DELTA STATE UNIVERSITY

HUMAN RESOURCE MANAGEMENT

Please complete the enclosed employment packet and return all forms to the Department in which you were hired. Human Resources cannot process payment for services until all forms are received.

Additional Documents to Include:

- I-9 Documents
 - One from List A OR
 - o One from List B AND one from list C
 - NOTE: Employee cannot start work until E-Verified
- A Voided Check OR Bank Statement Showing Account number & routing number

Return:

To the Hiring Department

Questions:

Phone: 662-846-4035



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 h Values.	ave received a copy of Delta State University's Core
Signature	Date
Printed name	



Human Resources Employee Information Form

Instructions:	This information is required to prepare various reports (including affirmative action), and to serve staff benefits, emergency, and public information needs of the University. Use this form to add information for a new employee or to change existing employee information. Please print or type. Return this form to the Human Resources Department, Kent Wyatt Hall 249. For questions call our office at 662-846-4035.						
Check All That Apply:	□ New Employee □ Name Change □ For Address changes, use the Change of Address form or appropriate EPAF)						
	OYEE INFORMATION Shor (Will not be published)				Date of Bir	th:	
Employee's Name:		First		Middle		Last	
Campus Address:					Campus P		
REQUIRED RES	SIDENCE AND PER	SONAL INF	ORMAT	I <mark>ON:</mark>			_
Permanent Address	:			Но	me Telephoi	ne #:	
City: Personal Email			_ State:		Zip:		
Gender: Male Female	Marital Status: ☐ Single ☐ Divor ☐ Married ☐ Sepa		dowed	Military Service: ☐ Active ☐ Inactive	Branch:	Citizenship: ☐ Native USA ☐ Naturalized	☐ Non-Citizen
ETHNIC CLASSIF	FICATION						
What is your ethnic	city? 🗖 Hispanic o	r Latino	☐ Not His	spanic or Latino			rto Rican, South or Central or origin, regardless of race.)
What is your race?	Mark one or more rac	ces to indicate	what race	you consider yo	ourself to b	е.	
 □ BLACK or AFR Racial Groups of A □ ASIAN (Origins in the Indian Sub-Control 	of Europe, North Africa, or Michael (CAN AMERICAN (original frica). In any of the original people on tinent, for example, Cambood, the Philippine Islands, Thail	ns of any of the Bla f the Far East, SE <i>F</i> ia, India, Japan, Ko	ck	peoples of North and identification through NATIVE HAWA	d South Americ h tribal or comn IIAN or OTH	nunity attachment).	DER (Origins in any of the
Notify in Case of	Emergency: (Requi	<mark>red)</mark>					
Name:		Re	elation:		Te	lephone #:	
Address:		Ci	ty, State, Z	<u></u>			
OPTIONAL INFOR If married, please gi		Final		M: dalla		Look	
Religion Preference		First		Middle	-11 0	Last	
Do you have a physical or mental disability affecting your employment: Yes No Specify:							
Name and Birthdate							
Employee Signature	.					Date:	
							mation will be published in the al information. Do you wish to

have your permanent address information published in the campus directory?



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 Inday of employment, but	nformation ut not befor	n and Attestation	on: Empob offer.	oloy	ees must comp	lete and	sign Sect	tion 1 of F	orm I-9 n	no late	r than the first
Last Name (Family Name)		First Name	e (Given N	ame	e)	Middle II	nitial (if any)	Other Las	t Names Us	sed (if ar	ny)
Address (Street Number and	Name)		Apt. Numb	er (it	f any) City or Tow	n			State		ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. So	cial Security Numbe	r E	mpl	loyee's Email Addres	ss			Employee	e's Telep	hone Number
I am aware that federal I provides for imprisonment fines for false statement	ent and/or	1. A citizen o	of the Unite	ed S		•		status (See	page 2 and	d 3 of the	e instructions.):
use of false documents,		2. A noncitize	en nationa	l of t	the United States (S	ee Instruct	tions.)				
connection with the con this form. I attest, under		3. A lawful pe	ermanent ı	resid	dent (Enter USCIS o	r A-Numbe	er.)				
of perjury, that this info		4. A noncitize	en (other t	han	Item Numbers 2. ar	nd 3. abov	e) authorized	to work unt	il (exp. date	e, if any)	
including my selection of											
attesting to my citizensl		If you check Item	Number 4	., er	nter one of these:						
immigration status, is tr	ue and	USCIS A-Nun	nber	OR-	Form I-94 Admissi	on Numb	er OR For	eign Passp	ort Numbei	r and Co	ountry of Issuance
correct.			`								
Signature of Employee			•			-	Today's Date	(mm/dd/yyy	y)		
If a preparer and/or trai	nslator assis	ted you in complet	ing Section	n 1,	, that person MUST	complete	the <u>Prepar</u>	er and/or Tr	anslator C	ertificat	ion on Page 3.
Section 2. Employer R business days after the em authorized by the Secretar documentation in the Addit	ployee's firs	st day of employm ocumentation fron	ent, and n List A C	mu: DR a	their authorized r st physically exam a combination of d	epresent nine, or e locument	ative must xamine con ation from l	complete a sistent with List B and	nd sign S o n an altern List C. Ent	ection native p ter any	2 within three rocedure additional
		List A)	Lis	st B		AND		List	С
Document Title 1				3							
Issuing Authority				L							
Document Number (if any)				L							
Expiration Date (if any)				A al a	diti a mad lunfa uusaati						
Document Title 2 (if any)				Aac	ditional Informati	on					
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)					Check here if you us	ed an alte	rnative proce	edure author			
Certification: I attest, under pemployee, (2) the above-liste best of my knowledge, the en	d document mployee is a	ation appears to be uthorized to work i	genuine n the Unit	and ed S	I to relate to the em States.	ployee na	amed, and (3	3) to the	(mm/dd	/yyyy):	ployment
Last Name, First Name and Tit	le of Employe	er or Authorized Rep	resentativ	е	Signature of En	ployer or	Authorized R	tepresentativ	/e	Today's	s Date (mm/dd/yyyy)
Bouse, Rebecca Em	ploymen	t & Training (Coord								
Employer's Business or Organization Name Delta State University				Employer's Business or Organization Address, City or Town, State, ZIP Code 1003 W Sunflower Rd, Cleveland, MS 38733							

Form I-9 Edition 08/01/23 Page 1 of 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
 - o 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.

			one selection from List b and one selecti		
	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	ID	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		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 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 3. School ID card with a photograph	2.	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 Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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		4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card		Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as		U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179)
	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.		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		

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.

Form **W-4**

Department of the Treasury Internal Revenue Service

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.

2023

OMB No. 1545-0074

Step 1:	(a) First name and middle initial	Last name		(b) Soci	ial security number			
Enter Personal Information	Address City or town state and ZIP code			name o card? If	our name match the n your social security not, to ensure you get or your earnings,			
	City or town, state, and ZIP code							
	(c) Single or Married filing separately							
	Married filing jointly or Qualifying surviving	spouse						
	Head of household (Check only if you're unma	rried and pay more than half the costs	of keeping up a home for yo	ourself and	a qualifying individual.)			
	ps 2–4 ONLY if they apply to you; otherwise from withholding, other details, and privacy		2 for more information	on on ea	ch step, who can			
Step 2: Multiple Job	Complete this step if you (1) hold more also works. The correct amount of with	- ,		-	•			
or Spouse	Do only one of the following.							
Works	(a) Reserved for future use.							
	(b) Use the Multiple Jobs Worksheet	on page 3 and enter the resul	t in Step 4(c) below;	or				
	(c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	than (b) if pay at the lower pa	aying job is more thar					
	TIP: If you have self-employment inco	me, see page 2.						
	ps 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form			s. (Your	withholding will			
Step 3:	If your total income will be \$200,000 c	r less (\$400,000 or less if ma	rried filing jointly):					
Claim Dependent	Multiply the number of qualifying o	hildren under age 17 by \$2,0	00 \$	_				
and Other	Multiply the number of other deper	ndents by \$500	<u>\$</u>	_				
Credits	Add the amounts above for qualifying this the amount of any other credits. E	inter the total here		3	\$			
Step 4 (optional): Other	(a) Other income (not from jobs) expect this year that won't have w This may include interest, dividend	ithholding, enter the amount	of other income here		\$			
Adjustments	(b) Deductions. If you expect to claim of want to reduce your withholding, unthe result here				¢			
	the result here			7(0)	Ψ			
	(c) Extra withholding. Enter any add	ditional tax you want withheld	each pay period	4(c)	\$			
Step 5: Sign Here	Under penalties of perjury, I declare that this certi	ficate, to the best of my knowledo	ge and belief, is true, co	rrect, and	l complete.			
	Employee's signature (This form is not va	alid unless you sign it.)	Da	ate				
Employers Only	Employer's name and address		First date of employment	Employe	er identification (EIN)			

Form W-4 (2023)

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.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

Page 2

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

Step 3. 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 2023 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.

Form W-4 (2023)

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.

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 <u>\$</u>	
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 <u>\$</u>	
	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 <u>\$</u>	
	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)		
	Step 4(b)—Deductions Worksheet (Keep for your records.)	Š	<u>//</u>
1	Enter an estimate of your 2023 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: • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	2 \$	
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 <u>\$</u>	
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.

Form W-4 (2023) Page **4**

	Married Filing Jointly or Qualifying Surviving Spouse											
Higher Paying Job				Lowe	r Paying .	Job Annua	al Taxable	Wage & S	Salary			
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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999 \$50,000 - 59,999	1,000 1,020	2,200 2,220	3,320 3,340	3,520 3,540	3,720 3,740	3,740 3,760	3,740 4,750	4,720 5,750	5,720 6,750	6,720 7,750	7,720 8,750	8,590 9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10.610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000-239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000-279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999 \$320,000 - 364,999	2,040	4,440 4,440	6,760 6,760	8,160 8,550	9,560 10,750	10,780 12,770	11,980 14,770	13,470 16,770	15,470 18,770	17,470 20,770	19,470 22,770	21,340 24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250
				Single o	r Married	Filing S	Separate		•		1	
Higher Paying Job				Lowe	r Paying .	Job Annua	al Taxable	Wage & S	Salary			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -		\$60,000 -	\$70,000 -		\$90,000 -		\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999 \$30,000 - 39,999	1,020 1,020	1,750 1,750	1,880 2,720	2,720 3,720	3,720 4,720	4,720 5,720	4,730 5,730	4,730 5,890	4,890 6,090	5,090 6,290	5,290 6,490	5,300 6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999 \$400,000 - 449,999	2,970 2,970	6,010 6,010	8,440 8,440	10,740 10,740	13,040 13,040	15,340 15,340	16,640 16,640	17,940 17,940	19,240 19,240	20,540 20,540	21,840 21,840	22,960 22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330
	-, -	.,	-,-			Househo		-,-	, , , ,	,	, , , ,	-,
Higher Paying Job						Job Annua		Wage & S	Salary			
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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020 1,500	2,220	3,130	4,290 6,200	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999 \$80,000 - 99,999	1,500 1,870	3,700 4,070	5,130 5,690	6,290 7,050	7,480 8,250	8,680 9,450	9,880 10,650	11,080 11,850	11,500 12,260	11,700 12,460	11,900 12,870	12,050 13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,030	8,630	9,430	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000-249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000-449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name		ssn_		
Employee's Residence				
-	Number and Street	City or Town	State	Zip Code

	·						
	Marital Status	Personal Exemption Allowed	Amount Claimed				
EMPLOYEE:	1. Single	Enter \$6,000 as exemption ▶	\$				
File this form with your employer. Otherwise, you	2. Marital Status	(a) Spouse NOT employed: Enter \$12,000	\$				
must withhold Mississippi income tax from the full amount of your wages.	(Check One)	(b) Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below.▶	\$				
	3. Head of Family	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	\$				
EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be	4. Dependents Number Claimed	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	\$				
advised.	5. Age and blindness	• Age 65 or older Husband Wife Single • Blind Husband Wife Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents.	ş				
	6. TOTAL AMOUNT OF	\$					
	7. Additional doll agreed to by yo	\$					
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	Civil Relief, a Relief Act, and "Exempt" on Lin Form DD-2058 and	conditions set forth under the Service Member s amended by the Military Spouses Residency have no Mississippi tax liability, write e 8. You must attach a copy of the Federal d a copy of your Military Spouse ID Card to ur 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.

INSTRUCTIONS

Employee's Signature:

Date:	
-------	--

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. <u>Claiming personal exemptions:</u>
 - (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 taxtus. 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

- . 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.
- . 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 BENIFIT OF EXEMPTION.

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



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



Dual Employment Form

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:	
☐ Currently employed with a state agency and participate i	n the Public Employees' Retirement System (PERS)
☐ Currently employed with a state agency and participate in	n the Optional Retirement Plan (ORP).
Retired from the Public Employees' Retirement System ((PERS).
☐ Do not participate in the Public Employees' Retirement S	System (PERS).
Employee's Name (Please print)	Employee's Signature
Social Security Number	Date



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.

Employee	e Status				
First Name:		MI: Last Nam	ie:		Gender: □ M □ F
Is employee	currently receiving PERS service retireme	ent benefits? Choose yes or no a	and follow related instructions.		
☐ Yes	- Do not complete form. Instead, complet	e PERS Form 4B, Reemployme	nt of PERS Retiree Certification	n/Acknowledgement.	
□ No -	- Continue to next question.				
Is employee instructions.	currently employed with a PERS-covered	employer other than primary en	ployer to be listed in Section 4	? Choose yes or no a	and follow related
☐ Yes	- Choose type of employee for this other	employer and follow related inst	ructions.		
	Temporary or Intermittent Part-Time – C	ontinue to Section 2.			
	Regular Part-Time Employee (meeting e dual employment) – <i>Do not complete this</i>				6 as it relates to
□ No -	- Continue to Section 2.				
E mployee	e Information				
Social Secu	rity No.:	Birth Date mm/dd/ccyy:	E-Mail:		
Mailing Addı	ress:	City:	St	ate: Zip:	
Phone:	□ Cel	lular □ Home □ Work Phone	o	Cellula	r □ Home □ Work
_					
coverage for attorney, con	36, Eligibility for Membership in the Public r this employment under the provisions of inservatorship or guardianship papers, or considerations.	PERS.	resentative signs this form, atta f authority to sign this form.	ach a copy of the dura	able power of
E mployer	Certification – This section must be c	ompleted by an authorized empl	oyer representative, not the en	nployee.	
Employee's	Position Held/Job Title:				
Employee's	B Hire Date mm/dd/ccyy:	Employ	ee's Termination Date mm/do	://ccyy:	
Employer Na	ame:		Employer No.:		
Employer Re	epresentative's Name:	Employer	Representative's Title:		
Employer Re	epresentative's Phone:	Fax:	E-Mail:		
withholding the retirement per above inform 25, <i>Eligibility</i>	r representative, I understand that wages of for state retirement. I further understand the lan administered by PERS in an attempt to the state of t	nat any person who makes a falso defraud the plan may be subje- ment in this position does not me ment Annuity Service Credit, and	e statement or shall falsify or p ct to criminal prosecution. With cet the eligibility requirements o	permit to be falsified a that understanding, l of PERS Board of Tru	any record of a I certify that the istees Regulation
Employer R	epresentative's Signature:		Date	mm/dd/ccvv	
Employer 10	op. 333/many 0 0 orginaturo.		Date		



Date

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.

4035.	
below to initiate credit entries, and to initiate, if necessary	ze <u>DELTA STATE UNIVERSITY</u> and the financial institution listed y, debit entries and adjustments for any credit entries in error to my until I have cancelled in writing with sufficient notice to allow the me to act on it.
This is an authorization to:	posit Account
number and your account number is require	from your financial institution that includes the routing number and
Financial Institution	Employee's Name
City, State, Zip	900 Number
Account Number	Employee's Signature
Routing Number	Joint Account's Signature (if applicable)
	Note: On joint accounts, both signatures are required



NOTICE:

Your Direct Deposit form must be accompanied with:

• A <u>voided check</u> showing your bank name, routing number, and account number

OR

• A <u>statement or letter from your bank</u> showing the bank name, your name, the routing number of the bank, and your account number.





Date of Birth

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 thi knowledge and ability.	s requirement are accurat	e and true to the best of	my
Have you been convicted or ple	d guilty to a crime in a cou	ırt of law: 🗌 Yes	□ No
Individuals with a criminal history we will be taken into consideration, such sought or held, the accuracy of discouthorization form and the criminal system and will only be distributed. Office and the employee, as appropri	ch as the nature and gravity of closure on the employment a background screen reports a to the Mississippi Institutions	of the offense(s), the natur pplication, etc. The applica are maintained in the third	e of the positior ation and party vendor's
Employee:		Witness:	
Signature of Employee	Date	Signature of Witness	Date
Employee's Name – Printed		Name of Witness – Printed	_
Social Security Number			



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 <u>permanent</u> 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 st	atements.
DATE	Employee Signature



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	

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.

INSTRUCTIO employment	NS: To be completed	d immediately by a	ıll new ma	ale employees on or before first day of
Name: (Please	Print)			
Last		First		Middle
Social Securit	y Number:	//	/	Date of Birth:/
Section 1 – Res	gistration Based on A	<u>Age</u>		
1. Are you a ma	ale age 18 through 26	? (Check one)	YES	NO
If YES, go to S	Section 2.			
	this form to the Hum your employment re		artment. T	The Human Resource department will keep this
Section 2 – Reg	gistration Based on S	<u>Status</u>		
1. As a male	age 18 through 26, ar	e you required to re	gister for S	Selective Service? (Check one)
YES	You are required	to register if you ar	e a male U	U.S. citizen or immigrant alien male.
NO				wful non-immigrant alien on a student, visitor, as U.S. Armed Forces; or attending certain service
If YES, go to S	Section 3.			
	this form to the Hum your employment r		artment. T	The Human Resource department will keep this
Section 3 – Ver	rification of Registra	tion or Exemption	<u>.</u>	
2. Telephone		7-688-6888 to obtain	n telephone	a copy of the card to this form) ne verification of registration. s.gov
State University department head	yet registered, you m y. You may register ei	ther on-line at		

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 <u>Application for Permission to</u> <u>Engage in Employment or Practice of Profession Outside of Delta State University</u> 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 accessed 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.

nployee Signature	Print Name	Date
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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

<u>Employee</u>: 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.

<u>Supervisor</u>: 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.

<u>At-Will Employees</u>: 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.

<u>Step IV. Dismissal.</u> 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 <u>Termination/Dismissal policy</u> for the termination procedure at http://www.deltastate.edu/policies/policy/university-policies/employment/employee-performance-grievance-and-dismissal-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



Employee Confidentiality Agreement

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. <u>Term of Agreement</u>

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.

\square By checking this box, I acknowledge that I have	ve read and understand the above.
Signature	Date
Printed name	

Active Shooter Situations Webcast Instructions

In an Internet Explorer 😂 browser, go to



http://www.mspb.ms.gov/active-shooter-situations.aspx.

Step 1. Click the Active Shooter Situations Webcast.

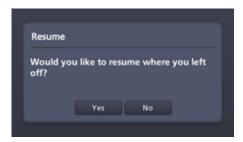


You may be prompted to enable adobe flash. Click allow and proceed.

Step 2. Watch all 22 Modules and complete all 3 Quizzes. (Approx. 20 mins)



If at any time you need to exit, you can click the link above again and click yes to resume.



Step 3. At completing Quiz 3, Print & Submit results page.

Print the final quiz results screen (module 20). Please print your name, sign the form and include your 900 number.

Submit your completed form to HR. You MUST have a passing score of 80%.



To print, hit CTRL key + P key.

To Screen Shot and Paste in Word Document: CTRL + ALT + PrtScnOpen a Word Document and CTRL + V

Workplace Discriminatory Harassment Awareness & Prevention Instructions:

The State of Mississippi requires all employees of Delta State University to complete Sexual Harassment Training prior to starting employment.

In an Internet Explorer browser & go to:



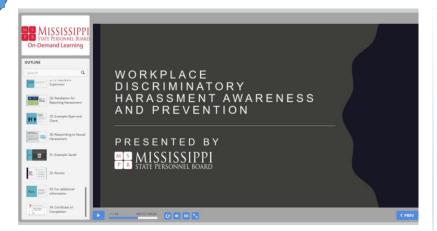
http://www.mspb.ms.gov/Presentations/ HAD/index.html

1

Click Play on the Workplace Discriminatory Harassment Awareness and Prevention Training

2

Watch all 34 Modules (approx. 16 mins)



If at any time you need to exit you can click the link above again and click yes to resume.

Resume
Would you like to resume where you left off?

3

Print & Submit to HR the "Certificate of

Completion"

Print the Certificate screen (module 34). Sign and date the document and submit to HR (by mail to Kent Wyatt Hall 249 or by email to rbecker@deltastate.edu)



To print, hit CTRL key + P key.



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

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- 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.
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- Harassment
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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.

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- Unauthorized release of confidential or official information.
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- 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.
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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.

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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.

<u>Dismissal of Tenured Faculty, Tenure-Track Faculty and Non-Tenure Track Faculty</u> 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: 03/25/2015Cabinet Approved: 04/06/2015

Policy Revised/Cabinet Approved: 02/05/2018

Harassment

POLICY STATEMENT

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.

DEFINITIONS

<u>Harassment:</u> 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.

<u>Hostile Environment</u>: 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.

<u>Employee:</u> 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.

<u>Supervisor</u>: 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.

PROCEDURES and RESPONSIBILITIES

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 an 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 the 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.

RELATED DOCUMENTS

- Applicable Federal Law
- Sexual Harassment Policy

STATUS

Active

DATE(S)

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

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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 who 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)

<u>Delta State University's Drug and Alcohol Testing Policy</u>

Drug Free Environment

POLICY STATEMENT

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

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.

<u>Supervisor</u>: 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.

PROCEDURES and RESPONSIBILITIES

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:

RELATED DOCUMENTS

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

DATE(S)

Drug and Alcohol Testing

POLICY STATEMENT

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.

DEFINITIONS

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

<u>Confirmed Test</u>: a drug and alcohol test on specimen to substantiate the results of a prior drug and alcohol test on the specimen.

<u>Controlled Substance</u>: 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.

<u>Drug and Alcohol Test:</u> 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.

<u>Illegal Drug</u>: 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.

<u>Initial Test</u>: an initial drug test to determine the presence or absence or 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.

<u>Under the Influence</u>: 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.

<u>University Premises</u>: 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.

PROCEDURES and RESPONSIBILITIES

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 preemployment, 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

RELATED DOCUMENTS

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

STATUS

Active

DATE(S)

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 or other computers, and to remove or 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

<u>College/Unit Policy Officer</u>: 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.

<u>Education Records</u>: 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.

<u>Electronic Communications</u>: 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.

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

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

<u>University Computers and Network Systems (University Systems)</u>: 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"