

DELTA STATE UNIVERSITY

HUMAN RESOURCE MANAGEMENT

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

Please provide a copy of a document from List A or a copy of a document from List B and List C of the I-9 form within three (3) days from the date of hire. These documents are needed in order to verify employment eligibility.

Return:

Adjuncts: The Department Chair

Dual Enrollment: Enrollment
Management

Questions:

Phone: 662-846-4035

DELTA STATE UNIVERSITY

APPLICATION FOR EMPLOYMENT

Date: _____

Department of Human Resources
 Kent Wyatt Hall 247
 Cleveland, MS 38733
 Fax: (662) 846-4025 • Phone: (662) 846-4035

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

PERSONAL INFORMATION							
Position Applied For:					Email address:		
Last Name		First		Middle		Social Security No.	
Present Address: Street No.			City		State	Zip	Telephone: Daytime:
Working conditions you will accept: (Check all that apply)		<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary	When can you begin work?	Home:
EDUCATION							
	School/Institution	City	State	Dates Attended	Did you Graduate/ Complete?	List Type of Certificate, Courses or Major Diploma, Degree	Courses or Major
High School or GED				To			
Vocational/Technical School				To			
Community College				To			
Undergraduate School				To			
Graduate School				To			
Other				To			
List of scholastic honors, membership in professional societies, etc.							
OTHER REQUIRED INFORMATION							
If you are offered employment, can you submit proof of your legal right to work in the United States within three days of your hire?					Are you currently enrolled as a student at the University?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been previously employed by the University? If yes, give department and dates:							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever been convicted of a felony? If yes, please explain. (A record of conviction will not necessarily bar you from employment).							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Mississippi law prohibits any individual from being employed in a department or unit under the supervision of a relative who has or may have direct effect on the individual's progress, performance or welfare. If you have any relative(s) employed at Delta State University, give their name(s), relationship, and department where employed:							
Active Military Service: Service and Branch: _____ Date Entered: _____ Date Separated: _____							
If you are applying for a position which requires you to drive, please complete this section:							
Type of License:		Classification:			Endorsements:		
<input type="checkbox"/> Not Applicable	Driver's License No: _____		<input type="checkbox"/> Class "A"	<input type="checkbox"/> Class "B"	<input type="checkbox"/> "H" Hazardous Materials		
<input type="checkbox"/> Operator	State: _____		<input type="checkbox"/> Class "C"	<input type="checkbox"/> Class "D"	<input type="checkbox"/> "P" Passenger Vehicles		
<input type="checkbox"/> Commercial							
Has your license ever been restricted, revoked, or suspended? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you type: <input type="checkbox"/> Yes <input type="checkbox"/> No							
List equipment you can operate (copier, lawnmower etc.):							
Computer Systems/software with which you are experienced (Word, Excel, etc):							
List other job-related skills you have (shorthand, dictation, etc.):							

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

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

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

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

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION AND AUTHORIZATION

This application is not to be interpreted as a contract of employment or as a promise of continued employment. I acknowledge that Delta State University retains the right to establish and enforce with full discretion any and all rules, regulations, and policies. I agree to abide by all applicable rules, regulations, and policies upon my acceptance of employment. I certify that all the information submitted by me on this application is true and accurate. I understand that if any false information, misrepresentation of facts, or omissions are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

I authorize Delta State University to contact any educational institution, organization, business, or individual that I have listed on my employment application, resume, or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my performance, experience, skills, credentials, and other factors affecting my suitability for employment. I understand that I am consenting to the release of any reference related information about me held or known by my former employers, department heads, supervisors, and co-workers. In addition, I consent to the release of any information about my education, performance, experience, credentials, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, friends, and acquaintances that Delta State University might contact in the course of conducting a reference check or background investigation of my suitability for employment.

In exchange for Delta State University's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against Delta State University or any of its employees or agents arising out of their efforts to obtain work-related information about me. I also agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization, business corporation, educational institution, or individual that provides work-related information about me to Delta State University or any of its employees or agents in accordance with the terms and intent of this release.

Print Name: _____ Signature: _____

Social Security Number: _____ Date: _____

DELTA STATE UNIVERSITY

DELTA STATE UNIVERSITY CORE VALUES

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

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

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

Print Name

Signature

Date

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 247 or 662-846-4035.

Check All That Apply: New Employee Home Address Change Campus Address Change Marital Status Change
 Name Change Home Phone Change Campus Phone Change

REQUIRED EMPLOYEE INFORMATION:

Social Security Number (*Will not be published*) _____ Date of Birth: _____

Employee's Name: _____
First Middle Last

Campus Address: _____ Campus Phone: _____

REQUIRED RESIDENCE AND PERSONAL INFORMATION:

Permanent Address: _____ Home Telephone #: _____

City: _____ State: _____ Zip: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated	Military Service: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Branch: _____	Citizenship: <input type="checkbox"/> Native USA <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Naturalized
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ETHNIC CLASSIFICATION

What is your ethnicity? Hispanic or Latino Not Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is your race? Mark one or more races to indicate what race you consider yourself to be.

- | | |
|---|--|
| <input type="checkbox"/> WHITE (origins of Europe, North Africa, or Middle East). | <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (Origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal or community attachment). |
| <input type="checkbox"/> BLACK or AFRICAN AMERICAN (origins of any of the Black Racial Groups of Africa). | <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) |
| <input type="checkbox"/> ASIAN (Origins in any of the original people of the Far East, SE Asia, the Indian Sub-Continent, for example, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) | |

Notify in Case of Emergency: (Required)

Name: _____ Relation: _____ Telephone #: _____

Address: _____ City, State, Zip: _____

OPTIONAL INFORMATION:

If married, please give name of spouse: _____
First Middle Last

Religion Preference: _____

Do you have a physical or mental disability affecting your employment: Yes No Specify: _____

Name and Birthdates of Children: _____

Employee Signature: _____ Date: _____

The campus address information in the Required Employee Information is considered to be departmental directory information. This information will be published in the campus directory and will be made available on the campus computer network. Permanent address information is considered personal information. Do you wish to have your permanent address information published in the campus directory? Yes No



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
	□□□□	- □□□□	- □□□□			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code






Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name Delta State University	
Employer's Business or Organization Address (Street Number and Name) 1003 West Sunflower Road Kent Wyatt Hall 249		City or Town Cleveland	State MS	ZIP Code 38733

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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.

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

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6		7	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here <input type="checkbox"/>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
 } **D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F** **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F **G** _____
- H** Add lines A through G and enter the total here **H** _____

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: {
 - \$24,400 if you're married filing jointly or qualifying widow(er)
 - \$18,350 if you're head of household
 - \$12,200 if you're single or married filing separately
 } **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, above **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States, Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.



MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name _____ SSN _____
 Employee's Residence _____
Number and Street City or Town State Zip Code

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION																												
Marital Status	Personal Exemption Allowed																											
EMPLOYEE: File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	<table border="1"> <tr> <td>1. Single</td> <td><input type="checkbox"/> Enter \$6,000 as exemption ▶</td> <td>\$</td> </tr> <tr> <td rowspan="2">2. Marital Status (Check One)</td> <td>(a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 ▶</td> <td>\$</td> </tr> <tr> <td>(b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶</td> <td>\$</td> </tr> <tr> <td>3. Head of Family</td> <td><input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below ▶</td> <td>\$</td> </tr> <tr> <td rowspan="4">EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.</td> <td>4. Dependents <small>Number Claimed</small></td> <td> 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. . . ▶ </td> <td>\$</td> </tr> <tr> <td>5. Age and blindness</td> <td> • Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents. </td> <td>\$</td> </tr> <tr> <td>6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5 . . . ▶</td> <td></td> <td>\$</td> </tr> <tr> <td>7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶</td> <td></td> <td>\$</td> </tr> <tr> <td>Military Spouses Residency Relief Act Exemption from Mississippi Withholding</td> <td>8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim. . . ▶</td> <td></td> </tr> </table>	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption ▶	\$	2. Marital Status (Check One)	(a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 ▶	\$	(b) <input type="checkbox"/> 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	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below ▶	\$	EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents <small>Number Claimed</small>	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed. . . ▶	\$	5. Age and blindness	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents.	\$	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5 . . . ▶		\$	7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶		\$	Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim. . . ▶	
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I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

- 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
 - Claiming personal exemptions:**
 - Single Individuals enter \$6,000 on Line 1.
 - 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 \$8,500 and the spouse claims \$3,500; or the taxpayer may claim \$6,000 and the spouse claims \$6,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
 - 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).
 - An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.
 - 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.**
 - 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 BENEFIT OF EXEMPTION.**
- To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.

EMPLOYEE CERTIFICATION AND AUTHORIZATION

I have been notified that as an employee of the State of Mississippi I cannot have been convicted of 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 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 into my hands by virtue of 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 may be terminated.**

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

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

Employee:

Witness:

Signature of Employee

Date

Signature of Witness

Date

Employee's Name – Printed

Name of Witness - Printed

Social Security Number

Date of Birth

SELECTIVE SERVICE ELIGIBILITY AND VERIFICATION

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

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

Name: (Please Print)

Last

First

Middle

Social Security Number: _____ / _____ / _____

Section 1 – Registration Based on Age

1. Are you a male age 18 through 26? (Circle One) YES NO

If YES, go to Section 2.

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

Section 2 – Registration Based on Status

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

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

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

If YES, go to Section 3.

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

Section 3 – Verification of Registration or Exemption

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

Selective Service Number: _____

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

Verification of Exemption

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

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

Employee Signature _____ Date Signed _____ / _____ / _____



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*
- *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 247. 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.

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

This is an authorization to: Establish New Account Change Existing Account

Checking account – A voided check is required to process this authorization.

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

● STAPLE VOIDED CHECK HERE

Financial Institution

Employee's Name

City, State, Zip

900 Number

Account Number

Employee's Signature

Routing Number

Joint Account's Signature (if applicable)

Date

Note: On joint accounts, both signatures are required

DELTA STATE UNIVERSITY

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, Drug Free Workplace and Sexual 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/pages/2457.asp>

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/pages/2457.asp>. By signing below, I acknowledge that it is my responsibility as DSU employee to become well informed and understand DSU's 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.

Signature

Date

DELTA STATE UNIVERSITY

Americans with Disabilities Act (ADA) Accommodations Request Form

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

A disable person is defined as:

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

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

ADA information is not applicable.

Signature

Date

I choose not to provide ADA status information.

Signature

Date

DATE: _____

NAME: _____

SEX: M F (Circle One)

SOCIAL SECURITY NUMBER: _____

BIRTH DATE: _____

POSITION TITLE: _____

DEPARTMENT/OFFICE: _____

BRIEFLY DESCRIBE YOUR DISABILITY:

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

VETERAN AND DISABLED VETERANS IDENTIFICATION INVITATION

Delta State University is committed to equal employment opportunity and affirmative action for Veterans and 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):

_____ VETERAN

_____ DISABLED VETERAN

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

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

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

Employee's Name (Please print)

Employee's Signature

Social Security Number

Date



Membership Application

Form 1 - Revised 07/01/2016

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

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

First Name: _____ MI: _____ Last Name: _____ Gender: M F

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

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

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

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

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

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

Supplemental Legislative Retirement Plan (SLRP)

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

Marital Status - Select one. Add date for last three. Single Married Divorced Widowed Effective Date mm/dd/ccyy: _____

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

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

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

Member's Signature: _____ Date mm/dd/ccyy: _____

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

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

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

Employer Name: Delta State University Employer No.: 0001 - 030

Employer Representative's Name: Lisa Giger Employer Representative's Title: HR Director

Employer Representative's Phone: (662) 846-4035 Fax: (662) 846-4025 E-Mail: lgiger@deltastate.edu

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

Employer Representative's Signature: _____ Date mm/dd/ccyy: _____



Non-Covered Employment Acknowledgment

Form 4A – Revised 12/1/2013

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

1 Employee Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

2 Employee Acknowledgment

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

Employee's Signature: _____ Date mm/dd/ccyy: _____

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

Employee's Position Held/Job Title: _____

Employee's Hire Date mm/dd/ccyy: _____ Employee's Termination Date mm/dd/ccyy: _____

Employer Name: Delta State University Employer No.: 0001 030

Employer Representative's Name: Lisa Giger Employer Representative's Title: HR Director

Employer Representative's Phone: (662) 846-4035 Fax: (662) 846-4025 E-Mail: lgiger@deltastate.edu

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

Employer Representative's Signature: _____ Date mm/dd/ccyy: _____

Employment Conditions Agreement

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

DELTA STATE UNIVERSITY – STATEMENT OF ETHICS

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

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

DELTA STATE UNIVERSITY – STATEMENT OF UNIVERSITY POLICIES AND PROCEDURES

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

DELTA STATE UNIVERSITY – OUTSIDE EMPLOYMENT

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

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

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

DELTA STATE UNIVERSITY – KEY HANDLING POLICY

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

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

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

Employee Signature

Print Name

Date



DSU Affirmative Action Statement

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

Probationary Employment Period

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

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

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

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

I have read and understand the above statements.

DATE

Employee Signature

September 21, 2009



Service and Support for the DSU Faculty, Staff, and Students

<http://oit.deltastate.edu>

Request for Individual Computer Account

Date of Application: _____

If the document is not filled out completely with all corresponding signatures and initials, it will be returned to you until fully completed. PLEASE PRINT CLEARLY		Employee ID#	
Applicant's Information			
Name (First, Middle, Last)		Preferred / Nickname	
Title/Position		School/ Administrative Unit/ Department/ Organization	
Campus Address	Office Phone	Office Fax	Alternative Phone
Status: The capacity in which I will use this account: (Please check only one box) <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Student <input type="checkbox"/> Temporary (From: _____ To: _____)			
Chair/ Department Head Information			
Name (First, Middle, Last)		DSU Email Address	
Title/Position		School/ Administrative Unit/ Department/ Organization	
Campus Address	Office Phone	Office Fax	Cell
Computing Resources Request			
Services <input type="checkbox"/> Banner <input type="checkbox"/> Banner Modules - _____ <input type="checkbox"/> Exchange Email (faculty/ staff only)			
Other: (please explain)			

OIT Departmental Use Only – Please Do Not Complete

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Applicant <input type="checkbox"/> Username:	Email Address:
By:	Date Application Created:	SNOW Case #

DELTA STATE UNIVERSITY 

Bailey Hall 102 – Dsu Box 3123
Cleveland, Ms 38733
Main Office Phone: 662.846.4760
Office Fax: 662.846.4032
Help Desk: 662.846.4444

ellucian[™]



POLICY AND PROCEDURE FOR USE OF COMPUTING AND NETWORK RESOURCES AT DELTA STATE UNIVERSITY

PURPOSE:

Delta State University's computing and network facilities service a large number of faculty, students, staff, and others. In light of the legal responsibilities inherent in operation of such a system, the university has a number of areas of potential liabilities. This policy addresses the responsibilities of the users and the University.

POLICY

All users have the responsibility to use the University computing systems in an effective, efficient, ethical, and lawful manner. Use of Delta State University's computer resources and computer network is not a matter of right, nor is it provided as a public forum, but rather all use of Delta State University's computer resources and network must be consistent with the mission of the University in support of public education, research, and public service.

GUIDELINES

Security:

The user is responsible for correct and sufficient use of the tools each computer system provides for maintaining the security of stored information. A summary of the security procedures relevant to the end users of computing resources is given below:

- a. Computer accounts, passwords, and other types of authorization are assigned to individual users and should not be shared with others.
- b. The user should select an obscure password and change it frequently.
- c. The user should understand the level of protection each computer system automatically applies to files and supplement that protection, if necessary, for sensitive information.
- d. The computer user should be aware of computer viruses and other destructive computer programs, and take steps to avoid being either their victim or propagator.

Academic Freedom:

Free expression of ideas is central to the academic process. However, Delta State University computer system administrators may remove any information from individual accounts or from electronic bulletin boards maintained in individual accounts if it is determined that:

- a. The presence of the information in the account, web site or on the bulletin board involves illegality (e.g., copyrighted material, software used in violation of a license agreement).
- b. The information in some way endangers computing, network resources, or the information of other users (e.g., a computer worm, virus, or other destructive program).
- c. The information is inappropriate, because it is inconsistent with the mission of the University, or is otherwise not in compliance with the legal and ethical usage governed by Federal or State law or regulation, or with University or Institutions of Higher Learning policies.
- d. The cost of maintaining the information is deemed prohibitive by the responsible administrative unit.
- e. The user is no longer authorized for access.

Removal of such information will be with approval of the Delta State University Office of Information Technology User Services Director or Chief Information Officer.

Inappropriate Usage:

Computing and networking resources should be used only in accord with the guidelines defined in this policy and procedure. Examples of inappropriate and unacceptable use of computing and networking resources include, but are not limited to:

- a. Harassment of other users.
- b. Destruction of or damage to equipment, software, or data belonging to Delta State University or other users.
- c. Disruption or unauthorized monitoring of electronic communications.
- d. Violations of computer system security.
- e. Unauthorized use of computer accounts, access codes, passwords, or other network identification words or numbers assigned to others.
- f. Use of computer and/or network facilities in ways that impede the computing activities of others, including randomly initiating interactive electronic communications or e-mail exchanges, overuse of interactive network utilities, overuse of network accessible bulletin boards or conferences, and the "off topic" posting of materials to bulletin boards or conferences.
- g. Use of computing facilities for business purposes of the user.
- h. Use of dormitory network access to conduct business for any purpose is strictly prohibited. Violators will be subject to loss of network services to their residence while a student at Delta State University.
- i. Violations of trademarks, patents, or copyrights and violation of software license agreements. (Refer to policies of the university.)
- j. Violation of the usage policies and regulations of the network that Delta State University is a member of or has authority to use.
- k. Violation of another user's privacy.
- l. Academic dishonesty (e.g., plagiarism or cheating).
- m. Commercial advertising or political campaigning.
- n. Violation of applicable laws, regulations, or policies.
- o. Persons may not obtain or use—or attempt to obtain or use—passwords, IP addresses or other network codes that have not been assigned to them as individuals or authorized for their use as University employees. Persons may not obtain—or attempt to obtain—unauthorized access to computer accounts, software, files, or any other University technology resources.
- p. Persons may not alter or intentionally damage software or data belonging to someone else or interfere with another person's authorized access to technology resources. Users may not intentionally disrupt or damage University computers or networks in any way.



- p. Users of University technology resources may not send electronic messages with the sender's identity forged or send anonymous messages unless the recipient has agreed to receive anonymous messages.
- q. Persons may not use University technology resources to sell or solicit sales for any goods, services or contributions unless such use conforms to Delta State University rules and regulations governing the use of University resources and has been approved, in writing, by the President.
- r. University employees and students may not use these resources to support the nomination of any person for political office or to influence a vote in any election or referendum. No one may use University technology resources to represent the interests of any non-University group or organization unless authorized by an appropriate University department, and approved by the President.

Sanctions

Violation of the policies described herein for use of computing and network resources are dealt with seriously. Violators who are University faculty, students, or staff are subject to the disciplinary procedures of the University and, in addition, may lose computing privileges, including dorm and computer lab access, if applicable. Illegal acts involving Delta State University computing and networking facilities may also be subject to prosecution by state and federal officials. If applicable, violators may be prosecuted to the fullest extent of State and Federal laws.

REVIEW

This policy and procedure will be reviewed as needed by the Delta State University department of Information Technology Services with recommendations for revisions presented to the President.

I acknowledge receiving and reading a copy of the Policy And Procedure For Use Of Computing And Network Resources for Delta State University, and I agree to abide by its provisions. I understand that any abuse of my network access privileges or of my account will lead to account suspension and immediate review, with the possibility of account revocation and further disciplinary action in accordance with applicable laws and DSU rules and procedures. Any account information I am provided will not be shared with anyone.

User Authorization Signatures	
I acknowledge receiving and reading a copy of the Policy And Procedure For Use Of Computing And Network Resources for Delta State University, and I agree to abide by its provisions. I understand that any abuse of my network access privileges or of my account will lead to account suspension and immediate review, with the possibility of account revocation and further disciplinary action in accordance with applicable laws and DSU rules and procedures. Any account information I am provided will not be shared with anyone	
Signature of Applicant:	Date:
Signature of Sponsor/Supervisor:	Date:

DELTA STATE UNIVERSITY



**HUMAN RESOURCE
MANAGEMENT**

PLEASE KEEP THE FOLLOWING NOTICES

Delta State University
Human Resources Management
Kent Wyatt Hall 249
Cleveland, MS 38732
Questions:
Phone: 662-846-4035

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

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

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

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

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

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

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

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

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

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

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

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

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

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 and including suspension. Any employee found to have engaged in harassment will be subject to disciplinary action up to and including termination. Managers and supervisors who know or should have known of harassment and fail to report such behavior, or fail to take immediate, appropriate action, will be subject to disciplinary action up to and including termination. In determining whether alleged harassing conduct warrants corrective action, all relevant circumstances, including the context in which the conduct occurred, will be considered. Facts will be judged on the basis of what is reasonable to persons of ordinary sensitivity and not on the particular sensitivity or reaction of an individual.

Assurance / Protection Against Retaliation

This policy seeks to encourage students, faculty, and other employees to express freely, responsibly, and in an orderly way opinions and feelings about any problem or complaint of harassment. Retaliation against persons who report or provide information about harassment or behavior that might constitute harassment is also strictly prohibited. Any act of reprisal, including internal interference, coercion, and restraint, by a University employee or by one acting on behalf of the University, violates this policy and will result in appropriate disciplinary action. DSU also recognizes that false accusations of harassment can have serious effects on innocent persons. If the investigation results in finding that the complainant has acted maliciously or has recklessly made false

accusations, the accuser will be subject to appropriate disciplinary actions. Retaliation is a serious violation of this policy and should be reported immediately.

Confidentiality

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

Prompt Reporting of Allegations

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

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

Informal Report

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

Students:

The informal complaint seeks resolution through discussion and mediation facilitated by the Vice President of Student Services. Students who believe for any reason that they cannot effectively submit their informal complaint to the Vice President of Student Affairs should direct their complaint to the Provost/Vice President for Academic Affairs.

Faculty and Staff:

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

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

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

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

alleged offense, or because the complainant seeks to have a sanction imposed, then the mediator(s) can initiate either a formal procedure or take other appropriate action.

Process

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

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

Formal Complaint

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

Student Complaints

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

Faculty and Staff Complaints

1. If the formal complaint is against a faculty member, other instructional personnel, or staff employed in a college or school, it should be directed to the Director of Human Resources.
2. If the formal complaint is against a staff member in a department other than a college or school, it should be directed to the Director of Human Resources.
3. If the formal complaint is against a student, not acting in an instructional or other employment capacity, it should be directed to the Vice President for Student Affairs.
4. Faculty and staff who believe for any reason they cannot effectively submit their formal complaint through the above channels can direct their complaint to either the Provost/Vice President of Academic Affairs or the Vice President for Finance & Administration.
- 5.

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
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March 2017

Workplace Drug and Alcohol Testing

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

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

Who is Covered?

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

When Testing is Permitted

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

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

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

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

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

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

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

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

Consequences

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

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

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

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

Confidentiality

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

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

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

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

Further Information

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

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

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

Drug Free Environment

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.

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

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.

RELATED DOCUMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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:

- (a) 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;
- (b) Abnormal conduct or erratic behavior while at work, absenteeism, tardiness or deterioration in work performance;
- (c) A report of drug use provided by reliable and credible sources and which has been independently corroborated;
- (d) Evidence that an individual has tapered with a drug and alcohol test during employment with the University;
- (e) Information that an employee has caused or contributed to an accident while on or using University property; and
- (f) Evidence that an employee is involved in the use, possession, sale, solicitation or transfer of drugs while working or while on the University premises or operating a University vehicle, machinery, or equipment.

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

Pre-Employment

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

Federal or State Law Regulations or Requirements

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

Motor Vehicle Drivers and Vehicular Accident

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

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

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

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

Previous Positive Confirmed Drug and Alcohol Test

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

Drug and/or Alcohol Abuse Rehabilitation Program

The University may require the employee to submit to testing without notice during the treatment period and as a follow-up to such rehabilitation. Individuals who test positive, or who refuse to submit to testing when required, will be subject to other disciplinary action, up to and including, termination of employment.

Prescriptions/Non-Prescription Drugs

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

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

Consequences

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

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

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

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

Confidentiality

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the University through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by the University pursuant to the Act and these regulations shall be the property of the employer. The University shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as designated by the University on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for the

University to release such information; (b) it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; (c) there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information.

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

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

Inspections

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

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

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)

Policy Effective Date: April 1, 2017

Approved by Cabinet: February 27, 2017