Monthly Orientation for New Employees

Monthly Orientation for New Employees is held the second Tuesday of each month. New employees must attend the first monthly orientation session after their employment begins. Employees are allowed time during their lunch break to obtain their ID card and have their file photograph taken. The monthly orientation session agenda is provided below.

All sessions will be held in Efferson Hall Room 214* except as noted.

9:00 – 10:15	***Employee Benefits***[1] *Human Resource Management (HRM)* *Katie Hay, HR Analyst* *Kathy Loyd, Benefits Manager* *Kristen Manes, HR Analyst*
10:15 – 11:00	***Overview of the AgCenter*** *Organization Development and Evaluation* *Debra Davis, Professor*
11:00 – 11:30	***General Procedures,*** *Human Resource Management (HRM)* *Sharon Salzer, Assistant Director*
11:30 – 11:45	***Portraits***[2] ***- 128 Knapp Hall*** *John Wozniak, Project Leader*
11:45 – 1:00	***Lunch*** *(on your own) and obtain ID's*[3] ***- LSU Union***
1:00 – 1:45	***Policies & Procedures****, Accounting Services* *Rick Frye, Assistant Director & Rebecca Richard, Manager*
1:45 – 2:30	***Computer Training,*** *Information Technology* *Tanya Ruffin, IT Coordinator*
2:30 – 2:50	***Reception***
2:50 – 3:30	***Policies*** *, Human Resource Management (HRM)* *Ann Coulon, Director*

***Please note: The July and December orientations will be held in Room 201 of the Emerging Technologies Center located just behind Efferson Hall.**

[1]New employees in Baton Rouge and nearby areas are encouraged to make an individual appointment with Katie Hay, Kathy Loyd, or Kristen Manes (225/578-8229) in the HRM Office for an explanation of the benefits program and assistance with completing employment forms. Employees who meet individually need not attend the first session, "HRM-Employee Benefits" (9:00-10:15). [2]Mr. John Wozniak will meet new employees at 128 Knapp Hall where portraits will be taken for use in press releases, the internet directory, and related purposes**.** Employees are required to have their portrait taken. [3]Lunch is "on your own." There are plenty of choices in the LSU Union. During the lunch period, remember to reserve time to have your ID made in Room 221 of the LSU Union. You will need an authorization letter (provided in your orientation folder) and a picture ID. The attire recommended for orientation is business casual (We do recommend that employees wear comfortable walking shoes).

Should you need an ADA accommodation, please contact Kathy Loyd at (225) 578-8229 or via email at kloyd@agcenter.lsu.edu at least two weeks prior to the orientation date you plan to attend.

Monthly Orientation for New Employees

ORIENTATION REGISTRATION

There are two options for registering: 1). Complete the form under Option 1 and fax or mail it to the address shown below; or 2). Email the information to the address listed under Option 2.

Option 1: Complete the information requested below and fax or mail this form to:

Katie Hay, HR Analyst
Human Resource Management Office
PO Box 25203
Baton Rouge, LA 70894-5203
Fax #: (225) 578-8284

Name	**LSU ID# - (To be completed by HRM)**
Unit	**Title**
Date of Orientation You Will Attend:	**Your Date of Hire:**
Please Check One: ( ) I will attend all sessions of orientation beginning at 9:00am. ( ) I will schedule a separate appointment for an explanation of the benefits and will begin monthly orientation at 10:15am. *All other sessions are mandatory.*	

Option 2: Send the above information by e-mail to the address below. It is not necessary to send this form, however be sure to include the following in the message: employee name, unit, job title, date of orientation that you will attend, hire date, and indicate whether you will be attending the Employee Benefits session or scheduling a individual appointment:
khay@agcenter.lsu.edu

Explanation: A Monthly Orientation for new employees is held the second Tuesday of each month. New employees must attend the first monthly orientation session which occurs after their employment begins. The following are monthly orientation dates through the end of 2010.

January 12, 2010	**May 11, 2010**	**September 14, 2010**
February 9, 2010	**June 8, 2010**	**October 12, 2010**
March 9, 2010	**July 13, 2010***	**November 9, 2010**
April 13, 2010	**August 10, 2010**	**December 14, 2010***

*All orientation sessions will be held in Efferson Hall Room 214, except for the July and December orientations which will be held in Room 201 of the Emerging Technologies Center located just behind Efferson Hall.

If you need a special accommodation for your participation in the meeting, contact Kathy Loyd at (225) 578-8229, at least two weeks prior to the orientation date you plan to attend.

Form W-4 (2010)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . **E** _____

F Enter "1" if you have at least $1,800 of **child or dependent care expenses** for which you plan to claim a credit . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $18,000 ($32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2010

1 Type or print your first name and middle initial.	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
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 1-800-772-1213 for a replacement card.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5** _____

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2010, and I certify that I meet **both** of the following conditions for exemption.
- 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 . . . . . ▶ **7** _____

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
(Form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 $ _____

2 Enter: { $11,400 if married filing jointly or qualifying widow(er) / $8,400 if head of household / $5,700 if 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 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . 4 $ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . 5 $ _____

6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . 6 $ _____

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 $ _____

8 **Divide** the amount on line 7 by $3,650 and enter the result here. Drop any fraction . . . . . 8 _____

9 Enter the number from the **Personal Allowances Worksheet,** line H, page 1 . . . . . 9 _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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

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
$0 - $7,000 -	0	$0 - $6,000 -	0
7,001 - 10,000 -	1	6,001 - 12,000 -	1
10,001 - 16,000 -	2	12,001 - 19,000 -	2
16,001 - 22,000 -	3	19,001 - 26,000 -	3
22,001 - 27,000 -	4	26,001 - 35,000 -	4
27,001 - 35,000 -	5	35,001 - 50,000 -	5
35,001 - 44,000 -	6	50,001 - 65,000 -	6
44,001 - 50,000 -	7	65,001 - 80,000 -	7
50,001 - 55,000 -	8	80,001 - 90,000 -	8
55,001 - 65,000 -	9	90,001 -120,000 -	9
65,001 - 72,000 -	10	120,001 and over	10
72,001 - 85,000 -	11		
85,001 -105,000 -	12		
105,001 -115,000 -	13		
115,001 -130,000 -	14		
130,001 - and over	15		

Table 2

Married Filing Jointly		All Others	
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 - $65,000	$550	$0 - $35,000	$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

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 using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

R-1300 (10/08)

Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household.
- Enter "2" to claim yourself and your spouse.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
Louisiana Department of Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial	Last name
2. Social Security Number	**3.** ☐ No exemptions or dependents claimed ☐ Single ☐ Married
4. Home address (number and street or rural route)	
5. City / State	ZIP
6. Total number of exemptions claimed in Block A	**6.**
7. Total number of dependents claimed in Block B	**7.**
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	**8.**

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date

The following is to be completed by employer.

9. Employer's name and address	**10.** Employer's state withholding account number

LSU AgCenter Research & Extension

SUPPLEMENTAL EMPLOYMENT FORM

(please type or print neatly in ink)

NAME_____ **UNIT**_____

JOB TITLE_____

HOME ADDRESS_____ **PHONE**_____

PLEASE COMPLETE THE FOLLOWING SECTIONS WHICH ARE APPLICABLE TO YOUR EMPLOYMENT CATEGORY

SECTION 1. TO BE COMPLETED BY ALL EMPLOYEES - Scholastic Training

College, University or other institution	Location	Degree or hours completed	Date Degree Received	Major

SECTION 2. TO BE COMPLETED BY ALL EMPLOYEES - Honors, etc.

Membership in honorary societies, scholarships held, or other recognition received:_____

_____

Present membership in professional organizations or learned societies:_____

_____

SECTION 3. TO BE COMPLETED BY ALL EMPLOYEES - Non-State Work Experience

INSTITUTION/EMPLOYER	LOCATION	DATES OF SERVICE	RANK OR TITLE	HRS. WORKED/WEEK

SECTION 4. TO BE COMPLETED BY CLASSIFIED, ACADEMIC AND UNCLASSIFIED EMPLOYEES - Insurance

Various optional insurance plans are available to certain employees (depending upon term of appointment and percent effort). Note that it is not permissible for any state employee to carry double insurance coverage, both of which are financed in part by state. If you are married and your spouse is employed by the State of Louisiana, are you covered as a dependent under his/her group hospitalization contract? ( ) YES ( ) NO

Most new employees receive a copy of the GENERAL SCHEDULE OF EMPLOYEE BENEFITS with their employment packet.
Have you received a copy of this document? ( ) YES ( ) NO

SECTION 5. TO BE COMPLETED BY ALL EMPLOYEES, IN ACCORDANCE WITH LOUISIANA REVISED STATUTE 42:52 - Loyalty Oath

"I, _____ (print name), do solemnly swear (or affirm) that I will support the Constitution and laws of the United States and the Constitution and laws of this state; and I will faithfully and impartially discharge all the duties incumbent upon me as a _____ (job title) and according to the best of my ability and understanding. So help me God."

Signature_____Date_____

SECTION 6. TO BE COMPLETED BY ALL EMPLOYEES

DATE OF BIRTH (MM/DD/YY)_____ PLACE OF BIRTH_____

IF YOU ARE A STUDENT AT ANY SCHOOL/COLLEGE/UNIVERSITY, PLEASE PROVIDE: Name of School_____

_____ Hrs/Wk in Attendance_____ Classification_____

If a student employee or graduate assistant, are you in good academic standing? ( ) YES ( ) NO

DO YOU HAVE A RELATIVE WORKING FOR LSU? ( ) YES ( ) NO If yes, please complete the following information:

Name_____ Relationship_____ Unit_____

ARE YOU A US CITIZEN? ( ) YES ( ) NO If no, please complete the information requested below (required for tax/retirement purposes).

Visa Type_____ Expiration Date_____ Home Country_____

IF YOU ARE OTHERWISE EMPLOYED, PLEASE COMPLETE THE FOLLOWING: Firm/Agency Name_____ Hrs/Week_____

(Note: This information is needed to ensure our compliance with retirement and labor laws. Also note that a full-time member of the University staff who is presently engaged in or plans to engage in extensive, continuing or recurring outside employment must report in writing the nature of such activity to his/her unit head.)

You are responsible for knowing the regulations contained in policy statements/correspondence which govern the university system and your unit. This material is generally available in your unit's administrative office.

FOR DRIVERS SAFETY PROGRAM PURPOSES, PLEASE PROVIDE LICENSE NUMBER AND ISSUING STATE_____

DO YOU HAVE PRIOR SERVICE WITH LSU OR OTHER AGENCY OF THE STATE OF LA? ( ) YES ( ) NO

WILL YOU BE REQUIRED TO RESIDE IN UNIVERSITY HOUSING? ( ) YES ( ) NO

ALL EMPLOYEE VEHICLES USED ON THE BATON ROUGE CAMPUS MUST BE IMMEDIATELY REGISTERED WITH THE OFFICE OF TRAFFIC RECORDS.

ID CARDS, FOR ELIGIBLE EMPLOYEES, CAN BE OBTAINED FROM 221 LSU UNION.

PERSON TO CONTACT IN CASE OF EMERGENCY: Name_____ Phone_____

Address_____ City/State/Zip_____

Physician's Name/Address/Phone, if desired_____

SECTION 7. TO BE COMPLETED BY ALL CLASSIFIED EMPLOYEES - Overtime Work

I, _____ (print name), understand that agencies of the State of Louisiana have the option of granting compensatory leave for overtime hours worked. In cases where the Fair Labor Standards Act applies, such leave will be credited to me at the rate of one and one-half hours for each hour of overtime worked. For overtime hours worked during weeks when leave is taken (with or without pay) or when holidays are observed, the agency may opt to use straight time cash payment or hour for hour compensatory leave in accordance with the Rules of Department of State Civil Service. I also understand that I will be paid upon separation for any time and one-half compensatory leave earned for overtime as required by the Fair Labor Standards Act. Other straight hour for hour compensatory leave may or may not be paid upon separation in accordance with applicable Civil Service Rules.

I have read the above and agree to accept compensatory leave as compensation for overtime work.

Signature_____Date_____

SECTION 8. APPLICABLE TO ALL EMPLOYEES - Voluntary Information

THE FOLLOWING IS VOLUNTARY INFORMATION: Marital Status_____ Spouse's Full Name_____

SEX:
( ) Female
( ) Male

ETHNIC ORIGIN: ( ) Hispanic or Latino ( ) Non-Hispanic or Non-Latino

RACE: ( ) White ( ) Black ( ) American Indian
( ) Asian/Pacific Islander ( ) Hispanic

MILITARY STATUS:
( ) Veteran ( ) Active Reserve
( ) Inactive Reserve ( ) None

DO YOU HAVE ANY DISABILITIES? ( ) YES ( ) NO If YES, please indicate type of disability and any type of suggested accommodations which you feel would assist you in carrying out your job duties_____

_____

SECTION 9. TO BE COMPLETED BY ALL EMPLOYEES - Prior service

The purpose of this section is to obtain information for determining the specific amount of state service to your credit (i.e., the amount of sick and annual leave you earn is determined by your total state service.

The following examples are considered state service for leave accrual purposes for individuals being employed in an unclassified, academic or faculty position after 12/31/98:

(1) Service as a classified employee (state Civil Service)
(2) Service as an academic or unclassified employee at a Louisiana public institution of higher education
(3) Service as an unclassified employee under Civil Service Rules 4.1(d)2 and 11.19(d)
(4) Other unclassified state service deemed creditable by the Chancellor
(5) Note: Does not include service as a transient, student, graduate assistant, resident, or fellow

The following examples are considered state service for leave accrual purposes for individuals being employed in a classified position:

(1) Service covered in numbers 1, 2, 3, and 4 above
(2) Serving in any unclassified position. Examples of unclassified service would be:
  a.) employees of state schools: teachers, substitute teachers, teachers' aides, lunchroom workers, school bus drivers
  b.) all employees of parish and state boards
  c.) state board or commission members
  d.) heads of departments appointed by the governor
  e.) students who were employed in accordance with Civil Service Rules 1.5.1 and 4.1(d)2 (includes state univ. student workers/graduate assts.)

It is the policy of the AgCenter Human Resource Management Office to verify and credit to your leave record any prior classified state service and all types of employment with the Louisiana State University System. It is your responsibility to provide the AgCenter Human Resource Management Office with certification for other types of service indicated above before credit can be shown on your record.

NAME OF STATE AGENCY	EMPLOYMENT STATUS	EMPLOYMENT DATES		FULL OR PART TIME?	NO. HRS/WK WORKED	LEAVE WITHOUT PAY?		OFFICE USE ONLY		
		FROM	TO			YES - DATES	NO	YEARS	MONTHS	DAYS

SECTION 10. TO BE COMPLETED BY ALL EMPLOYEES - Retirement/Social Security

If eligible, persons employed by the University, except student employees/graduate assistants enrolled on a campus of the LSU System and certain employees on J-1 or F-1 visa, must as a condition of employment become a member of the appropriate retirement system or be covered by social security. In order to determine appropriate coverage for you, please complete the following chart.

SYSTEM	Are you now, or have you been a member of this system - circle one	Dates of Participation FROM TO	CURRENT STATUS*	*USE CODES LISTED BELOW TO COMPLETE STATUS (see previous column)
La. State Employees Ret. Sys.	YES NO			A = active, current member I = inactive - left, but kept contributions on file W = inactive - left & withdrew contribution R = retired D = retired, but participated in the Deferred Retirement Option Plan (DROP)
Teachers' Ret. Sys. of La.	YES NO			
Optional Retirement Plan (ORP)	YES NO			
Federal Civil Service	YES NO			
Other: _____	YES NO			

I CERTIFY THAT I HAVE READ AND COMPLETED THE ABOVE INFORMATION TO THE BEST OF MY ABILITY

Signature_____ Date_____

COPY EMPLOYEE FILE

RECORD OF EMPLOYMENT AT LSU
(THIS SIDE FOR OFFICE USE ONLY)

Effective Date	Personnel Action	Title Code	Position	Work Location	Annual Salary	Percent Effort

LOUISIANA STATE UNIVERSITY AGRICULTURAL CENTER

Effective Date: June 3, 1991

AG CENTER PS-18
Version: 0

ILLEGAL USE OF DRUGS OR ALCOHOL

Purpose

The Louisiana State University Agricultural Center is committed to maintaining an environment which supports the mission of the Center. The illegal use of drugs or alcohol within the Agricultural Center interferes with the accomplishment of this mission. Various federal and state laws and regulations apply to employees of the LSU Agricultural Center including Federal Drug Free Workplace Act of 1988, interim Department of Defense Rules for a program to achieve and maintain a drug free work force, the Drug-Free Schools and Communities Acts Amendments of 1989 (Public Law 101-226), and Revised Statutes of the State of Louisiana. This policy is specifically directed at illegal actions involving alcohol and controlled drugs.

Definitions

1) *Drug free workplace* - a site for the performance of work at which employees are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the federal Drug Free Workplace Act of 1988.

2) *Drug free work force* - employees engaged in the performance of Department of Defense contracts who have been granted access to classified information; or employees in other positions that the contractor determines involves National Security, health or safety, or functions other than the foregoing requiring a high degree of trust and confidence.

3) *Controlled substance* - a controlled substance in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812).

4) *Conviction* - finding of guilt (including a "no contest" plea) or the imposition of sentences, or both, by any judicial body having the responsibility to determine violations of the federal or state criminal drug statutes.

5) *Criminal drug statute* - a criminal statute involving manufacture, distribution, dispensation, use or possession of any controlled substance.

6) *Illegal use of alcohol* - any possession, consumption or other use of an alcoholic beverage in violation of the law.

General Policy

The LSU Agricultural Center is committed to providing a workplace free from the illegal use of drugs and alcohol and seeks to make its employees aware of the dangers of drug and alcohol abuse as well as the availability of drug counseling,

rehabilitation and employee assistance through various communications media available to it. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace is prohibited as is the illegal possession and/or consumption of alcohol. Workplace shall include any location from which an individual conducts University business while such business is being conducted. Without reference to any sanctions which may be assessed through criminal justice processes, violations of this policy will be subject to disciplinary action up to and including termination of employment.

Operating Procedures

Violations of law regarding alcoholic beverages and drugs that occur in the workplace are to be reported to the head of the unit in question (e.g., department head, resident director, parish chairman, district agent, division leader, etc.). Within 5 days the unit head shall in turn report such violation to the LSU Agricultural Center Personnel Office. Action by the LSU Agricultural Center upon conviction of any employee for violation of the law as provided herein may include, but is not limited to, mandatory participation in an alcohol or drug abuse assistance or rehabilitation program, drug testing, suspension without pay, or termination of employment.

Specific provisions regarding a drug free workplace apply to employees directly engaged in the performance of work pursuant to the provisions of a federal grant or contract. These provisions are described in Appendix I.

Further, specific provisions regarding a drug free work force apply to employees directly engaged in the performance of work pursuant to Department of Defense contracts who have been granted access to classified information; or employees in other positions that the contractor determines involve national security, health or safety, or functions other than the foregoing requiring a high degree of trust and confidence. These provisions are described in Appendix II.

Employee Education, Prevention, Counseling

The LSU Agricultural Center will notify all employees at least once each year of its policies and procedures governing the illegal use of alcoholic beverages and drugs and through appropriate media, make employees aware of the dangers of abusive or illegal use of alcohol or drugs. Specific attention is directed to the harmful effects of illegal controlled substances described in Appendix III. Through the Center's Employee Assistance Program, employees with personal problems may seek help confidentially for a variety of personal problems, including alcohol and drug abuse. Employees in violation of this policy as it relates to alcohol or drugs may be referred to the Employee Assistance Program as an alternative to disciplinary action or in addition to disciplinary action. The Employee Assistance Program provides free initial diagnosis and screening. Subsequent sessions are the financial obligation of the employee and may qualify for coverage in the State Employees Group Benefits Program and most Health Maintenance Organizations for those who are members.

All new employees will receive a copy of this policy statement and will be required to sign the acknowledgment form in

Appendix VI. This signed form will be retained in the employee's personnel file.

In accordance with provisions of Act 1027 (1990 Regular Session), the drug free zone posters shown in Appendix V will be posted on a bulletin board and/or other prominent location(s) in each unit of the LSU Agricultural Center. Such posters will also be displayed in break rooms, workshops or other similar locations, as necessary, to ensure access by al employees.

Prohibited Conduct

All employees of the LSU Agricultural Center are responsible for knowing and abiding by the provisions of the Louisiana law and federal law that makes it a crime to possess, consume, possess with intent to distribute, dispense, or manufacture drugs, or to possess and/or consume alcoholic beverages except as provided for by law. Any employee of the LSU Agricultural Center who violates state or federal law, either on property owned or controlled by the Center, or at such other locations in the community which affect the Center's interest as an academic institution, shall be considered in violation of this policy. The LSU Agricultural Center will take disciplinary action against any employee whose alleged criminal conduct is deemed by responsible authority at the Agricultural Center to affect the Center's interests as an academic community.

Criminal Penalties

Employees are responsible under both Agricultural Center policy and state law for their conduct. It is the policy of the LSU Agricultural Center to arrest and refer for prosecution any employee who violates state or federal laws concerning alcohol or drugs while within the jurisdiction of the LSU Agricultural Center. Criminal penalties are shown in Appendix IV.

Disciplinary Penalties

Any employee who is determined to violate this policy is subject to disciplinary action up to and including termination. Such disciplinary action may be in addition to any criminal penalties imposed through the criminal justice system. Completion of an appropriate rehabilitation program may be offered as an acceptable alternative to disciplinary action or in addition to disciplinary action.

Reporting

Bi-annually, the Director of Human Resource Management and the Vice Chancellor for Administration will report to the Chancellor an assessment of the effectiveness of institutional efforts at drug prevention and treatment for employees and will make recommendations for changes in those programs as needed. In addition, the Director of Human Resource Management will monitor all disciplinary actions taken under this policy for consistent enforcement and report thereon to the Chancellor bi-annually.

APPENDIX I

Drug Free Workplace

The federal Drug Free Workplace Act of 1988 contains specific requirements relating to University employees who are engaged in the performance of a federal grant or contract as follows:

Each such employee must receive a copy of the Agricultural Center policy providing a drug free workplace, which shall be provided through the official promulgation of this Policy Statement and such other means as may be appropriate, and each such employee:

1) Agrees as a condition of employment to abide by the terms of the drug free workplace policy.

2) Must notify the Agricultural Center Personnel Office of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction.

The University is required to:

1) Notify the granting agency, within 10 days after receiving notice of conviction as above, or otherwise receiving notice of such conviction which notification shall be by the Agricultural Center Personnel Office.

2) Within 30 days after receiving such notice, impose a sanction on, up to and including termination, or require satisfactory participation in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health law enforcement, or other appropriate agency by any employee so convicted with such sanction or required participation to be coordinated by the Agricultural Center Personnel Office through the normal Agricultural Center administrative processes.

3) Make a good faith effort to continue to maintain a drug free workplace through implementation of the requirements of the Act.

APPENDIX II

Drug Free Work Force

In addition to requirements of the Drug Free Workplace Act of 1988 which apply to all employees engaged in the performance of a federal grant or contract, the Department of Defense has issued interim regulations which specifically apply to employees engaged in the performance of a Department of Defense contract which are provided below:

Covered employees include those employees engaged in the performance of Department of Defense contracts as follows:

1) All Department of Defense contracts involving access to classified information.

2) Any other Department of Defense contract when the contracting officer determines such application to be necessary for reasons of national security or for the purpose of protecting the health or safety of those using or affected by the product of or the performance of the contract (except for commercial or commercial-type products).

3) Excepted are any contracts or parts of contracts to be performed outside of the United States, its territories, and possessions, except as otherwise determined by the contracting officer.

For those Department of Defense contracts to which these regulations apply, the following specific conditions or appropriate alternatives apply:

"(1) Employee assistance programs emphasizing high level direction, education, counseling, rehabilitation, and coordination with available community resources [which shall be as provided through the Employee Assistance Program];

"(2) Supervisory training to assist in identifying and addressing illegal drug use by Contractor employees [which shall be provided as appropriate through the Agricultural Center Personnel Office];

"(3) Provision for self-referrals as well as supervisory referrals to treatment with maximum respect for individual confidentiality consistent with safety and security issues [which shall be as provided through the provisions of the Employee Assistance Program and this Policy Statement];

"(4) Provision for identifying illegal drug users, including testing on a controlled and carefully monitored basis. Employee drug testing programs shall be established taking account of the following:

"(c) Contractor programs shall include the allowing or appropriate alternative.

"(i) The Contractor shall establish a program that provides for testing for the use of illegal drugs by employees in sensitive positions. The extent of and criteria for such testing shall be determined by the Contractor based on considerations that include the nature of the work being performed under the contract, the employee's duties, the efficient use of Contractor resources, and the risks to public health, safety, national security that could result from the failure of an employee adequately to discharge his or her position.

"(ii) In addition, the Contract may establish a program for employee drug testing:

"(A) When there is a reasonable suspicion that an employee uses illegal drugs; or

"(B) When an employee has been involved in an accident or unsafe practice;

"(C) As a part of or as a follow-up to counseling or rehabilitation for illegal drug use;

"(D) As a part of a voluntary employee drug testing program.

"(iii) The Contractor may establish a program to test applicants for employment for illegal drug use.

"(iv) For the purpose of administering this clause, testing for illegal drugs may be limited to those substances for which testing is prescribed by section I of Subpart B of the "Mandatory Guidelines for Federal Workplace Drug Testing Program," (53 FR 11980 (April 11, 1988), issued by the Department of Health and Human Services.)

"(d) Contractors shall adopt appropriate personnel procedures to deal with employees who are found to be using drugs illegally. Contractors shall not allow an employee to remain on duty or perform in a sensitive position who is found to use illegal drugs until such time as the Contractor, in accordance with procedures Established by the Contractor, determines that the employee may perform in such a position.

"(e) The provisions of this clause pertaining to drug testing programs shall not apply to the extent they are inconsistent with state or local law, or with an existing collective bargaining agreement; provided that with respect to the latter, the Contractor agrees that those issues that are in conflict will be a subject of negotiation at the next collective bargaining session."

CERTIFICATION

AG CENTER PS-18

I hereby certify that I have received a copy of AG CENTER PS-18, Illegal Use of Drugs or Alcohol. I realize that the illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substances is prohibited when I am on official state business, whether on duty or on call for duty, on or off the work site. I understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify my employer within five (5) days if I am convicted of violating any criminal drug statute at the work place, while on official business or while on call for duty. I further realize that my employer is required by law to give notice of such conviction to any federal agency from which it receives grants or contracts, and I hereby waive any and all claims that may arise from conveying this information to such federal agency.

_____
Name (type or print)

_____ _____
Title Unit

_____ _____
Signature Date

RETURN ONE COPY OF THIS CERTIFICATION TO YOUR UNIT HEAD.

KEEP ONE COPY OF THIS CERTIFICATION FOR YOUR FILES AND INFORMATION.

Employee Authorization Agreement for Automatic Payroll Deposits ACH

Revised 04/08

Action Type

___ New

___ Change

_____

Name **(Please Print Last, First, MI)**

Entry
Date _____/_____/_____
by

Shaded areas completed by Payroll

_____

LSU ID

I hereby authorize Louisiana State University (LSU) to initiate and to make credit entries or debit entries and to make adjustments for any credit entries in error to my account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entries to my account. The foregoing authorization is solely for the purpose of facilitating automatic payroll direct deposit. This authorization may be terminated at any time by LSU.

I hereby authorize LSU to provide a copy of this authorization to any institution participating in NACHA and the Southern Financial Exchange only as necessary for purposes of automatic payroll deposit.

I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

Name of Bank _____

City/State/Zip _____

Bank Transit Number _____

Account Number _____ (check one) ___ **Checking Account** ___**Savings**

Bnk
Cd

I also authorize direct deposit to my account:
(check, if applicable)

___ **travel and other non-salary reimbursements.**

___ **TIS refunds.**

_____
Employee's Signature

Date ____/_____/_____

- - - - - - Tape this edge - - -

For account verification,
attach voided check.

DO NOT USE STAPLES
(they damage the microfilm equipment)

- - - - - - Tape this edge - - -

Human Resource Management
103 J.N. Efferson Hall – LSU
Baton Rouge, LA 70803
(225) 578-4631 Phone
(225) 578-8284 Fax

RETIREMENT ELECTION FORM

TO BE USED BY EMPLOYEES WHOSE APPOINTMENTS ARE CONSIDERED TEMPORARY OR PART-TIME

NAME_____

TITLE_____

UNIT _____

I have been informed by the AgCenter Office of Human Resource Management that the federal OBRA '90 law requires that I be enrolled under either social security, the Optional Retirement Plan (ORP), or the Louisiana Deferred Compensation Plan. I agree that the exemptions* allowed do not apply to me.

I would like my contributions to be applied to the option checked below:

( ) **Social Security -6.2%** (Plus1.45% Medicare Tax)

( ) **Optional Retirement Plan -8%** (Plus1.45% Medicare Tax) – *Enrollment form provided by the carrier must also be completed.*

( ) **Louisiana Deferred Compensation Plan -7.5%** (Plus 1.45% *Medicare Tax) - Enrollment form provided by the carrier must also be completed.*

SIGNATURE_____ DATE _____

***Exemptions** *(If one of the following exceptions applies to you, contact Kathy Loyd in the AgCenter Human Resource Management Office at 225/578-8229):*

(1.) Vested in a Louisiana retirement system.
(2.) Employed on a J-1 or F-I visa and not considered a resident alien for tax purposes.
(3.) Retired from a Louisiana retirement system.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ **Employee ID#** _____

Employer Name _____ **Employer ID#** _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945
Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.