging in harassment is unacceptable conduct which will not be tolerated. Any student found to have engaged in harassment will be subject to disciplinary action up to and including suspension. Any employee found to have engaged in harassment will be subject to disciplinary action up to and including termination. Managers and supervisors who know or should have known of harassment and fail to report such behavior, or fail to take immediate, appropriate action, will be subject to disciplinary action up to and including termination.

In determining whether alleged harassing conduct warrants corrective action, all relevant circumstances, including the context in which the conduct occurred, will be considered. Facts will be judged on the basis

of what is reasonable to persons of ordinary sensitivity and not on the particular sensitivity or reaction of an individual.

### **Assurance / Protection Against Retaliation**

This policy seeks to encourage students, faculty, and other employees to express freely, responsibly, and in an orderly way opinions and feelings about any problem or complaint of harassment. Retaliation against persons who report or provide information about harassment or behavior that might constitute harassment is also strictly prohibited. Any act of reprisal, including internal interference, coercion, and restraint, by a University employee or by one acting on behalf of the University, violates this policy and will result in appropriate disciplinary action.

DSU also recognizes that false accusations of harassment can have serious effects on innocent persons. If the investigation results in finding that the complainant has acted maliciously or has recklessly made false accusations, the accuser will be subject to appropriate disciplinary actions. Retaliation is a serious violation of this policy and should be reported immediately.

### **Confidentiality**

Delta State University will do everything consistent with enforcement of this policy and with the law to protect the privacy of the individuals involved and to ensure that the complainant and the accused are treated fairly. Information about individual complaints and their disposition is considered confidential and will be shared only on a “need to know” basis. All reasonable steps will be taken to assure that the complainant and the alleged offender are protected by the highest degree of confidentiality possible. Both parties are advised, however, that once an inquiry or an investigation has begun, anonymity may be impossible.

### **Prompt Reporting of Allegations**

Persons who believe they have been victims of harassment should report the incident(s) immediately to appropriate administrative personnel as set forth below. Delay in reporting makes it more difficult to establish the facts of a case and may contribute to the repetition of offensive behavior.

If a complainant is able and feels safe, he or she should clearly explain to the respondent that the behavior is objectionable and request that it cease. The complainant should do so as soon as possible after the incident occurs. Communication with the respondent may be in person, on the telephone, or in writing. If the behavior does not stop, or if the complainant believes some adverse employment or educational consequences may result from the discussion, he or she may utilize a documented grievance process. There are two modes for resolving complaints, the informal grievance report and the formal grievance procedure.

### **Informal Report**

Informal means are encouraged as the beginning point, but the choice of where to begin normally rests with the complainant. The informal complaint seeks resolution through discussion and mediation facilitated by the mediator. Students will seek resolution through the Vice President for Student Affairs. Faculty and staff will seek resolution through the Director of Human Resources.

### **Students**

The informal complaint seeks resolution through discussion and mediation facilitated by the Vice President of Student Services. Students who believe for any reason that they cannot effectively submit

their informal complaint to the Vice President of Student Affairs should direct their complaint to the Provost/Vice President for Academic Affairs.

### **Faculty and Staff**

The informal complaint seeks resolution through discussion and mediation facilitated by the Director of Human Resources or the Provost/Vice President for Academic Affairs. Faculty and staff who believe for any reason that they cannot effectively submit their informal complaint to the Director of Human Resources should direct their complaint to either the Provost/Vice President for Academic Affairs or the Vice President for Finance & Administration.

The informal complaint does not involve, at any stage, a “finding” of guilt, nor does it mandate disciplinary action. The focus of the investigation in the informal report is to stop inappropriate behavior, investigate, and facilitate resolutions, if possible.

If a grievance is pursued through this informal complaint procedure, the complainant must initiate the request. The complaint should be brought as soon as possible after the most recent incident.

The role of the Vice President of Student Affairs, the Director of Human Resources, Provost/Vice President for Academic Affairs, or Vice President for Finance and Administration will be to investigate the complaint, act as a neutral third party (mediator) and facilitate resolution. If the informal report procedure does not resolve the complaint, the complainant may initiate a formal grievance procedure. However, if the mediator(s) believe that the matter is sufficiently grave because it seems to be part of a persistent pattern, because of the nature of the alleged offense, or because the complainant seeks to have a sanction imposed, then the mediator(s) can initiate either a formal procedure or take other appropriate action.

### **Process**

- A. The mediator(s) will hold a discussion with the complainant to determine the nature of the complaint and provide the complainant with an explanation of all provisions of the policy.
- B. The mediator(s) will meet with the respondent, assist him or her in interpreting the complaint, and request information regarding their position. The mediator(s) will facilitate communication between the parties of their respective positions. If desirable and agreeable to both parties, the mediator(s) may bring together the complainant and respondent and/or others who may be able to contribute to the resolution of the complaint.
- C. If a resolution satisfactory to both complainant and respondent is reached, DSU may consider the complaint concluded. DSU may, however, deem further investigation necessary in order to address any disciplinary issues.

If a complaint is resolved informally, no record of the complaint will be entered into either employment files or student records. However, the mediator(s) will, in the form of a confidential file memorandum, record the fact of the complaint and the resolution achieved. A copy of the memorandum will be retained in confidential files for a period of three years.

### **Formal Complaint**

Any individual who believes that he or she has been the object of harassment may bring a formal complaint. The following sections identify appropriate reporting channels that students and employees should contact regarding harassment.

### **Student Complaints**

1. If the formal complaint is against a faculty member, graduate assistant, or staff member in an academic or administrative department, it should be directed to the Vice President for Student Affairs. This also applies to students participating in internships, field placements, student teaching, and off campus academic settings.
2. If the formal complaint is against a student, not acting in an instructional or other employment capacity, it should be directed to the Vice President for Student Affairs.
3. Students who believe for any reason that they cannot effectively submit their formal complaint through the above channels can direct their complaint to either the Provost/Vice President of Academic Affairs.

### **Faculty and Staff Complaints**

1. If the formal complaint is against a faculty member, other instructional personnel, or staff employed in a college or school, it should be directed to the Director of Human Resources.
2. If the formal complaint is against a staff member in a department other than a college or school, it should be directed to the Director of Human Resources.
3. If the formal complaint is against a student, not acting in an instructional or other employment capacity, it should be directed to the Vice President for Student Affairs.
4. Faculty and staff who believe for any reason they cannot effectively submit their formal complaint through the above channels can direct their complaint to either the Provost/Vice President of Academic Affairs or the Vice President for Finance & Administration.

Faculty, staff, and students who are victims of assault or harassment may seek advice and referral from the University's Counseling Services. This office, which keeps all information confidential, neither receives complaints nor conducts investigations.

### **Filing the Formal Complaint**

The process is initiated when a written, signed complaint is submitted. When a written complaint is received, it will be treated as a formal complaint unless it specifically states that complainant desires to use the informal process. (However, any apparently legitimate complaint, regardless of its form, will be investigated and resolved to the extent deemed appropriate under the circumstances). The signed complaint should include the names of the individuals involved, a description of what occurred, and the time(s), place(s), and date(s) of the event(s).

### **Notice to Parties**

After a formal complaint has been received, the investigator(s) will promptly notify all parties in writing of: the charge, including the names of all parties; DSU's policy and procedure on harassment, and the name(s) of the individual(s) who will conduct the formal investigation on behalf of DSU.

### **Formal Investigation**

The investigator(s) will ask the respondent to submit a detailed statement describing what occurred at the time of the alleged incident and listing the names of any witnesses with a brief description of what each may have seen or been told. The investigator(s) will then furnish each party with a copy of the other party's statement. Within five (5) working days after receipt of the statement, each party will prepare and submit a detailed written response to the other party's statement.

The investigator(s) may conduct interviews with witnesses. If possible, statements of witnesses will be in writing and signed; however, the investigator(s) may prepare written summaries of oral statements made by the witnesses. The investigator(s) must inform each witness that his or her statement will be furnished

to each of the respective parties. When the investigation is complete, the investigator(s) will prepare a written preliminary report. The report should describe the evidence in detail, have attached summaries, and other relevant documents, and contain recommendations. The complainant and respondent will have two (2) working days in which to share their response to this report with the investigator(s). The investigator(s) will consider responses and prepare a final report to be sent to the complainant, respondent, and the President.

### **Appeal Process / Final Decision**

Either party may respond to the final report of the investigator(s) by written letter to the President. This letter should contain arguments as to why the recommendation(s) of the investigator(s) should be modified, accepted, or rejected. The President shall consider both the report of the investigator(s) and the letters of the respective parties. The decision of the President is final. The complainant and the respondent will be notified of the outcome of the investigation.

### **False Allegations**

DSU recognizes that the question of whether a particular course of conduct constitutes harassment requires a factual determination. DSU also recognizes that false accusations of harassment can have serious effects on innocent persons. If the investigation results in finding that the complainant has acted maliciously or has recklessly made false accusations, the accuser will be subject to appropriate disciplinary actions.

### **Record Keeping**

All written records generated through the use of the formal complaint procedure shall be kept for a period of three years in respective student's records or the employee's records in the Human Resources Department.

### **Responsibilities of Delta State University Supervisors**

All members of the university community have a general responsibility to contribute in a positive way to a university environment that is free of harassment. Supervisory personnel, however, have additional responsibilities. Supervisory personnel are not only responsible for educating and sensitizing employees in their units about harassment issues, but they are also directed to take all appropriate steps to prevent and stop harassment in their areas of responsibility. Supervisory personnel who are contacted by an individual seeking to file a complaint about harassment in their department or area of responsibility shall assist the complainant in contacting the appropriate personnel.

### **Rights and Responsibilities of the Respondent**

1. The right to have an opportunity to fully respond to the complaint.
2. The right to have the complaint investigated and resolved in a timely manner.
3. The responsibility not to take any actions against the complainant that could be considered retaliation. There should be no contact between the supervisor and complainant during the course of action.
4. The right to know the steps taken to resolve the complaint. Investigators will fully inform the individual on the status of the investigation.
5. The responsibility of providing as much information as possible as requested by the investigator(s) in order to provide a fair and just resolution to the complaint.
6. The responsibility of maintaining confidentiality. The nature of the complaint should not be disclosed to persons not involved.

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**RELATED DOCUMENTS**

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- Applicable Federal Law
- Sexual Harassment Policy

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**STATUS**

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Active

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**DATE(S)**

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Revised: 02/03/2014

Cabinet Approval: 03/03/2014

Delta State University  
Office of Human Resources  
Kent Wyatt Hall 249  
Cleveland, MS 38733  
(662) 846-4035

Lisa Giger, Director of Human Resources  
[lgiger@deltastate.edu](mailto:lgiger@deltastate.edu)

March 2017

# Workplace Drug and Alcohol Testing

This information brief summarizes the provisions of Delta State University's Drug and Alcohol Testing in the workplace.  
Policy Effective April 1, 2017

Delta State University implements this drug and alcohol policy and conducts a testing program pursuant to Mississippi Code Ann. § 71-7-1, *et seq.*, entitled "Drug and Alcohol Testing of Employees" (the Act), and you are hereby advised of the existence of said Act.

## Who is Covered?

Delta State University reserves the right to test potential employees and/or current employees for alcohol and/or control substances pursuant to the said Act. This applies to all employees of Delta State University. An employee is defined as any faculty, adjunct, staff, hourly, student, contract, or at-will employee who performs services for compensation. A job applicant is any person who has applied for work with Delta State University and anyone who has a job offer contingent upon passing a drug or alcohol test.

## When Testing is Permitted

Drug and alcohol testing of employees and applicants is permitted only as explicitly authorized by the Act. Testing can only be done under a written drug and alcohol testing policy that meets statutory requirements and must be conducted by an accredited or licensed testing laboratory.

Drug and alcohol testing is permitted only in the following circumstances:

- *Job applicant testing.* If a job applicant has received a conditional job offer, the employer may require or ask that applicant to undergo testing, as long as all applicants who receive conditional job offers for the same position are required or asked to undergo testing. Any



employee who has been offered a position that operates machinery or drives vehicles will be required to undergo a drug and alcohol test.

- *Reasonable suspicion testing.* An employer may require an employee to take a test if there is a reasonable suspicion that the employee is under the influence of drugs or alcohol; has violated the employer's written rules on drug or alcohol use, possession, sale, or transfer while on the job, at the job site, or while operating the employer's vehicle, machinery or equipment; has sustained a personal injury or caused another employee to sustain a personal injury; has caused a work-related accident; or was operating a vehicle or other equipment involved in a work - related accident.
- *Federal or state law regulations or requirements.* The University may perform a drug and/or alcohol tests on employees who work in sensitive positions on federal grants and/or contracts.
- *Association with minors.* Employees whose primary job responsibilities include association with minors may be subject to drug and alcohol testing procedures.
- *Treatment program testing.* If an employee has been referred to a drug and/or alcohol abuse rehabilitation program, the employer may require the employee to submit to testing without notice during the treatment period and as a follow-up to such rehabilitation.
- *Previous positive confirmed drug and alcohol test.* If an employee has a previous positive confirmed test result while employed, the University may require an employee to submit to a drug and/or alcohol test for one year.

The University may test for the following prohibited substances: marijuana, cocaine, opiates, amphetamines (including methamphetamines), phencyclidine, alcohol or other controlled substances set forth in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C 812) and Schedules I through V of Miss. Code Ann. § 41-29-113 through §41-29-121.

Employees shall report to their supervisor, or to the Department of Human Resources, any use of a prescription or non-prescription medication that could adversely affect their job performance. It is each employee's responsibility to check with a physician regarding whether any medication may adversely affect performance. Any such information will be kept confidential and shared with appropriate Delta State University personnel only on a need-to-know basis. Employees working in the Police Department, Facilities Management, Child Development Center, Admissions, School of Nursing, and other safety-security sensitive positions may be transferred or placed on leave in accordance with University leave provisions for so long as the employee may be adversely affected by a medication.

An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any non-prescription or prescription medications that have been taken within forty-five (45) days prior to being tested, and (2) a statement that the form shall be submitted directly to the employer's designated Medical Review Officer, ensuring that no person or entity has access to the information disclosed on the form other than the Medical Review Officer.

## Consequences

Applicants who refuse to cooperate in a drug test or who receive a confirmed positive drug test will not be hired and will not be allowed to reapply/retest in the future.

Employees who use an illegal drug in violation of this policy may be disciplined and/or terminated. If an employee refuses to submit to a drug and/or alcohol test pursuant to this policy, the University will take appropriate corrective or disciplinary actions, up to and including termination.

An employee who tests positive with respect to an unlawful drug or alcohol may be temporarily suspended or transferred to another position. Once the test is confirmed according to the Act, the University may take appropriate corrective or disciplinary action, up to and including termination. An employee who receives a positive confirmed drug or alcohol test result may contest the accuracy of that result or explain it. The initial and confirmation tests will be at the University's expense, but any additional costs for testing will be borne by the employee.

If the University determines that discipline or discharge is not necessary or appropriate following a positive confirmed test result, information on opportunities for assessment and rehabilitation will be made to the employee.

## Confidentiality

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the University through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by the University pursuant to the Act and these regulations shall be the property of the employer. The University shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as designated by the University on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for the University to release such information; (b) it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; (c) there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information.

The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for

release of information to persons as permitted in the Act, the University shall not be barred from discharging or disciplining the employee.

Information and records relating to positive test results, drug and alcohol dependencies, and legitimate medical explanations provided to the MRO should be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

## Further Information

The law can be accessed by clicking on the following link to Mississippi Statute:

[Mississippi Code Ann. § 71-7-1, et seq., entitled “Drug and Alcohol Testing of Employees” \(the Act\)](#)

[Delta State University’s Drug and Alcohol Testing Policy](#)

# Drug Free Environment

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## POLICY STATEMENT

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Delta State University is committed to maintaining a drug-free environment in conformity with appropriate state and federal laws.

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## DEFINITIONS

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**Employee:** This generally includes faculty and staff employees who are working on paid appointments by the University. It generally excludes students or temporary employees. For specific information on who is considered an employee, contact the Human Resources Department.

**Supervisor:** An employee designated by management who exercises major supervisory functions over another employee or employees. These functions include hiring, evaluating, assigning work, and disciplining employees.

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## PROCEDURES and RESPONSIBILITIES

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Delta State University is committed to maintaining a drug-free environment in conformity with state and federal laws as set forth in the Uniform Controlled Substance Law of the State of Mississippi and the Drug-Free Workplace Act of 1988. As a result of these laws and of the policy of this institution that the campus of Delta State University be a drug-free environment, employees are specifically prohibited from the possession, use, manufacture, distribution, sale or in any other way involved with a controlled substance both on and off campus, except as permitted in the relevant legislation. The term "employee" shall specifically include full-time and part-time. Each employee must abide by the requirements of this policy as a condition of employment at this university.

Delta State University will make available to all present and new employees a copy of this policy.

Employees are encouraged to seek assistance voluntarily on a confidential basis by contacting the person's immediate supervisor or the University Counseling Center. Assistance with substance abuse problems is available through several centers for alcohol and drug education in the Delta area.

Supervisors must confidentially refer for counseling any person under their supervision who appears to be having difficulty with substance abuse.

Delta State University has established a Drug-Free Awareness Program that is administered jointly through the University Counseling Center and Human Resources Office. This program

includes supervisory training programs, confidential referrals to rehabilitation programs approved for such purposes by a federal, state, or local health agency.

Any staff member who has been convicted of a criminal drug statute violation occurring in the workplace must notify the supervisor no later than five (5) days after the conviction.

### **Sanctions**

Depending upon the facts related to any drug conviction or use, the employee may be: suspended pending further investigation; required to participate in a drug abuse assistance program; issued a written warning; or terminated. For terminations, the applicable termination procedure will apply, based upon the status of the employee. Any action will be initiated within thirty (30) days after the facts become known by the University.

If faculty or staff members fail to notify their immediate supervisor of any criminal drug statute conviction for a violation occurring in the workplace within five (5) days after such conviction, they will be suspended pending investigation with termination possible. For purposes of this policy "conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

Upon notification of such conviction, the University is required by law to notify the applicable funding agency (or agencies) within ten (10) days if the employee is working in a position funded by federal monies.

If an employee is suspected of violating any criminal drug statute in the workplace, the DSU Police Department will be called to begin investigation of the case.

### **Responsible Office and/or Policy Owner:**

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#### **RELATED DOCUMENTS**

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- Uniform Controlled Substance Law of the State of Mississippi and the Drug-Free Workplace Act of 1988.

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#### **STATUS**

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#### **DATE(S)**

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# Drug and Alcohol Testing

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## POLICY STATEMENT

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Delta State University is committed to protecting the safety, health, and well-being of its employees, students, and all people who come into contact with its property and facilities. Recognizing that drug and alcohol abuse poses a direct and substantial threat to this goal, the University reserves the right to test potential employees and/or current employees for alcohol and/or controlled substances pursuant to this policy.

Delta State University implements this drug and alcohol policy and conducts a testing program pursuant to Mississippi Code Ann. § 71-7-1, *et seq.*, entitled “Drug and Alcohol Testing of Employees” (the Act), and you are hereby advised of the existence of said Act.

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## DEFINITIONS

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**Alcohol:** the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl or isopropyl alcohol.

**Confirmed Test:** a drug and alcohol test on specimen to substantiate the results of a prior drug and alcohol test on the specimen.

**Controlled Substance:** refers to any drug or substance whose use is legally prohibited including, but not limited to, marijuana (THC), cocaine, opiates, phencyclidine (PCP), amphetamines (including methamphetamines) and any other drugs and substances set forth in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C 812) and Schedules I through V of Miss. Code Ann. § 41-29-113 through §41-29-121.

**Drug and Alcohol Test:** a chemical test administered for the purpose of determining the presence or absence of a drug or alcohol or their metabolites in a person’s bodily fluids.

**Employee:** any faculty, staff, hourly, student employee, contract or at-will employee.

**Illegal Drug:** any substance, other than alcohol, having psychological and/or physiological effects on a human being and that is not prescription or non-prescription medication, including controlled dangerous substances and controlled substance analogs or volatile substances which produce the psychological and/or physiological effects of a controlled dangerous substance through deliberate introduction into the body.

**Initial Test:** an initial drug test to determine the presence or absence of drugs or their metabolites in specimens.

**Prescription Drug:** a drug prescribed for use by a duly licensed physician, dentist or other medical practitioner licensed to issue prescriptions.

**Non-Prescription Drugs:** a drug that is authorized pursuant to federal or state laws for general distribution and use without a prescription in the treatment of human diseases, ailments or injuries.

**Specimen:** a tissue or product of the human body chemically capable of revealing the presence of drugs in the human body.

**Under the Influence:** any substance that impairs behavior or ability to work safely and productively; results in a physical or mental condition that creates a risk to one's own safety, the safety of others, or University property; or is shown to be present in one's body, by laboratory evidence, in more than an identifiable trace.

**University Premises:** includes any Delta State University buildings, structures, grounds, parking lots, which are in whole or part owned, used or occupied by the University for the benefit of the University, and university-provided vehicles.

**Workplace:** any University premise or other location where an employee is engaged in University business.

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## **PROCEDURES and RESPONSIBILITIES**

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The University shall follow the guidelines and procedures for its testing and confirmation testing as established by the Mississippi State Board of Health Drug and Alcohol Testing Regulations, revised on October 2012, or as amended thereafter. A copy is available for inspection in the Department of Human Resources.

To maintain a drug-free workplace, the University reserves the right to test any university employee or job applicant for drugs and/or alcohol when (1) there is a reasonable suspicion that the employee may be under the influence of drugs and/or alcohol while working, (2) a job applicant as a condition of the employment application, (3) the employee is in a position within a department or unit that is required by federal or state regulations to conduct drug screenings, (4) the employee's primary job responsibilities include association with minors, (5) the employee has been offered a position that operates machinery or drives vehicles, (6) the employee is involved in an accident using a university owned, assigned or leased vehicle, machinery, and/or equipment or personally owned vehicles while conducting university business that result in an injury to themselves or another, regardless of whether or not the university employee was at fault in the accident, (7) the employee has been referred to a drug and alcohol abuse rehabilitation program, or (8) the employee has a previous positive confirmed test while employed.

The University may test for the following prohibited substances: marijuana, cocaine, opiates, amphetamines, phencyclidine, alcohol or other controlled substances set forth in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C 812) and Schedules I through V of Miss. Code Ann. § 41-29-113 through §41-29-121.

### **Controlled Substance and Alcohol Employee Testing:**

## **Reasonable Suspicion**

Reasonable suspicion testing is based on a reasonable belief that an employee is using or has used drugs or alcohol in violation of this policy drawn from specific facts and reasonable inferences and may be based upon the following:

1. Observable phenomena, such as direct observation of drug and alcohol use and/or the physical symptoms or manifestations of being under the influence of a drug or alcohol while on University premises;
2. Abnormal conduct or erratic behavior while at work, absenteeism, tardiness or deterioration in work performance;
3. A report of drug use provided by reliable and credible sources and which has been independently corroborated;
4. Evidence that an individual has tapered with a drug and alcohol test during employment with the University;
5. Information that an employee has caused or contributed to an accident while on or using University property; and
6. Evidence that an employee is involved in the use, possession, sale, solicitation or transfer of drugs while working or while on the University premises or operating a University vehicle, machinery, or equipment.

All employees of the University may be subject to reasonable suspicion drug and alcohol testing. Prior to any drug or alcohol testing for reasonable suspicion, the employee's supervisor must coordinate with the Department of Human Resources and should notify the Department of Human Resources of the need for the testing. When reasonable suspicion exists, the individual who made the observations should submit a written record to the Department of Human Resources documenting the basis for the suspicion. A Reasonable Suspicion Record Form can be found on the Department of Human Resources website. If the observed behavior occurs during a shift when the Department of Human Resources is closed, the employee is to be taken to Delta State University's authorized specimen collection facility for testing at that time. The Department of Human Resources is to be notified as soon as the office reopens. The Director of Human Resources, or a designated representative, will review the individual circumstances with the employee's department head and recommend appropriate action.

## **Pre-Employment**

Prior to beginning work in positions within the Police Department, Facilities Management, Child Development Center, Admissions, School of Nursing and other designated departments or units, employees will be tested for drugs and/or alcohol. New employee offers are contingent upon completion of drug and/or alcohol tests with results revealing the absence of drug use. Hiring departments will coordinate with the Department of Human Resources to schedule required tests. Any potential employee who refuses to submit to a test or tests positive for drugs and/or alcohol will not be hired. The offer of employment will be withdrawn unless documentation is provided by the employee to the Director of Human Resources and approved by the University's designated Medical Review Officer justifying the presence of the drug and/or alcohol.



## **Federal or State Law Regulations or Requirements**

The University may perform alcohol and/or drug tests on any employees whose job responsibilities and/or positions require compliance with alcohol and/or drug testing, such as but not limited to employees with commercial driver's licenses and those working in sensitive positions on federal grants and/or contract. Similarly, employees performing public safety duties or primary job responsibilities include association with minors may be subject to drug and alcohol testing procedures. This testing may include, but is not limited to pre-employment testing, post-accident testing, return-to-duty testing, random or follow-up testing.

## **Motor Vehicle Drivers and Vehicular Accident**

Employees who operate university vehicles with a commercial driver's license are subject to the United States Department of Transportation and/or Mississippi Department of Transportation regulations. These employees are subject to drug and alcohol testing in compliance with the Omnibus Transportation Employee Testing Act of 1991. Testing will be conducted pre-employment, randomly, if there is a reasonable suspicion, and post-accident if driving a University vehicle.

Employees involved in an accident using a university owned, assigned or leased vehicle, machinery, and/or equipment or personally owned vehicles while conducting university business that result in an injury to themselves or another are also subject to drug and/or alcohol testing.

Employees should notify their supervisors of any vehicular accident as soon as possible and supervisors should notify the Department of Human Resources immediately when an employee in their department has been involved in a vehicle accident. Post-accident alcohol tests should be conducted within two hours following the vehicle accident. Drug tests should be conducted within 32 hours following the vehicle accident. Failure to report vehicular accidents in a timely manner may result in disciplinary action, up to and including discharge.

Individuals who test positive, or who refuse to submit to testing when required, will be prohibited from driving a university vehicle and/or operating university equipment and will be subject to other disciplinary action, up to and including, termination of employment.

## **Previous Positive Confirmed Drug and Alcohol Test**

The University may require an employee to submit to a drug and/or alcohol test for one year after a previous positive confirm drug and/or alcohol test. Individuals who refuse to submit to testing when required, will be subject to other disciplinary action, up to and including, termination of employment.

## **Drug and/or Alcohol Abuse Rehabilitation Program**

The University may require the employee to submit to testing without notice during the treatment period and as a follow-up to such rehabilitation. Individuals who test positive, or who refuse to

submit to testing when required, will be subject to other disciplinary action, up to and including, termination of employment.

### **Prescriptions/Non-Prescription Drugs**

Employees shall report to their supervisor, or to the Department of Human Resources, any use of a prescription or non-prescription medication that could adversely affect their job performance. It is each employee's responsibility to check with a physician regarding whether any medication may adversely affect performance. Any such information will be kept confidential and shared with appropriate Delta State University personnel only on a need-to-know basis. Employees working in the Police Department, Facilities Management, Child Development Center, Admissions, School of Nursing, and other safety-security sensitive positions may be transferred or placed on leave in accordance with University leave provisions for so long as the employee may be adversely affected by a medication.

An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any non-prescription or prescription medications that have been taken within forty-five (45) days prior to being tested, and (2) a statement that the form shall be submitted directly to the employer's designated Medical Review Officer, ensuring that no person or entity has access to the information disclosed on the form other than the Medical Review Officer.

### **Consequences**

Applicants who refuse to cooperate in a drug test or who receive a confirmed positive drug test will not be hired and will not be allowed to reapply/retest in the future.

Employees who use an illegal drug in violation of this policy may be disciplined and/or terminated. If an employee refuses to submit to a drug and/or alcohol test pursuant to this policy, the University will take appropriate corrective or disciplinary actions, up to and including termination.

An employee who tests positive with respect to an unlawful drug or alcohol may be temporarily suspended or transferred to another position. Once the test is confirmed according to the Act, the University may take appropriate corrective or disciplinary action, up to and including termination. An employee who receives a positive confirmed drug or alcohol test result may contest the accuracy of that result or explain it. The initial and confirmation tests will be at the University's expense, but any additional costs for testing will be borne by the employee.

If the University determines that discipline or discharge is not necessary or appropriate following a positive confirmed test result, information on opportunities for assessment and rehabilitation will be made available to the employee.

### **Confidentiality**

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the University through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by the University pursuant to the Act and these regulations shall be the property of the employer. The University shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as designated by the University on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for the University to release such information; (b) it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; (c) there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information.

The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for release of information to persons as permitted in the Act, the University shall not be barred from discharging or disciplining the employee.

Information and records relating to positive test results, drug and alcohol dependencies, and legitimate medical explanations provided to the Medical Review Officer should be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

### **Inspections**

Delta State University reserves the right to inspect the workplace for alcohol, controlled substances, illegal drugs or paraphernalia relating to alcohol, controlled substances or illegal drugs and to question any employee when it reasonably suspects that this policy or any procedure under this policy has been violated. Employees who possess drugs, alcohol, paraphernalia, or other contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

The **Responsible Office** and/or the **Policy Owner**: Office of Human Resources

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**RELATED DOCUMENTS**

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- Miss. Code Ann. § 71-7-1, *et seq.*
- Drug and Alcohol Testing Regulations, Mississippi State Department of Health
- Reasonable Suspicion Record Form

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**STATUS**

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Active

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**DATE(S)**

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**Change/Review/Approval Date:**

Policy Effective Date: 04/01/2017

Revised/Approved by Cabinet: 02/27/2017

# Abuse of Computers and Network Systems

## POLICY STATEMENT

All members of the Delta State University community must use electronic communications in a responsible manner. The University may restrict the use of its computers and network systems for electronic communications, in response to complaints presenting evidence of violations of other university policies or codes, or state or federal laws. Specifically, the university reserves the right to limit access to its networks through university-owned or other computers, and to remove or limit access to material posted on university-owned computers. The university reserves the right to limit access to its networks through university-owned or other computers, and to remove or limit access to material posted on university-owned computers.

## DEFINITIONS

College/Unit Policy Officer: A person with responsibility for issues having broad-based policy implications for students, faculty, and staff in the college/unit; an Associate Dean or similar position.

Education Records: Records specifically related to a student and maintained by an educational institution or a party acting on its behalf. The Family Educational Rights and Privacy Act of 1974 protects these records.

Electronic Communications: The use of computers and network systems in the communicating or posting of information or material by way of electronic mail, bulletin boards, or other such electronic tools.

Network Systems: Includes voice, video and data networks, switches, routers, wireless devices, and storage devices.

System or Network Administrator: A university employee responsible for managing the operation or operating system environments of computers or network systems, respectively.

University Computers and Network Systems (University Systems): Computers, networks, servers, and other similar devices that are administered by the university and for which the university is responsible. Throughout this policy, the shortened term "university systems" is used to mean all university computers and network systems.

## PROCEDURES and RESPONSIBILITIES

The use of computers or network systems in no way exempts any member of the University community from the normal requirements of ethical or legal behavior in the Delta State community. In particular, data, software, and computer capacity have value and must be treated accordingly. Use of a computer and network system that is shared by many users imposes certain additional obligations.

Legitimate use of a computer or network system does not extend to whatever an individual is capable of doing with it. Although some rules are built into the system itself, these restrictions cannot limit completely what an individual can do or can see. In any event, each member of the community is responsible for his/her actions whether or not rules are built in, and whether or not they can be circumvented.

Members of the University community are expected to follow certain principles of behavior in making use of computers and network systems, in particular, to respect, and to observe policies and procedures governing:

- the privacy of or other restrictions placed upon data or information stored in or transmitted across computers and network systems, even when that data or information is not securely protected;
- an owner's interest in proprietary software or other assets pertaining to computers or network systems, even when such software or assets are not securely protected;
- the finite capacity of computers or network systems by limiting use of computers and network systems so as not to interfere unreasonably with the activity of other users.

Members of the University community also are expected to follow all other policies, rules, or procedures established to manage computers or network systems, including those established to control access to, or the use of, computer data, files, or other information.

### **Nuisance Email and Messages**

Nuisance email or other online messages such as chain letters, obscene, harassing, or other unwelcome messages are prohibited. Those individuals connected with the distribution of such messages will be subject to the violation policies set forth in this policy. Violation may include immediate suspension of computer account and network access pending investigation of circumstances and may lead to eventual revocation of privileges. Serious violations will be referred directly to the appropriate University or outside authorities; unauthorized use of University computing facilities can be a criminal offense. The penalties may be as severe as suspension or dismissal from the University and/or criminal prosecution.

### **Bandwidth**

Bandwidth usage among students has increasingly become a nation-wide concern for everyone in American colleges and universities. On the one hand, faculty and administrative units must have ample bandwidth with which to pursue the mission of the institution. On the other hand, students, for whom Internet services have become both the means of education and entertainment, have good reasons also to be on line, especially when the university is their home.

Delta State University has proved no exception to the national trend. In order to accommodate the administration and faculty as well as dormitory users, DSU systems engineers reserve the right to make decisions to reduce dormitory bandwidth to a maximum percentage of university network capacity when such need arises. This restriction will be done with the knowledge and consent of the President's Cabinet and under the supervision of the Executive Assistant to the President and Chief Information Officer.

The policy on “Abuse of Computers and Network Systems” explicitly states that the university, recognizing “the finite capacity of computers or network system,” may do so “by limiting use of computers and network systems so as not to interfere unreasonably with the activity of other users.” Please note, using bandwidth for legal purposes is not a violation of university policy, but university policy does require that the Office of Information Technology allocate that bandwidth usage appropriately and fairly.

All network devices (hubs, routers, switches, wireless access points) shall be managed by the Office of Information Technology (OIT) as property of Delta State University (DSU). The OIT will propose a wireless network plan to be followed by the campus community. Devices that are installed, other than those installed by OIT, may be subjected to being shut down. The OIT must maintain the integrity of the network in order to manage the quality of the service. Therefore “rogue” hubs, wireless APs, and switches will not be permitted.

### **Violations**

- Violators of this policy will be dealt with according to the details outlined in the University’s Responsible Use of Electronic Communications policy.
- Those who cannot accept these standards of behavior will be denied use of Delta State computers or network systems.
- Violators may also be subject to penalties under University regulations and under state and federal laws.

### **RELATED DOCUMENTS**

- Policy on “Responsible Use of Electronic Communications”