

Graduate Studies Office Use ONLY: ePAF# \_\_\_\_\_

Student Name: \_\_\_\_\_



## New International Graduate Student Employee Pre-Employment Paperwork

All new graduate student employees appointed to the University must complete the attached pre-employment paperwork within two weeks of receipt in order to be placed on the University's payroll system by their start date. Return all properly completed forms to the Office of Research and Graduate Studies, Second Floor, Suite 2100, Campus Center. Graduate students can change their forms as often as needed by visiting <https://hr.umb.edu/forms>. **All packets must be printed single-sided.**

### 1. Personal Data Questionnaire (PDQ)

Complete, sign, and date the bottom of the form.

### 2. University of Massachusetts Boston, Self-Identification Form

It is the policy of the University of Massachusetts to collect, maintain, and report certain ethnicity, race, disability, and Vietnam Era Veteran status information as required by federal and state entities. **Completion of any part of this form is strictly voluntary, but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs.** Any data collected as part of this process will not be used to make employment-related decisions. The University's policy on the collection, maintenance, and reporting of such information is available at: [www.umb.edu/odei](http://www.umb.edu/odei).

### 3. Voluntary Self-Identification of Disability Form

**Completion of any part of this form is strictly voluntary, but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs.** Any data collected as part of this process will not be used to make employment-related decisions. The University's policy on the collection, maintenance, and reporting of such information is available at: [www.umb.edu/odei](http://www.umb.edu/odei).

### 4. Glacier Tax Navigator

A link will be sent to your student email address prior to your start date from [www.online-tax.net](http://www.online-tax.net). Complete, print, sign, and date the bottom of form. You must also contact Sabrina.Wong@umb.edu, Office of Human Resources to arrange for an appointment to complete the necessary follow-up documentation.

\*Due to federal law mandates, Non-Resident Aliens must contact Sabrina.Wong@umb.edu in Human Resources for additional information. For Non-Resident Aliens, there may be tax implications if you do not complete and submit the form. This may result in additional withholdings and/or penalties from the Internal Revenue Service. The university will not adjust your tax forms if you do not complete them nor is the university financially responsible to refund any tax penalties.

The University of Massachusetts Boston is not responsible for determining your withholding allowance. If you have questions on exemptions, withholdings, and/or any other tax related questions, please contact the Internal Revenue Service directly at [www.irs.gov](http://www.irs.gov).

### 5. Request for a Social Security Eligibility Letter (if applicable)

Social Security Numbers are assigned to people who are authorized to work in the United States, and are used to report your wages to the government and to determine eligibility for Social Security benefits. You will need to get a Social Security Eligibility letter from the Office of International Student and Scholar Office (Campus Center, 2nd Floor) to apply for a Social Security Card.

### 6. Employment Eligibility Verification (Form I-9) \*\*\*Please read Instructions thoroughly\*\*\*

Newly hired employees must complete **Section 1** of this form no later than their first day of employment. The hiring department must complete **Section 2** of Form I-9 within three (3) business days of the first day of employment after reviewing the original documents presented. An appointee must provide documents within three days of their date of hire that will verify identity as well as U.S. employment eligibility.

**7. Mandatory Direct Deposit**

Your payroll check will be deposited directly into your account: checking, savings, credit union, etc. The University offers the ability to have your check deposited into a combination of up to four accounts.

**8. GEO Dues Deduction and FERPA Form**

UMB graduate assistants are represented by the UAW Local 1596 union (GEO). Students should indicate if they choose to join the union and if they wish UMB to provide the union with their personally identifiable information (waive FERPA).

**9. Conflict of Interest Law Requirements**

Annual Conflict of Interest Law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts, which requires all employees to complete training.

**10. Massachusetts Disclosure Form**

If applicable, complete the form by including the name(s) of family members who are employed by the state.

**11. Computer Awareness and Data Security Compliance Statement**

You must sign and date the bottom of the form.

---

I have received, completed, and understand the forms and information listed above. I also understand that my name will not be added to the University's payroll until all of the appropriate paperwork is properly completed and submitted to the Office of Research and Graduate Studies.

---

Print Name

---

Signature

---

Date




**PERSONAL DATA QUESTIONNAIRE**

First Name	Middle Name	Last Name	
Birth Date**	Country of Citizenship	Marital Status: Single      Married	Gender: Male      Female
<b>PLEASE ADD ADDRESS INFORMATION BELOW:</b>			
Permanent Foreign Address:			Telephone
City	Country	Postal Code	Province (Canada only)
US Address:			Telephone
City	State	Zip Code	

\*\*If you are currently age 60 or over and starting a benefited position, you will be affected by Section 5 of Chapter 32 of the M.G.L. Please bring this fact to the attention of the Benefits Office Staff when you attend the New Employee Orientation.

<b>Educational Data</b>				
Educational Level	Degree	Major	School Name	Year Awarded
High School/Equivalent				
Technical Certificate				
College/University				
Master's Level Degree				
Doctorate				

<b>EMERGENCY CONTACTS</b>				
	Name	Address	Telephone	Relationship
<b>PRIMARY</b>				
<b>SECONDARY</b>				

**PRIOR SERVICE IN ANY MASSACHUSETTS GOVERNMENT AGENCY**  
If retired from any government agency: (CHECK)

Name of Agency	From	To

"I attest that I have read and understood all of the contents of this form and that all of the information provided on this form is correct and complete to the best of my knowledge."

Signature: \_\_\_\_\_

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



University of Massachusetts Boston - ODEI Self-Identification Form

The University of Massachusetts Boston is an equal opportunity employer and is required by law to periodically collect and report certain data (including data on citizenship, gender and race/ethnicity, as well as disability and veteran status) regarding our faculty and staff. The information collected via this form will be entered in the University of Massachusetts Boston’s Human Resources’ information system and may be used in accordance with the applicable laws and regulations concerning equal employment opportunity.

**Instructions:** New hires and re-hires, please complete this form in its entirety. Current employees requesting changes, please complete all of Sections I and II and only the information you wish to update on Section III. Upon completion please return this form to the Office of Diversity, Equity and Inclusion (ODEI.) This Form will be filed separately from your personnel file.

**Section I: Name and Status**

Select One: New Hire/Rehire - Start Date or Effective Date of Change: \_\_\_\_\_  
Current Employee - ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First, Middle)

**Section II: Department and Position Information**

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Classification: Faculty Professional Classified GEO

**Section III: Personal Information and Self-Identification** (Completion of the following information is voluntary.)

**Sex:** Female Male **Race/Ethnicity** (Please provide both):  
1. **Hispanic Ethnicity:** Hispanic or Latino Not Hispanic or Latino  
2. **Racial Identity:** (Please select one or more of the following racial categories)  
American Indian or Alaska Native Asian  
Black or African American White  
Native Hawaiian or Other Pacific Islander

**Military Status** (Select one): No Protected Military Service Active Duty or Wartime or Camp Badge  
Armed Forces Service Medal Veteran Recently Separated Veteran  
National Guard/Reserves

**Disability Status:** Individual with a Disability I Do Not Have a Disability  
Disabled Veteran

NOTE: For accommodations, please contact the Office of Diversity, Equity and Inclusion at 617.287.4818.

**Section IV: Signature and Date**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **I do not wish to self-Identify.**

**SELF-IDENTIFICATION DEFINITIONS:** Completion of this information is voluntary. All information is confidential and will be reported in aggregate form only. Declining to provide this information will not subject you to any adverse treatment.

**Ethnicity and Race** – This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.

- **Hispanic Ethnicity-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin (including Spain) regardless of race.
- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain 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.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the 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.

#### **MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION**

- This information is requested for statistical reporting purposes to government agencies, including the U.S. Department of Labor. Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment. Information regarding your disability may be disclosed to the extent that (1) your supervisor(s) may be informed of any work restrictions or reasonable accommodations needed, and (2) first aid personnel may be informed when and if you require emergency medical treatment. Protected Veteran Categories:
- A **Disabled Veteran** is one of the following:
  - a. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - b. A person who was discharged or released from active duty because of a service connected disability.
- **A Recently Separated Veteran:** 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.
- **An Active Duty Wartime or Campaign Badge Veteran:** 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.
- **An Armed Forces Service Medal Veteran:** 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
- **Military Discharge Date:** The date on which a person was discharged or released from military service.

# 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  
Page 2 of 2

### 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.

---

<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.



International Student & Scholar Office  
University of Massachusetts Boston  
100 Morrissey Blvd, Boston, MA 02125  
Block 2100, 2<sup>nd</sup> Floor, Campus Center 617-  
287-5586/Fax: 617-287-3963  
[www.umb.edu/academics/global/iss](http://www.umb.edu/academics/global/iss)

## REQUEST FOR A SOCIAL SECURITY ELIGIBILITY LETTER

Social Security Numbers are assigned to people who are authorized to work in the United States, and are used to report your wages to the government and to determine eligibility for Social Security benefits. ***You should apply for a Social Security Number if you have an on-campus job or a graduate assistantship; or if you are on Curricular Practical Training or Optional Practical Training.*** You will need to get a Social Security Eligibility letter from the ISSS Office to apply for a Social Security Card.

To receive a Social Security Eligibility Letter from the ISSS Office:

- Have your potential employer fill out the attached Employment Verification Form;
- Drop off this completed form at the ISSS Office together with your Form I-20;
- Come back in five days to pick up your letter.

To apply for a Social Security Card you must bring the following to the Social Security Office:

*To find the nearest SS Office go to [www.socialsecurity.gov](http://www.socialsecurity.gov) and search with your zip code.*

Or call the toll free #: 800.772.1213

- Completed application for a Social Security Card (Form SS-5). Download form at [www.ssa.gov](http://www.ssa.gov);
- Your *original* immigration documents: Form I-20, passport with U.S. visa stamp, I-94 card;
- Employment Eligibility letter from the International Student and Scholar Services Office;
- Employment Verification Form signed by employer.

### When can I start working?

After you have submitted Form SS-5 at the Social Security Administration Office you will be given a receipt. You can begin working with the receipt. Approximately two weeks later you will receive your Social Security Card in the mail.

### First Semester Students

If this is your first semester as an international student in the United States, you will need to have your SEVIS record set to ACTIVE before you are eligible to apply for a Social Security Number. Once your record is ACTIVE it will take approximately ten days for your information to transfer from the SEVIS database to the Social Security Administration database. See an immigration advisor.





International Student & Scholar Office  
University of Massachusetts Boston  
100 Morrissey Blvd, Boston, MA 02125  
Block 2100, 2<sup>nd</sup> Floor, Campus Center 617-  
287-5586/Fax: 617-287-3963  
[www.umb.edu/academics/global/iss](http://www.umb.edu/academics/global/iss)

**Employer Identification Number: 04-6002284**

## Employment Verification Form

*This form must be signed by Employer and submitted to the Social Security Administration office.*

### STUDENT INFORMATION

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UMASS I.D. Number: \_\_\_\_\_ SEVIS Number: \_\_\_\_\_

Nature of Employment (i.e., library staff, research assistant, office assistant, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Approx. Hours/Week: \_\_\_\_\_

### EMPLOYER INFORMATION

Department/Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Student's Supervisor: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## USCIS Employment Eligibility Verification I-9 Form and Instructions

All new graduate student employees appointed to the University must complete the attached Form I-9 in order to be placed on the University's payroll system by their start date.

Return all properly completed forms to the Office of Research and Graduate Studies, Second Floor Campus Center. Please contact Rebecca Hanson, Office of Research and Graduate Studies at 617-287-5594 or by email at [Rebecca.Hanson@umb.edu](mailto:Rebecca.Hanson@umb.edu) with any questions or for further information regarding this form.

- **Section 1** of the I-9 form must be completed by the **employee** no later than their first day of employment.
- **Section 2** of the I-9 form must be completed by the **employer** within three business days of the first day of employment.
- An appointee must provide documents within three days of their date of hire that will verify identity as well as U.S. employment eligibility.
- Full I-9 form instructions are provided in a separate document for the employee's reference. Please read these instructions thoroughly. If you have not received these instructions, please contact the Office of Research and Graduate Studies as referenced above.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# DIRECT DEPOSIT

## How to Enroll:

On the bottom of your personal check, to the left side, you will locate a nine-digit Bank ID number (transit routing number) alongside these series of numbers will be your account number, WRITE CLEARLY and place these EXACT numbers on the direct deposit form. If the appointee wishes to have his/her check deposited into a savings account, he/she should contact the bank to get the Bank ID number (transit routing number) and account number

Your earnings will be electronically deposited into the bank(s) or credit union you designate (up to a maximum of four accounts) after you complete the Direct Deposit form. A pay statement detailing your earnings and deductions is available online in HR Direct.

**OR**

## GLOBAL CASH CARD PROGRAM

Employees who are experiencing hardship and/or does not submit the direct deposit form will be automatically placed on a "Global Cash Card"



### How it Works:

1. Your wages will be deposited onto the Global Cash Card Visa paycard each pay period for immediate use
2. Set up paycard alerts and two-way texting:
  - Receive email and text message alerts when your paycard is loaded on payday
  - Text and receive your paycard balance, activity, and payroll loads within seconds
3. Access your money in many ways:
  - Make signature purchases with No Fee at any merchant that accepts a Visa paycard
  - Receive cash back after making a debit purchase at many locations
  - Withdraw funds at Allpoint Network surcharge-free ATM locations

The World's Largest Surcharge-Free ATM Network. Over 60,000 surcharge-free ATM locations worldwide. Find a location near you at [www.allpointnetwork.com](http://www.allpointnetwork.com)

If you have any questions about using your Global Cash Card Paycard contact customer service at 1-949-751-0360

## GCC "No Hidden Fees" Detail

### PAYCARD PROGRAM

ENROLLMENT FEE	NO FEE
ANNUAL FEE/MONTHLY FEE	NO FEE
REWARDS PROGRAM	NO FEE
CARD REPLACEMENT	NO FEE
PIN CHANGE	NO FEE
AUTOMATED TELEPHONE	NO FEE
OPERATOR ASSISTED TELEPHONE	NO FEE
WEB SITE LOGIN	NO FEE
INACTIVITY FEE / MONTHLY	\$3.00

(AFTER NINETY (90) DAYS OF NO TRANSACTIONS – LOADS ARE TRANSACTIONS)

FIRST TRANSACTION PER PAY PERIOD	NO FEE
----------------------------------	--------

### POINT OF SALE – UNITED STATES

SIGNATURE PURCHASE	NO FEE
PIN PURCHASE	NO FEE
DECLINE – SIGNATURE	\$0.80
DECLINE – PIN	\$0.50

### POINT OF SALE – OUTSIDE UNITED STATES

SIGNATURE PURCHASE	NO FEE*
PIN PURCHASE	\$1.75
DECLINE – SIGNATURE	\$1.50
DECLINE – PIN	\$1.25

\*CURRENCY CONVERSION FEE MAY APPLY

### ATM – UNITED STATES

WITHDRAWAL (ALLPOINT)	NO FEE
WITHDRAWAL (OUTSIDE OF ALLPOINT NETWORK)	\$1.75

OTHER TRANSACTIONS	\$1.00
--------------------	--------

### ATM – OUTSIDE UNITED STATES

WITHDRAWAL	\$3.50*
OTHER TRANSACTIONS	\$3.25

### BALANCE INQUIRY

ONLINE/IVR/LIVE CUSTOMER SERVICE	NO FEE
----------------------------------	--------

### MONEY TRANSFER WORLDWIDE (CARD TO CARD)

\$1 – \$2500 (DAILY LIMIT IS \$2,500)	NO FEE
---------------------------------------	--------

### BILL PAY

CARDHOLDER DIRECT TO MERCHANT	NO FEE
ONLINE	NO FEE
CONVENIENCE CHECK	NO FEE



# University of Massachusetts

AMHERST • BOSTON • DARTMOUTH • LOWELL • WORCESTER

## AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSIT(S)

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

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

Employee ID: \_\_\_\_\_

Phone: \_\_\_\_\_

### BANK INFORMATION

Deposit Priority (1) – Deducts this amount 1st	<u>Full/Deposit/Balance</u>
New    Delete    Change <u>New/Amount \$</u> _____	Percentage % _____
Bank Transit/Routing# (9 digits): _____	Account Number: _____
Bank Name: _____	Checking    Savings

If depositing more than one (1) bank, you must choose one Balance Account



Deposit Priority (2) – Deducts this amount 2nd	<u>Full/Deposit/Balance</u>
New    Delete    Change <u>New/Amount \$</u> _____	Percentage % _____
Bank Transit/Routing# (9 digits): _____	Account Number: _____
Bank Name: _____	Checking    Savings

Deposit Priority (3) – Deducts this amount 3rd	<u>Full/Deposit/Balance</u>
New    Delete    Change <u>New/Amount \$</u> _____	Percentage % _____
Bank Transit/Routing # (9 digits): _____	Account Number: _____
Bank Name: _____	Checking    Savings

Deposit Priority (4) – Deducts this amount 4th	<u>Full/Deposit/Balance</u>
New    Delete    Change <u>New/Amount \$</u> _____	Percentage % _____
Bank Transit/Routing # (9 digits): _____	Account Number: _____
Bank Name: _____	Checking    Savings

I hereby authorize the University of Massachusetts to deposit my net pay as indicated above at the financial institution(s) named above. I understand the University of Massachusetts may cause my account to be adjusted to the extent necessary to correct any over deposit and I agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution. It is understood that I may terminate this agreement at any time by written notification to the University of Massachusetts. Any such notification to the University of Massachusetts shall be effective only with respect to entries initiated by the University after receipt of such notification and reasonable opportunity to act upon it. Any such notification to the bank by the employee is unacceptable. The bank may terminate this agreement by written notice to the employee for just cause.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES USE ONLY:

**AUTHORIZATION FOR MEMBERSHIP IN GEO/UAW LOCAL 1596  
AND FOR PAYROLL DEDUCTION OF DUES AND FEES**

GEO/UAW Local 1596 is the graduate employee union at the University of Massachusetts, Boston and the exclusive bargaining agent for all graduate employees (TAs, RAs, GAs, and Teaching Fellows). All UMass Boston graduate employees are represented by GEO and covered by the terms of our contract with UMass.

Your signature below gives you the right to a say in GEO and UAW Local 1596 governance, vote on/run for union office, participate in collective bargaining and vote on our contracts with UMass. Your signature below also authorizes the deduction of a one-time \$25 initiation fee and deduction of 1.79% membership dues from your bi-weekly paychecks for this and all future graduate employee appointments.

*Yes! I want to be a member of GEO/UAW Local 1596. I hereby authorize by my actual or electronic signature below, GEO/UAW Local 1596 union membership dues and initiation fees in an amount certified to the University by the Financial Secretary of the Union to be deducted from my pay and remitted to the Financial Secretary of the Union. These deductions may be terminated at any time by my giving written notice in advance. This authorization shall be in effect for all future UMass Boston graduate assistantship appointments unless revoked by me in writing.*

_____	_____	_____
Last Name	Date	Preferred email to receive information
_____	_____	<b>Please return to:</b>
First Name	Academic Dpt.	GEO/UAW Local 1596 c/o
_____	_____	Secretary/Treasurer
Middle Name	Work Dpt.	Q-2-081 Quinn Administration Building,
_____	_____	UMass Boston 02125
Employee or Student ID Number	Local Street Address/Apt. #	(617) 287 3109
_____	_____	geoumassboston@gmail.com
Signature (required)	City State Zip	<a href="http://geoumb.org/">http://geoumb.org/</a>
	_____	
	Phone <input type="checkbox"/> Yes, I accept texts	

**OUR STRENGTH IS IN OUR NUMBERS**



## FERPA Waiver

### Background

To have a properly functioning union, GEO needs to know what employees are in our bargaining unit and covered by our union contract at all times. It is standard practice for employers to provide unions access to their bargaining unit lists. Due to an old law (FERPA, the Family Educational Rights and Privacy Act of 1974) that is being strictly enforced of late by the federal government, student records are private—with the exception of certain basic “directory” information (name, address, phone, etc.) The problem is that employment status is not considered directory information. As such, the University of Massachusetts Boston administration currently argues that, by giving us any list of the employees in our unit—who are graduate students and subject to FERPA—they would automatically be giving us private information (i.e. employment status) proscribed under FERPA. Therefore, they maintain that they cannot give us any unit information at all, and say that the only way we can contact our full unit is through communications sent out via the UMB administration. GEO is currently contesting this interpretation of FERPA—as are other graduate employee unions nationwide. However; if you sign the waiver below, the administration will provide GEO with your information for our member database. **It is also your right to choose not to sign the waiver.** However, the more waivers that are signed, the more effective our administrative apparatus. The waivers allow us to know how many members we have and organize more effectively, which helps us negotiate higher wages and better benefits in future contracts. Signing the waiver helps all graduate workers on campus.

**We strongly encourage all graduate assistants to sign the waiver.**

**YOUR SIGNATURE IS REQUIRED BELOW IF YOU ARGREE TO RELEASE  
YOUR DIRECTORY INFORMATION AND NON-DIRECTORY INFORMATION AS DEFINED ABOVE.**

### WAIVER:

I, \_\_\_\_\_, the undersigned graduate student at University of  
Print Name Clearly

Massachusetts Boston hereby authorize the University of Massachusetts Boston to release all of my directory information (including, but not limited to, my name, academic department, entrance date, e-mail address, home address, phone number, work department, and office address) and all of my relevant non-directory information (including, but not limited to, my student ID number, employment status, employment category, job title, number of hours contracted for, stipend/salary, length of contract, and notice of any discharge or disciplinary action) to the Graduate Employee Union/United Auto Workers Local 1596 – University of Massachusetts Boston Chapter (GEO). This information shall be provided upon request following receipt of this waiver, in both digital and hardcopy format, to official representative of GEO for the duration of my GEO membership.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE (mm/dd/yy)**

Check this box if you are intentionally leaving this page blank.



## MEMORANDUM

**To:** UMass Boston Staff and Faculty  
**From:** Marie H. Bowen, Assistant Vice Chancellor for Human Resources  
**Date:** April 27, 2017  
**Subject:** **Annual Notice - Conflict of Interest Law Education Requirements**

---

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what employees of the university may do on the job, after hours, and after leaving public service.

Annual conflict of interest law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts, which requires that all employees complete the training every two (2) years. New employees should complete the training within thirty (30) days of the date of hire.

To ensure compliance with the Conflict of Interest requirements, please complete the following steps.

1. Acknowledge Receipt of the Summary of the Conflict of Interest Law for State Employees:  
The summary of the conflict of interest law, General Laws chapter 268A, is intended to help employees understand how that law applies to them. The summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation.  
The law requires that this form, which may be accessed at <https://www.mass.gov/service-details/summary-of-the-conflict-of-interest-law-for-state-employees> be submitted annually  
Please print and sign the form and return it to Human Resources.
2. Complete the Conflict of Interest Law Online Training Program:  
The training program covers various issues you may encounter as a public employee and provides examples and reference information to help you recognize conflicts of interest. Recognizing and properly responding to a conflict of interest is a key element to maintaining the public's confidence in government and in the integrity of the work we do as public employees.  
The training program can be found at: <https://www.mass.gov/how-to/complete-the-online-training-program-for-state-and-county-employees>.  
Click "Online Program for State and County Employees". The training should take approximately one (1) hour to complete.

Upon completion of the training you will have the ability to print a Certificate of Completion. Please do so, make a copy for your records and send the certificate to Human Resources. **You must complete the entire training in order to receive a certificate.**

NOTE: The on-line training program is not compatible with the Google Chrome web browser and make sure to disable pop-up blockers.

If you have questions, please review the [Education and Training Guidelines](#) available on the State Ethics Commission's website, [www.mass.gov/ethics](http://www.mass.gov/ethics). The guidelines provide helpful information about who is required to comply with these statutory requirements, record-keeping requirements, and the process.

Thank you for your time and attention to this important matter. If you have any questions, please contact Human Resources at [HR@umb.edu](mailto:HR@umb.edu).





## Computer and System Usage

---

As an employee of the University of Massachusetts (the University), I understand that the unauthorized use or misuse of University computer facilities, computer applications, computer systems, and/or electronic communications systems (including e-mail) constitutes an infraction of the University's data and computing policies/guidelines.

I will not share or release any logon, operator id or password used to access University data, computer systems, or electronic communications systems. I will keep my password(s) confidential, will change my password as required by the computer system and will select a password that is difficult to guess. I will not store access passwords in batch files, in automatic login scripts, in terminal function keys, in computers without access control or in other locations where another person might discover them.

I will not intentionally write, produce, generate, copy, propagate or attempt to introduce a computer virus, worm, Trojan horse, etc. into any University computer system or any computers linked to the University computer system.

I further acknowledge that I will not use University data or computing systems (e.g. software, hardware, network components, etc.) in any illegal, unethical or unauthorized commercial activities.

## Data Confidentiality

---

I recognize my individual responsibility for safeguarding the integrity, accuracy and confidentiality of data that I access as dictated by state and federal law, and University policies and procedures.

I will not improperly release any information obtained as a result of my authorized access.

I will properly create, access, use and dispose of University data based on the data's classification.

## Software Usage

---

I will not knowingly violate the terms of University license agreements for software. I recognize that the University licenses the use of commercial software and does not own this software or its related documentation or instructional material, and except to the extent authorized by the software developer, does not have the right to copy computer software. I will use documentation only as allowed by the vendor and federal Copyright law.

I will not use personally owned software in University computers unless I have a proper license for the software and the license authorizes such use. I will only use such personally owned software in University computers after I have first obtained clearance from appropriate systems personnel as to its compatibility with University computers and systems.

I will not illegally distribute copyrighted software within or outside the University through any mechanism, electronic or otherwise. I will not use my e-mail access to unlawfully solicit or exchange copies of copyrighted software.

*(1) As directed by Board of Trustees' Policy Statements on Electronic Data Security, Electronic Mail and Computer Policy Development (Doc. T97-010, adopted February 5, 1997), and Policy Statement on Record Management, Retention and Disposition (Doc. T99-061 adopted August 4, 1999). Full text of these Policies and related Guidelines and all University Data and Computing Guidelines can be found at: <https://www.umassp.edu/bot/policies>*



## Electronic Communications

---

I will use e-mail and any other electronic communications tool in a responsible manner consistent with other business communications (e.g., phone, correspondence). I will safeguard the integrity and confidentiality of University electronic mail; only use mail IDs assigned to me and will remove mail from my mailbox consistent with University, campus, departmental or electronic mail administrator message retention procedures.

I will not "rebroadcast"/send to a third party information obtained from another individual that the individual reasonably expects to be confidential, except as required by my job responsibilities, University policies and procedures, and applicable law.

I will not post materials that violate existing laws or University policies/codes of conduct. For example, materials that are of a fraudulent, defamatory, harassing, or threatening nature. I will not unnecessarily or inappropriately use computer resources by sending chain e-mails, spamming, mail bombing, generating unnecessary excessive print, etc.

## My Responsibilities

---

I have agreed and will attend a workshop that includes information regarding my computer security and data confidentiality responsibilities as an employee of the University. I understand these responsibilities both as an authorized user and an employee.

I recognize my overall responsibility to exercise the degree of care required to maintain control of University computing systems and resources (e.g., data, software, hardware, network components, etc.) and agree to abide by established University policies/guidelines and Campus procedures. I acknowledge that failure to comply with University data and computing related policies/guidelines/procedures might result in: the loss or restriction of my computer access; reprimand; suspension; dismissal, or other disciplinary or legal action.

---

*Print Name*

---

*Signature*

*Date*

(1) As directed by Board of Trustees' Policy Statements on Electronic Data Security, Electronic Mail and Computer Policy Development (Doc. T97-010, adopted February 5, 1997), and Policy Statement on Record Management, Retention and Disposition (Doc. T99-061 adopted August 4, 1999). Full text of these Policies and related Guidelines and all University Data and Computing Guidelines can be found at: <https://www.umassp.edu/bot/policies>