

CHECK APPROPRIATE BOX:

- NEW HIRE - Complete all sections (if applicable).
 Changes - Section 1 Only (Social Security card verification Required for Name Changes)

STATUS:

- Faculty Administrator Letter of Appointment Contract Professional
 Coach Staff Temporary Staff Campus Affiliate

DATE CHANGES EFFECTIVE: _____

SECTION 1. PLEASE NOTE THAT ADDRESS IS AVAILABLE TO VIEW BY ALL UM BANNER SYSTEM USERS.

(PLEASE PRINT)

Name _____ Previous Name _____
(Last, First, Middle Initial) (If you have worked at the University under another name).

Name on Social Security card, if different than above: _____

Mailing Address: _____ City _____ State _____ Zip _____

Social Security Number _____ Birth Date: ____/____/____ U.S. Citizen?
Month Day Year Yes (Y)

Personal Phone _____ No (N)
(If No, complete Section 4).

UM Department _____ Campus Phone _____

Campus Building & Room Number _____

I have received the electronic notification regarding Affordable Care Act (ACA) information.

Have you been previously employed by UM? No Yes → If Yes, approximate last day worked: _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____
(Last, First, Middle Initial)

Contact Address _____ City _____ State _____ Zip Code _____

Cell Phone Number _____ Home Phone Number _____

SECTION 2. ALL NEW EMPLOYEES MUST COMPLETE THIS SECTION.

RETIREMENT SYSTEM INFORMATION – Have you ever participated in or retired from a Montana Retirement System (TRS or PERS) or TIAA? No Yes → If yes, please check all that apply and fill in the information below.

- | | | | |
|---|----------|---------------------|-----------------|
| <input type="checkbox"/> Teachers' Retirement System (TRS) | _____ | _____ | _____ |
| | Employer | Dates of Employment | Retirement Date |
| <input type="checkbox"/> TIAA | _____ | _____ | _____ |
| | Employer | Dates of Employment | Retirement Date |
| <input type="checkbox"/> Public Employees' Retirement System (PERS) | _____ | _____ | _____ |
| | Employer | Dates of Employment | Retirement Date |

SECTION 3. NEW EMPLOYEES MAY COMPLETE THIS OPTIONAL SECTION USED FOR EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS.

ETHNICITY AND RACE

Do you consider yourself to be Hispanic/Latino? Hispanic or Latino Not Hispanic or Latino

In addition, please select one or more of the following categories to describe yourself:

- White Asian Black or African American Native Hawaiian or Other Pacific Islander
 American Indian or Alaskan Native Tribe Affiliation: _____

SEX: Male (M) Female (F) **MARITAL STATUS:** Married (M) Single (S) Domestic Partner

VETERAN STATUS: Not Applicable Armed Forces Service Medal Veteran Disabled Veteran
 Active Wartime or Campaign Badge Veteran Recently Separated Veteran (mm/dd/yyyy): _____

I acknowledge the information above is correct. _____

EMPLOYEE SIGNATURE

DATE

PERSONAL INFORMATION

Human Resource Services

SECTION 4. TO BE COMPLETED ONLY BY THOSE WHO ARE NOT U.S. CITIZENS.

FOREIGN NATIONALS

Yes No Have you provided copies of your Foreign National paperwork to HRS?

Yes No I work or have worked elsewhere on campus or for another MT University System campus.
Dates worked _____ to _____

Yes No I work or have worked elsewhere on campus and have already submitted a W-4 and I-9.
All information is still current.

NOTICE OF TIAA (Retirement System) ELIGIBILITY

Foreign Faculty who are employed at .50 FTE or greater are required to enroll in the TIAA Retirement System after two consecutive academic year appointments.

Foreign Faculty may voluntarily elect to join at the time of hire if employed at .50 FTE or greater. By voluntarily electing participation in TIAA, I understand that a tax-deferred percentage of each paycheck will be automatically deducted. The University of Montana will contribute a percentage of the total covered payroll to TIAA.

- I do not elect TIAA participation at this time.
- I wish to participate in TIAA. I understand that my contributions will begin the pay period following receipt of my completed enrollment application.

I acknowledge the information in **Section 4** is correct: _____
EMPLOYEE SIGNATURE DATE

SECTION 5. JOB LOCATION and STATE OF RESIDENCY – all employees must complete this section

In order to make sure you are taxed in the appropriate state please answer the following 2 questions.

STATE OF RESIDENCY:

Where will you claim residency and file state taxes after your employment begins? _____

JOB LOCATION:

In what state is your physical job located? _____