

# STUDENT HIRING PACKET

## WELCOME

You have been selected to fill an hourly student position at Sam Houston State University.

## ADDITIONAL FORMS

The forms and information listed below will need to be provided to your department in person:

- **Social Security Card (copy)** per [Finance and Operations Policy FO-PAY-16](#)
- **Form I-9** -[Form I-9 and Instructions](#) – You will need to provide original supporting documents from the List of Acceptable Documents (last page of Form I-9).
- **U.S. Selective Service Registration** (if applicable) Male applicants aged 18-25 are required to present proof of registration at the time of the job offer. Please visit <http://www.shsu.edu/dept/human-resources/employment/us-selective-service.html> for proof requirements.
- **Form W-4** <https://www.irs.gov/pub/irs-pdf/fw4.pdf>
- **International students** will need to contact the Tax Accountant in the Payroll Office (936-294-1067) to complete necessary tax documents and provide current **I-20, Visa, I-94, Passport, and Social Security Card** to complete the Payroll process for payment. A copy of these forms will also need to be provided to Human Resources.

## DIGITAL FORMS

Please complete the following digital forms and email the completed packet to your hiring department contact.

Please see the following page for instructions on completing and submitting the Student Hiring Packet.



ela010@shsu.edu



936-294-1069

Evan Arambula

Human Resources Associate

## Employee Information:

- **Please read the following:** [Release of Personal Information Election](#).
- **Paycheck:** In order to be paid you must activate your Bearkat OneCard and select your Payroll Preference at [www.bearkatone.com](http://www.bearkatone.com).

# INSTRUCTIONS FOR SUBMITTING STUDENT HIRING PACKET

1 After completing the Digital Forms (PDF), please check for blanks. \*\*\*Please leave the signature for the Workers' Compensation Network Acknowledgment Form as the last blank you complete. Once you digitally sign it, you are required to save your packet.

2 Once the packet has been completed and checked, please save the Digital Forms (PDF) and label it in the following format:  
Last Name, First Name – Sam ID  
Example: Bearkat, Sammy – 000000000

3 You will then need to email this completed packet to your hiring department contact using your @SHSU.EDU email account for security purposes.

\*\*\*After you have emailed your forms, you will need to contact your hiring department to schedule a time to complete the Additional Forms linked on the first page of the packet.

## Helpful Websites

**SHSU Human Resources Website:**

<http://www.shsu.edu/dept/human-resources/index.html>

**SHSU Payroll Office Website:**

<http://www.shsu.edu/dept/payroll/>

**SHSU International Programs Website:**

<http://www.shsu.edu/dept/international-programs/>

**SHSU Career Services Website:**

<http://www.shsu.edu/dept/career-services/>

**If you need assistance with the Student Hiring Packet or are having technical difficulty completing the packet, please contact the Student Human Resources Associate at 936/294-1071.**

**The Human Resources office is located in the John W Thomason Building in Suite 202 on the main Sam Houston State University campus.**

## **Important Employment Information – Please Read Carefully**

- Employees are paid on the 1<sup>st</sup> and 15<sup>th</sup> of the month. If the 1<sup>st</sup> or 15<sup>th</sup> of the month occurs on the weekend or a holiday, the official pay date is the next business day.
- Remember to activate your Bearkat OneCard if you have not done so already by visiting: <https://bearkatone.vibeaccount.com/>
- Your paycheck is sent to your Bearkat OneCard. To have it routed to your bank account, you will need to indicate those preferences on the Bearkat OneCard website: <https://bearkatone.vibeaccount.com/>
- Once employed, you are required to take employee trainings. Once you have been registered for those trainings you will receive an email with the training name, time period you have to complete the training, and instructions on how to access the training.
- Hourly Student employees are paid two weeks behind. Example: I work from November 8 -November 15. I submit my timesheet on November 15 and will receive my first check on December 1.
- Hourly Student employees are limited to a total of 28 hours worked per workweek. The official workweek is from Sunday 12:01 a.m. until Saturday 12:00 midnight. Please note that department supervisors have the discretion to limit the number of hours worked to less than 28 hours per workweek.
- Hourly Student employees must maintain a minimum of 6 credit hours enrolled during the Spring and Fall semester unless an exception has been granted. To work during the Summer semesters students must have been enrolled in a minimum of 6 credit hours during the previous Spring semester or the upcoming Fall unless an exception has been granted.
- International Student Employees should visit the International Programs Employment website for additional information regarding their employment: <http://www.shsu.edu/dept/international-programs/international-students-and-scholars/employment.html>. Please note that during the summer no more than 28 hours per workweek is allowed.
- International Student Employees will need to visit the SHSU Payroll Office to complete additional required paperwork and bring Visa, Passport, I-20, I-94, and Social Security Card. Payroll Office website: <http://www.shsu.edu/dept/payroll/>

# Sam Houston State University Human Resources



## Employee Statistical Data Sheet

Sam ID: \_\_\_\_\_ Hiring Department: \_\_\_\_\_

Full Legal Name on your Social Security Card: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**This form is required for state and federal reporting purposes upon employment.**

1. What is your citizenship status?

Natural born U. S. Citizen      Naturalized Citizen      Non-Resident Alien      Permanent Resident Alien

2. What is your gender?      Male      Female

3. Do you identify as a veteran?      Yes      No

4. If applicable, please list your Veteran's Preference:

Veteran preference      Surviving spouse of veteran not remarried      Orphan of veteran killed while active

5. Are you Hispanic or Latino?      Yes      No

6. What is your ethnicity? Mark all that identify you:

American Indian or Alaska Native      Black or African American      Native Hawaiian or Pacific Islander  
Asian      Hispanic      White

7. Do you have a disability that requires an accommodation?      Yes      No

**If yes, please contact Human Resources at 936/294-1872.**

8. Do you have any prior service with SHSU or any other Texas state agency or university (to include student employment)?      Yes      No

**If yes, provide the name of the agency or institution of higher education and approximate dates of employment:**

9. Do you have prior Texas Department of Criminal Justice or Texas law enforcement service?      Yes      No

10. Will you be employed at SHSU and another Texas state agency or institution of higher education, or independent school district, junior or community college at the same time?      Yes      No

**If yes, list the name of the other employer:** \_\_\_\_\_

11. Are you a RETIREE from a Texas state agency or university, junior, or community college, or school district eligible for ERS/TRS/ORP benefits?      Yes      No      If yes, agency name and date \_\_\_\_\_

Retirement Plan:      ERS      TRS      ORP

By checking this box I certify that the information provided by me in connection with this document is true and accurate to the best of my knowledge

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Employee Notification of State and Federal Legislation and Human Resources Information Acknowledgment**

According to the State Laws enacted by the Fifty-second, the Sixty-fifth, Seventy-fifth and Eighty-second Texas State Legislatures, the Head of each State agency is required to provide new employees with certain legislation and obtain an acknowledgment receipt for the information. The Human Resources Department web site serves as official notification regarding federal and state legislation and Human Resources related information. As a new employee, it is your responsibility to access each of the topics listed below from the Employee Notification of State and Federal Legislation and Human Resources Information page (<http://www.shsu.edu/dept/human-resources/notification/index.html>) located on the Human Resources Department web site in order to familiarize yourself with the legislation and information provided. Employees are encouraged to review this website periodically for any changes.

◆ Denotes topic for benefit eligible employees only.

[The Texas State University System Compliance and Ethics Line](#)

[Chapter VIII. Ethics Policy for Regents and Employees of Texas State University System \(TSUS\)](#)

[Title IX](#)

[Family Educational Rights and Privacy Act \(F.E.R.P.A.\)](#)

[Information Security User Guide](#)

[Drug Free Schools and Communities](#)

**Employee Crime Victim Identification Election:** In accordance with HB 1027, information will be withheld that would identify me as a crime victim, including a photograph or other visual representation.

**[Human Resources Policies, including:](#)**

[HR Policy ER-4 – Affirmative Action Recruitment Plan](#)

[HR Policy ER-7 – Discrimination and Equal Employment Opportunity \(EEO\)](#)

[Sexual Misconduct Policy and Procedures](#)

[Equal Employment Opportunity Required Training for State Employees](#)

[Mandatory Legislation Acknowledgment](#)

- (1) Political Aid & Legislation Influence Prohibited -Section 5, Article V, House Bill No.1 of the Seventy- fifth Legislature,
- (2) Property Accounting System -Sections 8.01-8.10, Article 8 of Vernon's Texas Civil Statutes, and
- (3) Standards of Conduct -Section 6. (1) - (5), Article IX, House Bill No.1 of the Seventy- fifth Legislature.

[Multiple State Employment Policy](#) and [Multiple State Employment Form](#) (complete if applicable and submit to Human Resources)

[Summary of Benefits](#)

[Holiday Schedule](#)

- ◆ [Employees Retirement System of Texas \(ERS\) Texas Employees Group Benefits Program \(GBP\)](#)
- ◆ [Consolidated Omnibus Budget Reconciliation Act of 1985 \(COBRA\)](#)
- ◆ [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- ◆ [ERS Notice of Creditable Coverage Plan Year 2018 \(NOCC\)](#)
- ◆ [Children’s Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#)
- ◆ [Affordable Care Act](#)
- ◆ **General Retirement Programs:** ◆ [Teacher Retirement System \(TRS\)](#) or if eligible ◆ [Optional Retirement Program \(ORP\)](#)  
[Supplemental Retirement Program \(SRP\)](#) -- Voluntary and available through tax sheltered payroll deduction  
[Retirement Program Forms, Plan Documents, Plan Vendors, Notices, and Reference Guides](#)

[New Employee Benefits Orientation Schedule](#)

[Payroll Information](#)

[Workers Compensation](#)

[New Employee Notice of Texas State Employees’ Workers’ Compensation System](#)

[Employee Notice of Network Requirements for Workers’ Compensation](#)

[Release of Personal Information – Instructions for Banner Self Service](#)

[Identification \(ID\) Card – Bearkat OneCard](#)

This check is to certify that I have received a copy of the above referenced list. I understand that it is my responsibility as a new employee of Sam Houston State University to familiarize myself with the legislation and information provided on the Human Resources Department web site. It is also my responsibility to periodically review the information for any changes.

Print Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sam ID#: \_\_\_\_\_

**Post-Offer Veteran Self-Identification Form**

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. These classifications are defined as follows:

(1) A “*disabled veteran*” is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran’s Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

(2) A “*recently separated veteran*” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

(3) An “*active duty wartime or campaign badge veteran*” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

(4) An “*Armed forces service medal veteran*” means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATION OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES MEDAL VETERAN

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

**Post-Offer Veteran Self-Identification Form**

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veteran’s Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Sam Houston State University is an Equal Opportunity/Affirmative Action Plan Employer and Smoke/Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, creed, ancestry, marital status, citizenship, color, religion, sex, national origin, age, veteran status, disability status, sexual orientation, or gender identity. Sam Houston State University is an "at will" employer. Security sensitive positions at SHSU require background checks in accordance with Education Code 51.215.

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Print Name

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Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.




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## Workers' Compensation Network Acknowledgement Form

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I have received the Notice of Network Requirements which informs me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of physicians in the **IMO Med-Select Network<sup>®</sup>**. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I *may have to pay* the bill if I get health care from someone other than a network doctor without network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement Form, *I am still required to use the network.*

Please fill out the following information before signing and submitting this completed Acknowledgement Form:

**Name of Employer:** Sam Houston State University

**Employee ID #:** \_\_\_\_\_ **Name of Network:** IMO Med-Select Network<sup>®</sup>

**Hire Date:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
**Street Address – No P.O. Box or Work Address**

\_\_\_\_\_  
**City State Zip Code County**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Employee Phone Number**