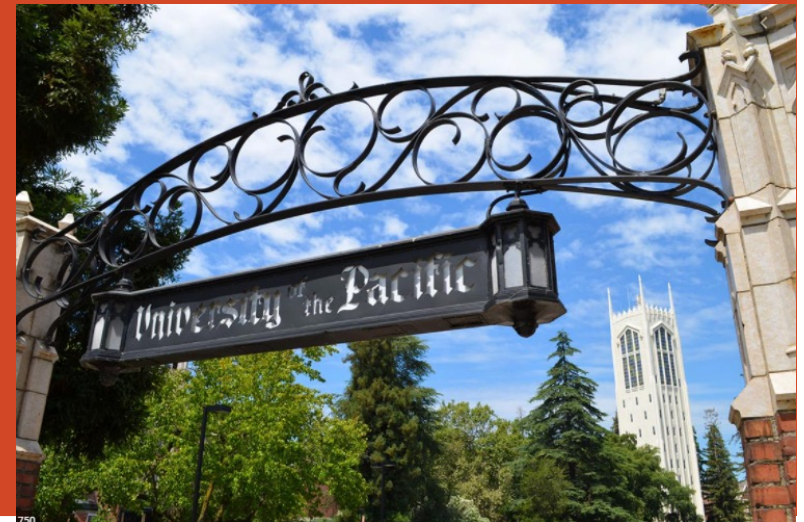


# Graduate Assistantship

Step by Step Guide

Human Resources Department



# Directions for Graduate Assistants Step by Step

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After offering the Graduate Assistant offer letter, Department Hiring Managers and Students will follow the directions below.

1

The supervisors should contact Human Resources advising that a offer has been made and provide HR with copy of signed letter, student contact information and advise the newly hired Graduate Assistant to contact HR with information that is required.

Human Resources will sent the Graduate Assistant a welcome email with the pre-employment requirements and new hire documents



# Graduate Assistant must complete the HireRight email

2

GAs will complete the HireRight email to complete section 1 of the Form I-9

University of the Pacific Employment Eligibility (I-9) Form Inbox x



HireRight Customer Support <noreply@hireright.com>

8:39 AM (0 minutes ago)



to me ▾

Dear [REDACTED]

All new employees are required by federal law to complete Section 1 of an I-9 Employment Eligibility Form by the first day of work for pay. Employees may complete Section 1 of the I-9 Form at any time between acceptance of a job offer and the first day of work for pay. Please complete this form as soon as possible by going to the website listed below. Once there, enter the login and unique password (included below), and Sign in to complete and submit the I-9 Form.

Web Address:

<https://ows01.hireright.com/ac.html?key=D3864225215EFE010547843066559C22>

Login: [REDACTED]

Password: 168ba4e6 (a user-defined password will be established after login)

Please keep in mind that due to COVID-19 the HR team is working remotely. In order to process your I-9 documents, please scan and email me colored copies of your I-9 documents (i.e. From List A you would provide ONLY your passport OR from List B AND List C you would provide your Driver's License AND SSN, please refer to the link after the completed I-9 for additional acceptable documents).

Our objective is to complete this process quickly. Please make every effort to accurately provide all of the requested information. If you have any questions in completing the online I-9 Form, please contact HireRight Customer Service. Customer Service is available 24 hours a day, 5 days a week beginning Sunday 5 p.m. through Friday 9 p.m. Pacific Time (GMT -8). You can call them at:  
(866) 521-6995 (within the U.S. and Canada)  
+1 (949) 428-5804 (outside the U.S. and Canada).

# International Graduate Assistants

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International students must submit to Human Resources the following items before they are authorized to work on campus:

Foreign Passport

Form I-94 Arrival/Departure Record

I-20 Certificate of Eligibility for Non-immigration Student Status

Visa with photo ID

*Social Security-If students do not have a social security they need to partner with International Students Services to support them with the application to apply for a social security number.*

*Important: obtaining the social security card could take a couple weeks and graduate students should not begin working until they provide their social security number to HR and complete the I-9 paperwork.*

# Graduate Assistants must submit identification documents.

3

In order for Human Resources to verify authorization to work in the U.S. Graduate Assistant need to submit their identification documents as part of the Form I-9

One item from List A Or a Combination of List B and List C can be selected.

<b>LISTS OF ACCEPTABLE DOCUMENTS</b>		
<b>All documents must be UNEXPIRED</b>		
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> Documents that Establish Both Identity and Employment Authorization	<b>OR</b>	<b>LIST B</b> Documents that Establish Identity <b>AND</b> <b>LIST C</b> Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record
		6. Military dependent's ID card
		7. U.S. Coast Guard Merchant Mariner Card
		8. Native American tribal document
		9. Driver's license issued by a Canadian government authority
		<b>For persons under age 18 who are unable to present a document listed above:</b>
		10. School record or report card
		11. Clinic, doctor, or hospital record
		12. Day-care or nursery school record
		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
		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
		4. Native American tribal document
		5. U.S. Citizen ID Card (Form I-197)
		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. Employment authorization document issued by the Department of Homeland Security

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

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

# Background Check

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Pacific requires a Background Check for Graduate Assistant new hires.

A direct link will be sent individually by HR, as part of the HireRight communication requesting the I-9 documents, it is a 2 part process (Form I-9 completion and Background check submission).

Typical processing time for backgrounds is 5-7 days, GA's may not begin work for the university until background check and form I-9 have been completed.

Note: HR will follow up with the Department Hiring Manager once these steps are completed and authorize the student to work on campus while we are still working remotely.

# Notice to Employee

As supervisor you must send the completed Notice to Employee (California Labor Code section 2810.5) form to Human Resources.

*The Law requires this within 7 calendar days of the start date.*

**Important!**

\*\*Please put the 989 number, position number or the transaction number on top of this form and submit to HR after signed by employee and supervisor

NOTICE TO EMPLOYEE California Labor Code section 2810.5		
Effective January 1, 2015, California Labor Code section 2810.5(a) requires that the following information be provided to each employee <u>at the time of hire</u> in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated below.		
EMPLOYEE		
Employee Name:	Job Eff. Date:	Emp. Id:
E-Mail:	Dept Name:	Position or Trans. Number:
WAGE INFORMATION		
Rate(s) of Pay: \$ _____	Rate by : <input checked="" type="checkbox"/> Hour	Employment agreement is: <input type="checkbox"/> Written <input type="checkbox"/> Oral
Overtime Rate(s) of Pay: \$ _____ (Rate X 1.5)		
Does a written agreement exist providing the rate(s) of pay? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are all rate(s) of pay and bases thereof contained in that written agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances): _____ Regular Pay Day: <u>Biweekly Pay</u>		
EMPLOYER		
Name of Employer: University of the Pacific: <input checked="" type="checkbox"/> Corporation - IRS 501(c)(3) tax-exempt org./CA non-profit public benefit Corp Physical Address of Main Office: University of the Pacific 3601 Pacific Avenue, Stockton, CA 95211 Employer's Mailing Address: University of the Pacific 3601 Pacific Avenue, Stockton, CA 95211 Employer's Telephone Number: 209-946-2124		
WORKERS' COMPENSATION		
Insurance Carrier's Name: <input checked="" type="checkbox"/> Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: 1917 Claims Administrator: Matrix Absence Management, 181 Metro Drive, Suite 300, San Jose, CA 95110 Toll Free: 800-980-1006 or 408-360-8370		
PAID SICK LEAVE		
Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee: a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year; b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for 1. requesting or using accrued sick days; 2. attempting to exercise the right to use accrued paid sick days; 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code; 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.		
The following applies to the employee identified on this notice: (Check one box)		
<input type="checkbox"/> 1. As of July 1, 2015, employee accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.		
<input type="checkbox"/> 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.		
<input type="checkbox"/> 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.		
<input type="checkbox"/> 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____		
ACKNOWLEDGMENT OF RECEIPT		
(PRINT NAME of Employer representative)		(PRINT NAME of Employee)
(SIGNATURE of Employer representative)		(SIGNATURE of Employee)
(Date provided to employee & signed by representative)		(Date received by employee & signed by employee)
Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.		
Health Care Reform: The term "health care reform" refers to the Affordable Care Act – the federal law that was passed in March 2010 – as well as any state laws passed to put it in place. Please review the following Health Insurance Marketplace Coverage: <a href="http://www.pacific.edu/Documents/hr/acrobat/Health_Insurance_Marketplace_Coverage_01142015.pdf">http://www.pacific.edu/Documents/hr/acrobat/Health_Insurance_Marketplace_Coverage_01142015.pdf</a> It explains about the Health Insurance Marketplace and provides you with information if you choose to apply for health coverage through it.		

# Graduate Assistants must submit Personnel Forms to HR

Personnel Forms- (Includes Voluntary Self Identification Race/Ethnicity, Volunteer Self Identification of Veteran Status, Volunteer Self Identification Disability)

**Note:** These forms are attached to the welcome email sent to Graduate Students by HR, once the hiring department notifies HR of hire/offer

Confidential

University of the Pacific  
Personnel Record

Original Date of Hire \_\_\_\_\_ Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street  
City State Zip

Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

Emergency Contact Information

1) \_\_\_\_\_  
Name Relationship (Area Code) Phone

2) \_\_\_\_\_  
Name Relationship (Area Code) Phone

Biographic Information

Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Voluntary Self-Identification of Race/Ethnicity

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

University of the Pacific is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the University to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires University of the Pacific to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

**INVITATION TO SELF-IDENTIFY**  
PLEASE ANSWER THE FOLLOWING QUESTIONS

I do not wish to self-identify.

1. Gender:  Male  Female  Non-binary

2. Are you Hispanic or Latino? (Hispanic or Latino is a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.)  
 Yes  No

3. If you answered "Yes" you have completed this form. If you answered "No" please select a race from the options below.

**White (Not Hispanic or Latino)**: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)**: a person having origins in any of the black racial groups of Africa.

**Asian (Not Hispanic or Latino)**: 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.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native (Not Hispanic or Latino)**: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)**: a person who primarily identifies with two or more of the above race/ethnicity categories.

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Voluntary Self-Identification of Disability

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

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

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 do not wish to answer

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

**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.

Section 303 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 <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 3 minutes to complete.

Voluntary Self-Identification of Veteran Status

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

1. This employer is a Government contractor subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- 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 Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- 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.
- 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.
- 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 12965.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veterans listed above  
 I am not a protected veteran  
 I do not wish to answer

3. 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 Veterans' Readjustment Assistance Act of 1974, as amended.

4. 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.

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_



# Graduate Assistants must submit Confidentiality Acknowledgment

Student should: sign, date, print name, enter student ID number and Department Name, Student Phone number.

This form should be returned to HR prior to the students first day of work

Note: The confidentiality acknowledgement is attached to the welcome email sent to Graduate Students by HR, once the hiring department notifies HR of hire/offer

**CONFIDENTIALITY ACKNOWLEDGEMENT**  
V1.0 Finalized April 24, 2008

University of the Pacific policy treats certain information and communications as Confidential or Restricted Access information (*Computing and Communications Confidentiality Policy*, Information Technology Policies <http://web.pacific.edu/x16303.xml>)

It is also University policy that users of University computing and communications resources are responsible for taking appropriate steps to safeguard Confidential and Restricted Access information (*Acceptable Use Policy*, Information Technology Policies <http://web.pacific.edu/x16303.xml>).

Pacific, through its employees, must protect the confidentiality of all aspects of Confidential and Restricted Access information in accordance the Family Educational Rights & Privacy Act (FERPA) as amended (20 U.S.C. 1232(G)), Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA) and other laws.

By signing this form, I understand my responsibilities to adhere to University policies and I agree that I will not, outside of the performance of my authorized duties, access, print, copy, or disclose Confidential or Restricted Access information to anyone. I understand that any breach of my responsibilities may result in disciplinary action in accordance with University policies.

_____ Signature	_____ Date
_____ Print or Type Name	98 Identification Number
_____ Department/Unit	_____ Phone

Please return completed form to Human Resources.

# Graduate Assistants must Submit the following forms to Payroll

1 W4 Form

2 Direct Deposit Form and a void check or a direct deposit slip from your bank that includes your full name, account number and routing number

3 Ca State Tax Form

4 Forms must be sent to [payroll@pacific.edu](mailto:payroll@pacific.edu)

For any questions, please contact [payroll@pacific.edu](mailto:payroll@pacific.edu) Or call 209-946-2158

**Form W-4 Employee's Withholding Certificate**  
 Department of the Treasury Internal Revenue Service  
 OMB No. 1545-0074  
 2020  
 Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to change.

**Step 1: Enter Personal Information**  
 (a) First name and middle initial Last name  
 Address  
 City or town, state, and ZIP code  
 (c)  Single or Married filing separately  
 Married filing jointly (or Qualifying widow(er))  
 Head of household (Check only if you're unmarried and pay more than half the cost of keeping up a home for yourself and a dependent.)

**Step 2: Multiple Jobs or Spouse Works**  
 Complete this step if you (1) hold more than one job, or (2) are married and your spouse also works. The correct amount of withholding depends on the number of jobs you work.  
 Do only one of the following:  
 (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App)  
 (b) Use the Multiple Jobs Worksheet on page 3 of Form W-4  
 (c) If there are only two jobs total, you may check the box if you're married and your spouse works. This is accurate for jobs with similar pay; otherwise, use the estimator or worksheet.  
**TIP:** To be accurate, submit a 2020 Form W-4, including as an independent contractor.

**Step 3: Claim Dependents**  
 Complete Steps 2-4 ONLY if they apply to you; otherwise, skip claim exemption from withholding, when to use the online estimator.  
 If your income will be \$200,000 or less (\$400,000 or less if you're married), multiply the number of qualifying children under age 17 by the amount in the table below. Multiply the number of other dependents by the amount in the table below. Add the amounts above and enter the total here.

**Step 4 (optional): Other Adjustments**  
 (a) **Other income (not from jobs).** If you want this year that won't have withholding, enter includes interest, dividends, and retirement income.  
 (b) **Deductions.** If you expect to claim deductions and want to reduce your withholding, use enter the result here.  
 (c) **Extra withholding.** Enter any additional tax you want withheld.

**Step 5: Sign Here**  
 Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true and correct.  
 Employee's signature (This form is not valid unless signed.)

**Employers Only**  
 Employer's name and address

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

**DIRECT DEPOSIT AUTHORIZATION FORM**  
 Controller's Office | Payroll  
 UNIVERSITY OF THE PACIFIC  
 For further instructions and explanations, please refer to second sheet of this form.

**SECTION I - Please Print**  
 1. Name (First, MI, Last): \_\_\_\_\_ 2. ID Number: \_\_\_\_\_  
 3. Mailing Address: \_\_\_\_\_  
 4. E-Mail: \_\_\_\_\_ (Electronic Notification will be sent to "pacific.edu" address for A)

**SECTION II - Primary Banking Information Payroll/Student Accounts/Reimbursements**

TYPE OF TRANSACTION:	TYPE OF ACCOUNT:	Routing:
<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____
_____ % or \$ _____	Account Number _____	CITY, STATE, ZIP CODE _____
<b>FINANCIAL INSTITUTION _____</b>		

**Secondary Banking Information (to distribute your pay to multiple accounts)**

TYPE OF TRANSACTION:	TYPE OF ACCOUNT:	Routing:
<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____
_____ % or \$ _____	Account Number _____	CITY, STATE, ZIP CODE _____
<b>FINANCIAL INSTITUTION _____</b>		

**NOTE:** To indicate more than 3 accounts for Payroll please attach additional sheets.

**Section III - Attachments**  
**STAPLE DOCUMENTATION VERIFYING ROUTING AND ACCOUNT NUMBER ACCOUNT.** Examples are: voided personal check, print screens from on-line banking, bank on bank letterhead  
 Additional Instructions: \_\_\_\_\_

**Section IV - W2 Electronic Consent**  
 I hereby authorize the University of the Pacific (Pacific) to issue my annual wage and tax statement and signing below I understand that my W2 will be available online. This authority is in effect until I contact the University of the Pacific terminates and I no longer have access to insidePacific. To view your W2, please log on to [insidePacific](http://insidePacific).

**Section V - Certification**  
 I hereby authorize the University of the Pacific (Pacific) to initiate credits (and/or corrections) to the pay instructions listed above. This authority is in effect until I cancel it in writing giving Pacific reasonable notice of termination of my employment and/or enrollment. It is my responsibility to inform Pacific of any changes to my pay instructions. To view your pay stubs, please log on to [insidePacific](http://insidePacific).  
 Employee/Student Signature \_\_\_\_\_ Phone Number (Ext.) \_\_\_\_\_

Note to Payroll: with all information before accepting form, make sure form is signed and a phone number is listed. When setting up a plan of Personal Checks.

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**  
 EDD Employment Development Department State of California

Type or Print Your Full Name \_\_\_\_\_ Your Social Security Number \_\_\_\_\_  
 Home Address (Number and Street or Rural Route) \_\_\_\_\_ Filing Status/Withholding Allowances  
 SINGLE or MARRIED (with two or more incomes)  
 MARRIED (sole income)  
 HEAD OF HOUSEHOLD  
 City, State, and ZIP Code \_\_\_\_\_

1. Number of allowances for Regular Withholding Allowances, Worksheet A \_\_\_\_\_  
 Number of allowances from the Estimated Deductions, Worksheet B \_\_\_\_\_  
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2019 \_\_\_\_\_  
 OR  
 2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR  
 3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

**Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employer's Name and Address \_\_\_\_\_ California Employer Payroll Tax Account Number \_\_\_\_\_  
 \_\_\_\_\_ cut here \_\_\_\_\_

Give the top portion of this page to your employer and keep the remainder for your records.

**YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.**  
**IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.**

**PURPOSE:** This certificate, DE 4, is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation. You should complete this form if either:  
 (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding, or  
 (2) You claim additional allowances for estimated deductions.  
**THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.**

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

**CHECK YOUR WITHHOLDING:** After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**THE FEDERAL FORM W-4 IS APPLICABLE FOR CALIFORNIA WITHHOLDING PURPOSES IF YOU WISH TO CLAIM THE SAME MARITAL STATUS, NUMBER OF REGULAR ALLOWANCES, AND/OR THE SAME ADDITIONAL DOLLAR AMOUNT TO BE WITHHELD FOR STATE AND FEDERAL PURPOSES. HOWEVER, FEDERAL TAX BRACKETS AND WITHHOLDING METHODS DO NOT REFLECT STATE PIT WITHHOLDING TABLES. IF YOU RELY ON THE NUMBER OF WITHHOLDING ALLOWANCES YOU CLAIM ON YOUR FORM W-4 WITHHOLDING ALLOWANCE**

# Ready to submit EPAF

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Since HR is working remotely, we are unable to provide the physical legal status to work card. HR will send the I-9 date to the supervisor so they can proceed with the Electronic Personnel Action Form

When operations return to normal: an HR employee will present the graduate assistant the "Legal Status to Work Card." Please have the graduate student scan or provide a copy of the Legal Status to Work Card to you.

*While the University is closed, if Graduate Assistant currently lives locally, please have them set up an appointment with a Human Resources Representative to receive a physical legal status to work card.*

**LEGAL STATUS TO WORK**

\_\_\_\_\_ Print Name \_\_\_\_\_ I.D. No. \_\_\_\_\_

Legal status to work verified on \_\_\_\_\_

Issued by: \_\_\_\_\_ Human Resources \_\_\_\_\_ on \_\_\_\_\_ Date \_\_\_\_\_

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

**INVALID AFTER A THREE-YEAR GAP IN EMPLOYMENT.**  
UNIVERSITY OF THE PACIFIC • 3601 PACIFIC AVENUE • STOCKTON, CALIFORNIA 95211

# Supervisor will generate an EPAF

Once Human Resources has confirmed that all employment requirements have been completed, you are ready to start an Electronic Personnel Action Form (EPAF)

To start an EPAF:

- Log into **Inside Pacific**, with your regular log-in.
- Go to **Administrative** tab, under **Administrative Services**,
- Click **Employee**, under "EPAF Main Menu"
- Click "New EPAF"

Please visit the [SharePoint Site](#) for EPAF Hiring Materials.

## Important!

Do not hire an employee or start their EPAF until they have completed their I9. **Human Resources will email the hiring manager with the I-9 date and when the graduate assistant passes the back ground screening.**

STK New Hire Student, 190595-00 GA C10009

Item	Current Value	New Value
Employee Status: (Not Enterable)		A
Employee Class Code: (Not Enterable)		XX
Home CDAS: (Not Enterable)		T
Home Organization:	Q	
Distribution COA: (Not Enterable)		T
Distribution Orgn:	Q	
District Code:		Not Selected
Current Hire Date: MM/DD/YYYY		
Location Code: (Not Enterable)		1
Campus Code: (Not Enterable)		1
I9 Form Indicator:		Not Selected
I9 Date: MM/DD/YYYY		
I9 Expiration Date: MM/DD/YYYY		
Job Begin Date: MM/DD/YYYY		
Accru Leave: (Not Enterable)		T
Jobs Effective Date: MM/DD/YYYY		
Personnel Date: MM/DD/YYYY		
Contract Type:		Not selected
Job Status: (Not Enterable)		A
Title:		
Employee Class Code: (Not Enterable)		XX
Job Change Reason: (Not Enterable)		Not Selected
Regular Rate:		
Assign Salary:		
Hours per Pay:		
Steps: (Not Enterable)		0
FTE: (Not Enterable)		1
Factor:		
Payst:		
Annual Salary:		
Supervisor ID:		
Supervisor Position:		
Supervisor Suffix:		
Timesheet Orgn:	Q	
Timesheet COA:	Q	
Contract Begin Date: MM/DD/YYYY		
Contract End Date: MM/DD/YYYY		

- Home Organization is the department org
- Distribution Orgn is the same as the labor distribution
- Employee Class Code should be XX

District Code should be 12 Provost (All Graduate Assistant)

Current hire date = Effective date  
**Pro Tip:** This date must match the offer letter

I9 Form Indicator is marked "required" for citizens and permanent residents and "temporary" for international workers, please enter expiration date.  
**Pro Tip:** I9 Date must be entered for all employees.

I9 Expiration Date increased only for employees who are eligible to work temporarily. (i.e. International student)

Job Begin Date is the first date of work. (Please see offer letter)

- Job Effective date is the first date of work
- Personnel Date is the first date of work

Contract Type should be primary

Title: Enter the title from the offer letter

Employee Class Code - GA should be XX

Job Change Reason: NEW Hire Employee

Regular Rate should be the hourly rate (Follow the Offer letter)

Assign salary times the factor and payst.  
**Pro Tip:** For example the calculation is the 720 x 19 factor = 13,680

Hours per Pay = Review Offer letter  
**Pro Tip:** For example, 20hr per week x 2 weeks = 40 Hours per pay

Factor/Pays = How many biweekly pay periods this employee will work ( Please review GA Offer letter)  
**Pro Tip:** Review biweekly calendar and count the weeks

Annual Salary = Hourly rate x Hours per pay  
**Pro Tip:** For example, \$18,000 x 40 hours per pay = \$720

- Supervisor ID Number
- Supervisor Position Number
- Supervisor Suffix

**Pro Tip:** The suffix is tied to the position number. If a supervisor does not have the org number or is there first time working on campus, please contact with HR.

- Timesheet Orgn
- Timesheet COA: T

Contract Begin Date: Start Date  
 Contract End Date: End Date

Example of EPAF- Electronic Personnel Action Form (EPAF)

# Once EPAF is applied Graduate Assistants must complete their Timesheet.

Located inside pacific

Please note: Graduate Assistant will not be able to access their timesheet if the EPAF has not been submitted.

## Employee Detailed Information

To select the next or previous employee (if applicable), click either **Next** or **Previous**.

Employee ID and Name:

Title: 190345-00 Graduate Assistant Biology

Department and Description:

T 83439 Biological Sciences

Transaction Status:

In Progress

[Previous Menu](#) [Submit](#) [Previous](#) [Next](#)

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Monday Mar 01, 2021	Tuesday Mar 02, 2021	Wednesday Mar 03, 2021	Thursday Mar 04, 2021	Friday Mar 05, 2021	Saturday Mar 06, 2021	Sunday Mar 07, 2021
Regular Earnings	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Overtime Earnings - 1.5 Times	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Overtime-Double Time 2X	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Holiday Pay	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Vacation Pay	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Holiday Worked	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Sick Pay	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Make-Up Time	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Volunteer Time	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Jury Duty Time	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Bereavement Leave	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
HR Use Only- HCR Dock	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
HR Use Only- Unpaid Hours	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
<b>Total Hours:</b>			0		0	0	0	0	0	0	0
<b>Total Units:</b>				0	0	0	0	0	0	0	0

[Position Selection](#) [Comments](#) [Preview](#) [Submit for Approval](#) [Restart](#) [Next](#)

Submitted for Approval By:

Approved By:

Waiting for Approval From:

# Training Required and compliance components

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All graduate assistants must complete after hire:

Sexual Harassment Prevention and Title IX training is required every two years. This includes all staff, temp/casuals and students. An automatic email will be sent to all employees within 30 days of start date, and can be completed directly from Learning and Development's Bridge training website.

FERPA Training if employee will be working with Student Records. FERPA training is located on Inside Pacific, under the Administrative Tab.

IS – Mandatory - Security Awareness Training is required of all employees. This training can be found and completed directly from Learning and Development's Bridge training website.

HIPPA training if employee will be handling medical files. This is located under My Learning under Mandatory & Compliance folder.

OSHA training within 30 days of their employment. (See Risk Management for OSHA training). OSHA training can be found and completed directly from Learning and Development's Bridge training website.

# Other Important Information

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- It is against the law to have employees work without paying them in a timely manner.
- Terminate a position as soon as you know the employee will not be working with a job termination EPAF.
- Supervisors are responsible for ensuring graduate students are not scheduled to work during established class times or overlap hours with GA's other jobs
- International Students may work a maximum of 20 hours per week.
- Graduate assistants are paid hourly through bi-weekly pay periods (per the University Payroll Calendar). Assistantships requirements may vary with a workload maximum of 20 hours per week.
- If the EPAF includes a retroactive pay, please include this information in comments and request HR to notify Payroll Office
- If a GA should be hired in a secondary position (*outside of their original GA award*), the department will need to post and recruit for that secondary student position via Handshake. Additionally, a separate EPAF will need to be submitted using a student position number, in the comments of the EPAF please include the HandShake posting number.

# Questions?



Contact Human Resources

[Human\\_Resources@pacific.edu](mailto:Human_Resources@pacific.edu)

Main line (209)-946-2124

Human Resources Representatives:



HR map