



P. O. Box 10400
Baton Rouge, LA 70813

Dear Southern University Employee,

It is my pleasure to welcome you as a new member of our community at Southern University and A&M College! Know that your role is critical to fulfilling the mission of this great institution. I look forward to working with you.

As you proceed through the orientation process, please keep our mission in mind:

The mission of Southern University and A&M College, an Historically Black, 1890 land-grant institution, is to provide opportunities for a diverse student population to achieve a high-quality, global educational experience, to engage in scholarly research, and creative activities, and to give meaningful public service to the community, the state, the nation, and the world so that Southern University graduates are competent, informed, and productive citizens.

During your orientation, representatives from Human Resources will assist you with enrolling in our payroll and benefit systems. Also, your supervisor or manager will be an excellent resource for you as you grow in your new role.

It is my hope that your experiences at Southern University will be personally and professionally enriching. It is also my sincere desire that we will collaboratively move Southern University into greater levels of success and prosperity in the coming years.

Once again, congratulations on your new role and welcome to Southern University!

Sincerely,

Lester A. Pourciau, Vice President
Human Resources Department



Instructions

The Southern University System New Employee Orientation fill-able form package contains the necessary forms to complete as a new hire or returning employee. This fill-able form packet offers the convenience of completing these forms using your computer. It will save you time rather than filling out each form, by hand, in the Human Resources office. You will have to enter in your name and other demographic information each time on each separate form. Each form is to be completed. Additional forms (e.g. federal and local taxes) will be completed upon your return to HR.

Step one: Using your computer, complete each form in this packet.

Step two: **Print all forms and bring the packet to Human Resources during Orientation.**

Step three: An HR representative will make copies of your required documents as discussed below. He/she will check your packet for completeness and have you **sign and date all forms** while in the Human Resources office.

As part of your employment processing, you are required to present certain documents before your assignment can be considered complete. Your human resource representative or designee will make a photocopy of the documents you present.

This sheet has been prepared to help you understand the document presentation requirements and what is needed by when. If you do not have a required document, you must present proof you have applied for the document within three (3) days of your start date. You must then present the document upon its receipt.

GENERAL REQUIREMENTS

- All presented documents must be originals. Photocopies are not acceptable.
 - Documents needed: (1) Birth certificate, passport or (2) valid driver's license and Social Security card. Non-citizens will need to provide their original current Visa, status documents such as Employment authorization card, Resident Alien card, F-1/I-94/I-20, (for students J-1, Certificate of National passport).
 - If you are enrolling dependents in your group health plans you will need to provide us with their birth certificates and social security number(s).
- The name on any document you present must be the same as the name on your Social Security card. ***If the names on the documents you present are not the same, you must also present evidence of the change such as a marriage license, divorce decree or court order.***
- Student, employee, merchant (store) and/or other identification cards that contain a photograph may not be used because they are not on the list of acceptable alternative or supplemental documents recognized by the federal or state government.
- Voided check – direct deposit is mandatory.

FORM W-4 (EMPLOYER'S WITHHOLDING ALLOWANCE CERTIFICATE)



The University is required to accurately report earnings for employees to the federal government. This requirement means that your name and Social Security Number (SSN) must match information on file with the Social Security Administration. **In support of this requirement, each newly hired employee must present an original Social Security Card to your appropriate Human Resources office.** The card does not have to be the first card you were issued but it must be issued by the Social Security Administration, contain the official seal of the Social Security Administration, and signed by you. The Social Security card cannot have the phrase “(not valid for employment purposes)”. The only exception is for Social Security cards issued to F - 1 s t u d e n t s . The card cannot be laminated, and cannot be a plastic or metal replica. *If your Social Security card has been lost or destroyed, you can easily obtain another card from the Social Security Administration. This process usually takes about ten days from the date you apply for it.*

□ **EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)**

Proof of Identity and Employment Authorization: Confirm you have the appropriate proof of identity as required by the **Employment Eligibility and Verification Form I-9** to show your appropriate Human Resource office within three days of your start date.

The Immigration Reform and Control Act (IRCA) of November 1986 requires we certify that you provide certain documents to us that demonstrate you are eligible to accept the employment offer made to you. This requirement is fulfilled when you present documents listed in either Column A or Column B and C of the I-9 List of Acceptable Documents to your appropriate Human Resources office.

□ **FINGERPRINTING**

As prescribed by Revised Statute 15:587.2, a background check is required on all potential employees who include but are not limited to new, rehire and current faculty and staff members, unclassified staff, classified staff, graduate assistants, undergraduate students, adjunct staff and temporary and intermittent staff. It is the applicant’s responsibility to complete the necessary documents pay the fee required and return the verification form to the Office of Human Resources. The hiring process cannot be completed without receipt of these documents.

Employee Profile Sheet

General Person Information

Name: _____ Date of Hire: _____

Physical Address: _____

Mailing address, if different: _____

Telephone: Home _____ Cell _____

Sex: Male Female

Marital Status: Married Single Divorced Separated Widowed

Date of Birth: _____ Place of Birth: _____

In case of accident or serious illness, please notify the following emergency contact: (Name, address, Phone #) _____

Job Information

Position Title: _____ Department: _____

Relatives Working in the Southern University System

Name	Relationship	Department	Campus

Employee Signature: _____ Date: _____

HR USE ONLY

P/R TYP: _____ SSN: _____ DOB: _____ CK DIST: _____ HIRE DATE: _____

ETN: _____ GEN: _____ ED LV: _____ MS: _____ FED TX: _____ ST TAX: _____ TAX ADD AMT: \$ _____

SS: _____ MED TAX: _____ RTMT CD: _____ RATE: \$ _____ per hour \$ _____ annual

TIME: _____ DIV: _____ CRP ST: _____ VETERAN: _____

MILITARY SERVICE DATE: _____

ORIGINAL HIRE DATE: _____ ADJ SERVICE DATE: _____

EEO INFORMATION: _____ CC: _____ CT CL: _____ SFT MON: _____ EMP ST: _____



INFORMATION RELEASE FORM

Name: _____ Social Security Number: _____

RESTRICTIONS ON RELEASE OF ADDRESS / TELEPHONE

Check this box if you do not wish to have your address and telephone number released to anyone except the organization designated as the exclusive representative for the employee unit to which you are assigned.

UNEMPLOYMENT INSURANCE CLAIMS

Check this box if you wish your exclusive representative to receive your name in the event you file for unemployment insurance benefits.

CREDITORS

Check this box if you authorize the Human Resources department to release to creditors, home mortgage companies, banks, credit unions, savings and loan companies, etc. oral or written verification of the terms and conditions of your employment with the Southern University System's. By checking this box, you are releasing the Southern University System's from all liability in responding to inquiries in connection with your credit application.

Employee Signature: _____ Date: _____



EMPLOYEE CONFIDENTIALITY AGREEMENT

Name: _____ Social Security Number: / /

I understand that my access to data, information, and records is limited to my need for the Information in the performance of my job duties.

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to Information contained in Information Systems.

- 30 I will use my authorized access to Information Systems only in the performance of the" responsibilities of my position as a member of the University's faculty or staff.
- 40 I will comply with all controls established by the University regarding the use of Information" maintained within Information Systems.
- 50 I will avoid disclosure of Information to unauthorized persons without the appropriate consent"of the Information owner except as permitted under applicable University policy and/or"Federal or State law. I understand and agree that my obligation to avoid such disclosure will"continue even after I leave the employment of the Southern University System.
- 60 I will exercise care to protect Information against accidental or unauthorized access," modifications, disclosures, or destruction.
- 70 When discussing Information with other employees in the course of my work, I will exercise"care to keep the conversation private and not overheard by others who are not authorized to"have access to such Information.
- 80 I understand that any violation of this Agreement or other University policies related to the" appropriate release or disclosure of Information may result in one or more sanctions including" immediate termination of my access to Information Systems, disciplinary action up to and" including dismissal from employment, criminal penalties, or civil liability.

Employee Signature _____ Date ____/____/____



DIRECT DEPOSIT ENROLLMENT AUTHORIZATION FORM

Employee Name	Employee SSN
Mailing Address	City State Zip

PRIMARY ACCOUNT INFORMATION

Financial Institution Name	Financial Institution Routing or ABA Number (first 9 numbers on the bottom of check)
Bank Account Number	Name on Account
Action Type: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Net payroll, after the partial deposits listed below, will be deposited into this account	

SECONDARY ACCOUNT #1

Financial Institution Name	Financial Institution Routing or ABA Number (first 9 numbers on the bottom of check)
Bank Account Number	Name on Account
Action Type: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Dollar Amount to be Deposited: \$ _____	

SECONDARY ACCOUNT #2

Financial Institution Name	Financial Institution Routing or ABA Number (first 9 numbers on the bottom of check)
Bank Account Number	Name on Account
Action Type: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change Amount	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Dollar Amount to be Deposited: \$ _____	

I authorize Southern University System's to directly deposit my net pay check to the account (s) at the financial institution (s) designated above. For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority to adjust the amount next due to me to correct the overpayment. It is my responsibility to notify my campus HR department should any changes occur to the account(s) specified. Considering all above conditions are met, this authorization remains effective until a written, signed notification to terminate, or another direct deposit enrolment authorization form is completed indicating termination of this option is received from me, and Southern University System's had had reasonable opportunity to act on the termination.

Employee Signature: _____ Date: _____

Phone Number: _____



STATEMENT OF AGREEMENT OR UNDERSTANDING

Re: Compensation for Overtime Work

I, _____, understand that agencies of the State of Louisiana have the option of granting compensatory leave for overtime hours worked.

NON-EXEMPT EMPLOYEES: In cases where the Fair Labor Standards Act applies, such leave will be credited to non-exempt employees at the rate of one and one-half hour for each hour worked. For overtime hours worked during the weeks when leave is taken (with or without pay), or when holidays are observed, the agency may opt to use straight-time cash payments or hour-for-hour compensatory leave to compensate non-exempt employees, in accordance with the Rules of the Department of State Civil Service.

EXEMPT EMPLOYEES: Agencies have the option of granting no overtime compensation at all to exempt employees; but if the agency chooses to compensate exempt employees for overtime, the agency may choose to compensate such employees with compensatory leave rather than cash payment.

PAYMENT OF COMPENSATORY LEAVE UPON SEPARATION:

- **NON-EXEMPT EMPLOYEES:** I also understand that non-exempt employees shall 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. Any hour-for-hour compensatory leave that is not paid upon separation shall be cancelled.
- **EXEMPT EMPLOYEES:** Compensatory leave credited to exempt employees may or may not be paid upon separation in accordance with the applicable Civil Service Rules. Any such compensatory leave that is not paid shall be cancelled, in accordance with the applicable Civil Service Rules.

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

Printed or Typed Name: _____

Signature: _____ Date: _____



New Employee Self-Identification and Supplemental Information Form

Race/Ethnicity and Sex

The Southern University System is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights and regulations. In order to comply with these laws, the University invites employees to voluntarily self-identify their sex, race and ethnicity.

Although the University is asking you to complete this survey to assist us in complying with federal reporting requirements, doing so is completely voluntary. You will suffer no adverse consequences if you do not provide this information. The information will be kept confidential and will be used only in accordance with applicable law, executive orders, and regulations, including those that require the University to summarize and report the information it collects to the federal government.

Sex Identification

Female Male

Race/Ethnic Identification

Please review and respond to both questions. The categories listed below are the only options available for federal reporting purposes.

Do you consider yourself to be **Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American descent or other Spanish culture or origin, regardless of race).

Yes No

In addition to responding to the question above, select one or more of the following racial categories to describe yourself:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America, (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Hispanics of any race, for non-Hispanics only: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Supplemental Information

Check here if you require a reasonable accommodation? If yes, then specify what type _____

Are you a veteran ___ Yes ___ No If yes, then please specify service dates From: _____ To: _____

Employee Name (Please Print)

Employee Signature

Date



EDUCATION and WORK EXPERIENCE INFORMATION

Name: _____ Social Security Number: _____

HIGH SCHOOL

School	Location	Year

DEGREE(S) HELD

Type of Degree: Associate degree	Date degree earned: (month, day, year)	Degree discipline: (area of study)	College/University received from:	Location of College/University: (city and state)
Type of Degree: Bachelor of Art, Science, etc.	Date degree earned: (month, day, year)	Degree discipline: (area of study)	College/University received from:	Location of College/University: (city and state)
Type of Degree: Master of Art, Science, etc.	Date degree earned: (month, day, year)	Degree discipline: (area of study)	College/University received from:	Location of College/University: (city and state)
Type of Degree: Doctor of Ed., Ph.D., etc.	Date degree earned: (month, day, year)	Degree discipline: (area of study)	College/University received from:	Location of College/University: (city and state)
Type of Degree: JD, MD, DDS, DVM, etc.	Date degree earned: (month, day, year)	Degree discipline: (area of study)	College/University received from:	Location of College/University: (city and state)

WORK EXPERIENCE: List all employment from the past 5 years.

Dates of employment:	Place of Employment:	Job Title/Position:	Reason for Leaving:

I certify that the information given above is true and complete to the best of my knowledge.

Number of years work experience: _____

Employee Signature: _____

Date: _____



RECORD OF STATE SERVICE

Name: _____ Social Security Number: _____

INSTRUCTIONS: List all present and/or previous employers that are considered to be an agency/ department of the State of Louisiana. If you are unsure of an agency's/department's status, show it with a question mark. Be sure to show all State service (classified and unclassified). An employee's total length of state service determines the order of displacement, layoff, and in some cases, layoff avoidance measures.

Dates: Month, Year From, To	Name and address of employer	Position	Hours worked per day/week

I certify that the information given above is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of the above information as necessary in arriving at my state service credit. I understand that false or misleading information given by me may result in disciplinary action.

Employee Signature: _____ Date: _____

APPOINTMENT AFFIDAVITS

SF-13 (R 5-03)

IMPORTANT: Please read the following appointment affidavits. Before swearing to these affidavits, make sure you understand the fully. It is the responsibility of the employing agency to determine any change in employment status since the applicant filed the original pre-employment application.

APPOINTEE (Your name)		AGENCY /DIVISION	
PRESENT STREET ADDRESS		PLACE OF EMPLOYMENT	
CITY/STATE/ZIP		DATE OF BIRTH	
<p>A. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU BEEN INDICTED OR CONVICTED OF ANY LAW VIOLATION (excludes minor traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, GIVE DETAILS:</p>			
DATE	LOCATION	CHARGE	
DISPOSITION			
<p>B. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU RESIGNED OR BEEN DISCHARGED AS A RESULT OF MISCONDUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, GIVE DETAILS:</p>			
<p>C. DO YOU NOW HOLD OR ARE YOU A CANDIDATE FOR AN ELECTIVE PUBLIC OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>D. AS REQUIRED BY LOUISIANA REVISED STATUE 42:52</p>			
<p>Do you solemnly swear (or affirm) to support the Constitution and laws of the United States and Constitution and laws of this State, and faithfully and impartially discharge and perform all of the duties incumbent upon you as a State employee according to the best of your ability and understanding? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
DATE	SIGNATURE OF APPOINTEE		SOCIAL SECURITY NO.

Name: _____

Date: _____

Agency/Department: _____

Position: _____

LOUISIANA SECOND INJURY FUND
POST OFFER, PRE-EXISTING CONDITIONS, INJURIES OR ILLNESSES
MEDICAL INQUIRY (E-2)

NOTICE TO EMPLOYEES:

Your employer is committed to providing Workers' Compensation benefits, in accordance with state law, if you sustain an employment-related injury. This form requests medical information and will be kept confidential and separate from your personnel file. It will be used only in the event you experience a work-related injury and become eligible for Workers' Compensation benefits. The employer requires that all employees complete this questionnaire upon hire and every two years thereafter. The information is needed because if a work-related injury or disability is caused or made worse by a pre-existing condition, your employer may be able to seek reimbursement of the benefits paid from the Louisiana Second Injury Fund. This reimbursement would not reduce your workers' compensation benefits. In order to be considered for reimbursement, an employer must show it knowingly hired or knowingly retained an employee with a pre-existing disability. Disclosure of a pre-existing condition shall not be used for any discriminatory purpose. **THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN THE FORFEITURE OF WORKERS' COMPENSATION BENEFITS UNDER LA. R.S. 23:1208.1.**

After printing then
check each box.

SECTION 1: DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

Do not leave any blank unanswered. Please provide explanations for all "yes" responses under Remarks.

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation (foot, leg, arm, hand, or total loss thereof)	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Use of Limbs
<input type="checkbox"/>	<input type="checkbox"/>	Ankylosis of Joints	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Mental Retardation
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>	Muscle, Ligament or Tendon Injury
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Back/Neck Problem	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Brain Damage	<input type="checkbox"/>	<input type="checkbox"/>	Numbness of Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Psychoneurotic Disability
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Disease			(following treatment in a recognized medical or mental institution)
<input type="checkbox"/>	<input type="checkbox"/>	Carpal Tunnel Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Reflex Sympathetic Dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Vascular Accident	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive Motion Injury
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Residual Disability from Polio
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Osteomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism
<input type="checkbox"/>	<input type="checkbox"/>	Compressed Air Sequelae	<input type="checkbox"/>	<input type="checkbox"/>	Rotator Cuff Injury
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured Intervertebral Disc
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Silicosis
<input type="checkbox"/>	<input type="checkbox"/>	Double Vision (blurred sight)	<input type="checkbox"/>	<input type="checkbox"/>	Spinal Fusion
<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Sugar in Urine
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Removal of Intervertebral Disc
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Metal Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	

Hemophilia
 High/Low Blood Pressure

Thoracic Outlet Syndrome
 Thyroid Condition

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Hodgkin's Disease | <input type="checkbox"/> | <input type="checkbox"/> | "Trick" Knee or Shoulder |
| <input type="checkbox"/> | <input type="checkbox"/> | Hyperinsulinism | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | Varicose Veins |
| <input type="checkbox"/> | <input type="checkbox"/> | Ionizing Radiation Injury | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disorder | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of Hearing (more than 75%) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of Sight (of one or both eyes or a partial loss of uncorrected vision) | | | |

REMARKS: If you answered "yes" to any question above, indicate the nature of the injury/illness, name and address of the treating health care provider, area of specialty and approximate date/year of the illness/injury.

SECTION 2: PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE AS MUCH INFORMATION AS POSSIBLE.

1. Has any doctor ever restricted your activities due to injury, disability or medical condition?

YES NO

If yes, please describe the reason for the restrictions, the type of restrictions, whether the restrictions were temporary or permanent, and whether you presently have any restrictions on your physical activities.

2. Have you ever been assessed any percentage of permanent disability to any part of your body?

YES NO If yes, please explain:

3. Are you presently or have you ever been under the care of a doctor, chiropractor, or other health care provider for any serious injury, disability or medical condition?

YES NO

If yes, please list the condition, injury or illness(s) being treated, the name of the doctor(s), field of specialty, address and telephone number, and dates of treatment.

4. Are you presently or have you ever taken any medication for any serious injury, disability or medical condition?

YES NO

If yes, please list the name or type of medication, the medical condition being treated, and the name, address and telephone number of the physician who prescribed the medication, area of specialty, and dates of treatment.

5. Have you ever had surgery (other than cosmetic) to any part of your body ? YES NO

If yes, please list the part(s) of the body operated on, the type of operation performed, the date (or approximate date), the hospital, and the name, address, and phone number of the doctor performing the surgery (if known).

6. Have you ever received treatment for your head, neck, back or extremities (arms, wrists, legs, knees, etc.) from a doctor, chiropractor, physical therapist or other health care provider?

YES NO

If yes, please list the name, address and phone number of all doctors, chiropractors, physical therapists, and other health care providers who provided such treatment, the dates of the treatment and the diagnosis provided.

7. Are you aware of any physical condition or injury that might impair or limit your ability to work in this position? YES NO If yes, please describe the condition or injury.

8. Have you ever received workers' compensation benefits for an injury that occurred at work?

YES NO

If yes, please list the name of the employer, the nature of the injury and the dates, and the dates you received compensation.

I HAVE READ ALL __ PAGES OF THE LOUISIANA SECOND INJURY FUND POST OFFER OF EMPLOYMENT MEDICAL INQUIRY. I FULLY UNDERSTAND AND HAVE TRUTHFULLY AND FULLY ANSWERED ALL OF THE QUESTIONS, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I UNDERSTAND THAT MY FAILURE TO TRUTHFULLY ANSWER ANY OF THE ABOVE QUESTIONS MAY RESULT IN THE FORFEITURE OF WORKERS' COMPENSATION AND MEDICAL BENEFITS UNDER THE LOUISIANA WORKERS' COMPENSATION STATUTE (LA.R.S. 23:1208.1).

SIGNATURE: _____

DATE: _____

WITNESS: _____

DATE: _____

RETIREMENT STATUS NOTIFICATION

Name: _____ Social Security Number: _____

Please check below all that applies to you.

1. Are you a contributing member of a retirement system? Yes No

a. If yes, which one?

TRSL LASERS TIAA-CREF ING AIG OTHER

2. Are you a retiree returning to work? Yes No

a. If yes, please indicate the name of the system you retired from as well as the month, date and year that you retired?

3. Are you participating or have you participated in the DROP program of the state of LA? Yes No

a. If yes, please indicate your start and end date.

I certify that the above is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

VETERAN/SELECTIVE DRAFT REGISTRATION SERVICE STATUS

Complete top section and sign/date even if you are not a veteran.

Name Social Security Number Date of Birth

Active Duty Service

Date(s) From: _____ To: _____

From: _____ To: _____

TYPE DISCHARGE: (.Xttach D D2 14) and D.FTE

Type Discharge Date

Branch of Service _____
Army, Air Force, etc

Military Connected Disability _____
Type/Percentage Date of Disability

Reserve Service (Military) From: _____ To: _____

From: _____ To: _____

TYPE DISCHARGE (Attach DD2 14) and DATE

Type Discharge Discharge date

Branch of Service _____

Type/Percentage Date of Disability

Filed on date Registration Number

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature

Date

You should complete Section A if you have outside employment other than Southern University.
 You should complete Section B if you do not have any outside employment.



SOUTHERN UNIVERSITY SYSTEM

POLICY MEMORANDUM NO. 9.000.18

FORM A: Disclosure of Outside Employment

Check the primary campus in which you are employed:

SYSTEM SUBR SUSLA SULC SUAREC

Southern University System Policy Memorandum No. 9.000.18 requires all Southern University employees to comply with its provisions and to disclose all outside employment as defined within the policy. Completion of Form A is required for each outside employment activity in the University employee is engaged. Blanket approval of outside employment will not be granted. If the approval of the President/Chancellor/Extension Director is required then Form B must all be completed. Employees are required to become familiar with Policy Memorandum No. 9.000.18 before completing this form.

Employee's name: _____	Current supervisor: _____
Employee's "S" number: _____	Current department: _____
Current title: _____	

Section A: Complete this section if you have outside employment.
If not, then go to Section B below:

- | | 0 - 5 hrs | 6-29 hrs | 30 or more hrs |
|-------------------------------|-----------|----------|----------------|
| 1. Outside employer #1: _____ | | | |
| 2. Outside employer #2: _____ | | | |
| 3. Outside employer #3: _____ | | | |
| 4. Outside employer #4: _____ | | | |
| 5. Outside employer #5: _____ | | | |

Describe the proposed/current **outside employment** job responsibilities.

Answer the following questions regarding your outside employment:

- | | |
|--|--|
| 1. My outside employment would be with an entity currently doing or actively seeking to do business with my unit at the University. <div style="text-align: right; margin-top: 5px;"> Yes No </div> | 2. I am collaborating with or am on special assignment to a unit within the University with which the company is doing or seeking to do business. <div style="text-align: right; margin-top: 5px;"> Yes No </div> |
| 3. My outside employment would involve teaching which results in university level credit or will utilize University property or services. <div style="text-align: right; margin-top: 5px;"> Yes No </div> | 4. My outside employment would yield results which advance a theory or practice in my field. <div style="text-align: right; margin-top: 5px;"> Yes No </div> |

5. My outside employment would involve my providing professional, personal, consulting and/or social services to a department, commission, council, board, office, bureau, committee, institution, agency, government, corporation, or any other establishment of the Executive Branch of the State of Louisiana.

Yes NNo

6. My outside employment would result in my receiving compensation to assist in the passage or defeat of state legislation during the fiscal year in which the legislation was pending in the legislature.

Yes No

7. My outside employment requires or will require the use of University personnel, services, facilities, equipment or other resources.

Yes NNo

Section B: Initial below if you do not have any outside employment.

Enter your initials below if you **do not** have another job/position other than your Southern University employment.

(Initials)

I am not currently engaged in nor am I currently considering or being considered for outside employment. I understand and agree to abide by PM 9.000.18 as applicable for future outside employment.

Please Sign below:

Employee signature: _____ Date: _____

Supervisor's name: _____

Supervisor's signature _____

Date: _____



Southern University System E-mail Usage Policy

This document sets forth the electronic mail policy of the Southern University System. All personnel who use the Southern University System and associate campuses e-mail system are required to comply with this policy. If you have any questions or comments about this e-mail usage policy, please contact your immediate supervisor.

All messages distributed via the Southern University's e-mail system, even personal e-mails, are sole property of Southern University and are not the property of the employee or other personnel. If there is evidence that you are not adhering to the guidelines set out in this policy, Southern University reserves the right to take disciplinary action, including termination and/or legal action. Southern University reserves the right to periodically inspect the contents and audit the use of e-mail access to ensure compliance with the Southern University System policy. In addition, Southern University reserves the right to deactivate an authorized account when the user leaves or is no longer associated with Southern University.

Duty of care:

- Users must take the same care in drafting an e-mail as they would for any other communication.
- Users are responsible for all activities originating from their account and for those utilizing their name or account ID. If a user has reason to believe that his/her user account or password has been compromised, the user should contact the Office of Technology Services.
- Southern University requests that users of Southern University's e-mail accounts frequently check their e-mail, notifying the appropriate Office of Technology Services of any problems with accounts.

It is strictly prohibited to:

- Send or forward e-mails containing libelous, defamatory, offensive, racist or obscene remarks. If you receive an e-mail of this nature, you must promptly notify your supervisor or the appropriate Southern University Office of Technology Services.
- Forward a message or copy a message or attachment belonging to another user without acquiring permission from the originator first.
- Send unsolicited bulk mail messages including, without limitation, commercial advertising and information announcements (Louisiana Revised Statutes, Title 14 – Criminal Law, Section 73.61).
- Forge or attempt to forge e-mail messages.
- Disguise or attempt to disguise your identity when sending mail.

E-mail Disclaimer:

All e-mail messages must be appended with the following disclaimer: "The contents of this

communication may be confidential and privileged. Unless you are the addressee or authorized to receive this communication for the addressee, you may not use, copy or disclose to anyone this communication or any information contained in this communication. If you have received this communication in error, please advise the sender by return e-mail and delete this communication.”

Policy Declaration:

I have read and agree to comply with the guidelines set out in this policy. I understand that failure to do so might result in disciplinary or legal action.

Employee Signature

Date



CERTIFICATION OF RECEIPT OF EMPLOYEE HANDBOOK

Instructions: The HR representative guides the employee to the online handbook. The faculty handbook can be accessed at: http://www.subr.edu/assets/pdf/SUBR_Faculty_Handbook_2005-2007.pdf. The staff handbook can be accessed at: <http://www.sus.edu/Images/Interior/human-resources/pdf/handbookforhumanresources.pdf>. The employee will sign and date this form certifying receipt and discussion of the handbook information.

Name: _____ Social Security Number: _____

I certify that I have received instructions as to how to access the Faculty and Staff Handbook and acknowledge that my supervisor or HR representative has discussed the information in this handbook with me. I understand that I am responsible for the performance of the duties of my assignment in accordance with the information contained in this handbook. You are required to familiarize yourself with all policies, and specifically the following policies:

- **Substance Abuse Policy** can be found by clicking or pasting the following link into your web browser: <http://www.sus.edu/drug-policy>
- **Safety Policy** can be found by clicking or pasting the following link into your web browser: <http://www.sus.edu/safety>
- **Policy on Ethnic, Religious or Sexual Harassment** can be found by clicking or pasting the following link into your web browser: <http://www.sus.edu/policy-on-ethnic-religious-or-sexual-harassment>
- **Workplace Violence Policy** can be found by clicking or pasting the following link into your web browser: <http://www.sus.edu/work-place-violence>

Employee Signature _____ Date ____/____/____

SOUTHERN UNIVERSITY INDUCTION CHECK LIST
(Please complete the top section, then sign and date at the bottom)

Employee _____ Race _____

Position _____ Department _____ Employment Date _____

THIS FORM PROVIDES A GUIDE TO FOLLOW IN WELCOMING AND PROCESSING NEW EMPLOYEES. A staff member should initial and date each item below. If N/A, still initial and date showing the N/A. Make sure each form is completed and signed where needed by the employee.

EMPLOYMENT FORMS COMPLETED (Please DO NOT complete this section):

- | | |
|--|--|
| _____ Authorization Hiring Document (PAF) | _____ Outside Employment Form |
| _____ Pictured ID/Driver's License | _____ Email Usage Policy |
| _____ Social Security Card/Birth Certificate | _____ Certificate of Receipt |
| _____ Employee Profile Sheet | _____ Retirement (TRSL, LASERS, SS) |
| _____ Information Release Form | _____ Medical Insurance |
| _____ I-9 (Employment Eligibility) | _____ Vehicle Registration |
| _____ Federal Tax Form | _____ Identification Card |
| _____ State Tax Form | _____ <u>Student</u> Certification |
| _____ Confidentiality agreement | _____ <u>Student</u> Application |
| _____ Direct Deposit Form | _____ <u>Student</u> Billing Statement |
| _____ Statement of Agreement | _____ Visit the following webpage to view the policies
online http://sus.edu/SU-policies-and-procedures |
| _____ Supplemental Employment Info. | _____ Drug Policy/EAP |
| _____ Education and Work Experience | _____ Work Place Violence |
| _____ Record of State Service | _____ Sexual Harassment Policy |
| _____ Appointment Affidavit | _____ Safety Information Handbook |
| _____ LA Second Injury Fund Form | _____ Training Certification Form |
| _____ Retirement Status Notification | _____ Webtime approval chain Form |
| _____ Veterans Form | _____ WAE MOU (WAE employees only) |

I, _____, have completed the above forms and have
 (Print Name)
 been orally advised on the below topics relevant to my employment status.

EMPLOYEE'S SIGNATURE

DATE

SOUTHERN UNIVERSITY INDUCTION CHECKLIST (cont'd)

Employee Advised On: Details are found in Handbook for University Personnel

Retirement System-TRSL	Full time Faculty/Unclassified-Teachers' Retirement/ORP, Part time-Social Security, Medicare Tax-1.45%, if not employed continuous since 4/1/86
Retirement System-LASERS	Full time Classified-State Retirement; Restricted-Social Security; Medicare Tax-1.45%, if not employed continuous since 4/1/86; Students-Exempt
Tax Deductions	(Federal & State) Based on dependents claimed on W-4 & L-4 Forms
Other Deductions	(Credit Union) Located on Harding Blvd. Across from A. W. Mumford Stadium
Pay Days	Classified (Civil Service)-every other Friday, Unclassified-last day of the month, Faculty- last day of the month. If the payday falls on a Saturday, Sunday, Monday-Holiday, you will be paid on that Friday. GAs-last day of month; undergraduate assistants-biweekly
Leave System	Faculty-Sick leave only, Unclassified/Classified-annual and sick leave earned based on years of state services.
Maternity Leave	All female employees are eligible and can use accumulated sick and annual leave and receive full salary.
See Enclosed	Rules governing Political Activities (Non Civil Service-none other than not soliciting during duty hours nor using state property)
Disciplinary Actions	Handbook for University Employees
Grievance Procedures	Faculty-Handbook for University Employees
Grievance Procedures	Non-Faculty- Handbook for University Employees
PES	Civil Service Website
State Insurance & Hospitalization Plans	The University pays a portion of medical coverage and 50% of Life Insurance except for Dependent Life and Catastrophic Illness for State's program and any supplemental insurance the employee enrolls in.
Rate of Pay	_____
Pay Day	1 st pay day is _____ provided PAF is approved and all necessary paperwork has been completed and necessary documentation provided.
Parking	Check with the appropriate Traffic and Parking Office on your campus for applicable rates. The initial Id badge is free. There is a charge for replacement Id.
ID Badge	
Family Medical Leave Pages	12 weeks during a 12 month year the Federal Law stipulated LWOP. However, if you have a serious illness you may use your sick leave and receive your regular salary. For an immediate family member (spouse, child, parent, etc.) you may use annual leave.
Drug Policy	Be sure you read and understand the Drug Policy Statement and it is yours to take with you.
Payroll Deduction	If you have child/children in school at the Laboratory School and/or in College at the University you can do a payroll deduction to pay fees, if needed.
Tuition Discount	If you have child/children in College at the University you are eligible for, presently, 10% discount on educational portion of general fees only (not additional fees).
Funeral Leave	When attending the funeral or burial rites of a parent, step-parent, child, step-child, brother, step-brother, sister, step-sister, spouse, mother-in-law, father-in-law, grand parent or grand child you will be provided a maximum of two days on any one occasion. Beyond two day will be annual leave, if available or LWOP.
Class Attendance	Non-faculty employees desiring to attend classes during 8-5 must have prior written approval of their supervisor/department head and Human Resource Director. Employees must use annual leave or LWOP and should be properly shown on payroll, leave slips must be submitted. Schedule classes should not exceed 3 semester hours per week (one 3 credit course). Employees can not substitute the lunch hour to attend class. Employee may also be eligible for the Educational Privileges/Employee Fee Waiver program. Must be employed in a FT position for two years to be eligible.
Policies:	Sexual Harassment Policy Work Place Violence Police Affirmative Action Plan Outside Employment Policy Americans With Disabilities Act