

Personal Data Sheet



OFFICE OF HUMAN RESOURCES

Staff
Faculty
Student
(Please Print Clearly)

Last Name	First Name	MI
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(ABOVE NAME MUST MATCH NAME ON SOCIAL SECURITY CARD)

Home E-mail	Alternate E-mail
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Home Address (Must be in Texas)	City	County	State	Zip Code
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Mailing Address (If different)	City	County	State	Zip Code
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Home Telephone Number	Social Security Number	Birthdate
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A social security number (SSN) MUST be provided. If you do not have a SSN, you must provide a copy of your SSN application receipt.

School or College/ Department

Hiring Supervisor's Name

Job Title

Building Location / Extension

***Gender :**

- Female
- Male

Position:

- Dean
- Division Chairperson
- Department Head
- Full Professor
- Associate Professor
- Assistant Professor
- Instructor
- Adjunct Professor
- Adjunct Instructor
- Staff
- Student

***Race/Ethnicity:**

- White -- (not of Hispanic Origin) *A person having origins in the original people of Europe, North Africa or the Middle East*
- Black -- (not of Hispanic Origin) *A person having origins in any of the black racial groups of Africa or the Caribbean*
- Hispanic -- *A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race*
- Asian/Pacific Islander – *A persons from or descendent of any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. To include people from China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan*
- Native American/Alaskan Native – *A person from or descendent of any of the original people of North America or who maintains cultural identification through tribal affiliation or community recognition*

***Disability Status:** (Voluntary Disclosure)

- No/None Disclosed
- Yes, I have a physical or mental impairment that substantially limits one or more major life activities

Marital Status:

- Divorced
- Married
- Separated
- Single
- Widowed

Have you ever worked for a State of Texas Agency?

- Yes
- No

Citizenship Statement:

- Citizen of the United States
- Lawful Permanent Resident
- Alien authorized to work in the U.S.A. #
- Naturalized Citizen

If yes, please give dates:
Is this a **direct transfer** from another State of Texas agency?

If yes, please give the name of the agency:

*This information is for internal purposes and/or federal/state reporting requirements. No adverse action employment action will be based upon the information you report.

A social security number (SSN) MUST be provided. If you do not have a SSN, you must provide a copy of your SSN application receipt.

Initials: _____

Emergency Contact Information

In the event of an emergency, would you like us to contact a family member or friend?

If so, please provide contact information below.

Name	Relationship	Home Phone	Work Phone	Alternative

Public Access Authorization

The 74th Legislature passed House Bill (HB) 1718, revising the statutes related to the disclosure of certain employee information. HB 1718 requires each employee or official of a governmental body to choose whether to allow public access to information in the custody of the governmental body. If you do not want the University to make your home address, home telephone number, social security number, or family member information available to the public, you must notify the University in writing. Once written notification is received, it will remain in effect until you provide written notice that you wish to reverse your decision. ***If an employee fails to declare this information as confidential, the information will be subject to public access.***

If you ask the University to deny public access to this information, it will not be used in published directories, nor included on lists of employees secured from our files under the Public Information Act by private firms or individuals. The information will not be given to **anyone else** who may request it, as long as your authorization to deny access has not been reversed. The information will be used by the University, however, for any official business purpose, including mailing correspondence and informational materials to your home address.

PLEASE CHECK ONLY ONE: IF YOU CHECK MORE THAN ONE OR NONE, THE INFORMATION WILL BE SUBJECT TO PUBLIC ACCESS.

PUBLIC ACCESS *Disclose home address/telephone number, SSN, and family information.*

NO PUBLIC ACCESS *Conceal home address/telephone number, SSN, and family information.*

Selective Service Registration

Effective September 1, 1999, House Bill (HB) 558, Section 651.005 prohibits an agency in any branch of state government from hiring a person as an employee if the person is of the age and gender that would require a person residing in the United States to register with the selective service system under federal law, unless the person presents proof of the person's registration with the selective service system, or proof of the person's exemption from registration with the selective service system.

I am required by law to be registered with the selective service system.

Acknowledge Card # _____ **Eligible Date** _____ **Expiration Date** _____

I am exempt from Selective Service Registration because:

I am female

I am a male who is not between the ages of 18 and 26 years of age

I am a lawful non-immigrant on a visa (e.g. foreign students)

Initials: _____

Veteran Status

None

Other Protected Vietnam Only

Vietnam Veteran Only

Both Vietnam/other Eligible Veteran

Disable Veteran

Personnel Documents Receipt

I certify that I have been furnished information about the following:

1. Texas House Bill 590 regarding State of Texas Ethics
2. A Guide of Ethics Laws for State Officers and Employees
3. Texas Southern University Ethics Policy
4. The University Personnel Manual
5. Confidentiality of information
6. Drug and Alcohol Abuse Prevention Policy

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

Employee's Signature

Date

Form W-4 (2009)

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 2009 expires February 16, 2010. 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 their 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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

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 2009. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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	_____
{	<ul style="list-style-type: none"> • 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. 	}				
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. <ul style="list-style-type: none"> • 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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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 \$40,000 (\$25,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> • 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 \$40,000 (\$25,000 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. 	}
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----- 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2009
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 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		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, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____

4 Enter an estimate of your 2009 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 8* in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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.

TEXAS SOUTHERN UNIVERSITY
State of Texas Inter-Agency Employment Verification

Section I *(to be completed by employee)*

Employee Name: _____ **SSN#:** _____

Other possible names of record: _____

Former Employer: _____

Mailing Address: _____

Approximate Dates of Service: **From:** _____ **To:** _____

From: _____ **To:** _____

Employee Signature

Date

Notice to Former State Employers – Please complete the employment information and other related sections on the employee named above. Return the completed form to Texas Southern University, Human Resources – 3100 Cleburne Avenue, Hannah Hall, Ste. 126, Houston, Texas 77004. If you have any questions, please call us at 713-313-4436.

Notice to Employees – Requests for prior service are processed on first come, first serve basis and in some cases require considerable research to verify. Credit for past service may affect your accumulation of vacation and longevity pay. Service with other state agencies will not be applied to eligibility for staff awards.

Section II - Employment Information *(to be completed by prior state agency)*

Correct dates of employment: **From:** _____ **To:** _____

From: _____ **To:** _____

Dates for unpaid leaves in excess of one month. **From:** _____ **To:** _____

From: _____ **To:** _____

Yes

No

Did the employee have other State of Texas service?

If Yes, how many months of prior state service?

(Please attach copies of all verifications).

Job Titles(s): _____

TEXAS SOUTHERN UNIVERSITY

PAYROLL INFORMATION

Calendar Year Social Security Contributions *(Only verify if employment was in current calendar year).*

State Paid Social Security Contributions:	\$
Employee Paid Social Security Contributions:	\$
Total FICA Earnings:	\$
Transferable Vacation Balance:	
Transferable Sick Leave Balance:	
Longevity Pay (per month)	\$
UCI Taxable Wages:	\$
Reported UCI Tax:	\$
Paid through the Month of:	

RETIREMENT INFORMATION

Yes No

Was the employee a member of the Teacher Retirement System of Texas? _____

Was the employee ever eligible to participate in the Option Retirement Plan? _____

Did the employee participate in a Tax Sheltered Annuity (TSA)? _____

Name of the Optional Retirement Plan Carrier? _____

Effective Date of Participation in ORP: _____ **Yes No**

Vested? _____

Date Vested: _____

Name of Tax Sheltered Annuity Carrier? _____

Date of Last Contribution: _____ Total Calendar Year Contributions: \$ _____

Yes No

Did the Employee participate in the State of Texas Deferred Compensation plan? _____

If yes, did the employee excise the 'One-time Withdrawal' provision? _____

Name of Deferred Compensation carrier? _____

Date of Last Contribution: _____ Total Calendar Year Contributions: \$ _____

Yes No

GROUP INSURANCE INFORMATION

Was the employee a participant in the ERS UGIP Health plans? _____

Was the employee participating in a Tex-Flex Healthcare account? _____

Comments: _____

Signed _____ **Title** _____