

New Hire Checklist: Foreign National

DO NOT BEGIN WORK UNTIL ALL PAPERWORK IS SUBMITTED TO BUSINESS AFFAIRS

- Signed Offer Letter
- W-4
- Foreign National Information Form
- [I-9 completed online](#) (I-9 verification documents, see p.2 of W-4 for accepted documents)
- Voluntary Self-Identification Form
- Employee Information Form
- Copy of Social Security Card (If no Social Security number, include the receipt from Social Security Administration. Follow [this link](#) for directions on how to apply for one)
- I-94 Card (Arrival/Departure Record)
- Picture Visa (No Visa required for Canadian citizens and permanent residents)
- Unexpired Passport Picture Page (If extended, please include page that shows extension)
- Immigration Document (select one of the forms listed below)
 - I-20 for F-1 Visa
 - If on OPT, include page 3 showing the OPT dates
 - DS-2019 for J-1 Visa
 - I-797 for H-1 Visa
 - I-485 for Permanent Residency
- Employment Authorization Card (EAC), if applicable
 - Student on OPT
 - Pending Permanent Residency
 - J-2, M-1 may work with EAD Card

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2018
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5	
6 Additional amount, if any, you want withheld from each paycheck		6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.				
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and				
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.				
If you meet both conditions, write "Exempt" here ▶				7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)
Date ▶				

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself A _____
- B Enter "1" if you will file as married filing jointly B _____
- C Enter "1" if you will file as head of household C _____
- D Enter "1" if:
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
 D _____
- E **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" E _____
- F **Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" F _____
- G **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here G _____
- H Add lines A through G and enter the total here ► H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

- Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.
- 1 Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details 1 \$ _____
 - 2 Enter:
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately
 2 \$ _____
 - 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
 - 4 Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) 4 \$ _____
 - 5 Add lines 3 and 4 and enter the total 5 \$ _____
 - 6 Enter an estimate of your 2018 nonwage income (such as dividends or interest) 6 \$ _____
 - 7 Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses 7 \$ _____
 - 8 Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction 8 _____
 - 9 Enter the number from the **Personal Allowances Worksheet**, line H above 9 _____
 - 10 Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

University of Pennsylvania Foreign National Information Form

All applicable questions below must be answered. A copy of your I-94 Card, VISA, Passport and an I-20 / DS-2019 or I-797 must be attached to this form. This form must be returned before any check can be issued by Payroll or Accounts Payable.

This section is to be completed by Department Representative.

Purpose for submitting this form: <input type="checkbox"/> Employee (mark the appropriate box below)		<input type="checkbox"/> Independent Contractor/Honorarium (Amount \$ _____)	
<input type="checkbox"/> New to University		<input type="checkbox"/> Scholarship/Fellowship (Amount \$ _____)	
<input type="checkbox"/> Change in Visa Status		<input type="checkbox"/> Other _____ (Amount \$ _____)	
<input type="checkbox"/> Tax Treaty Renewal			
Annual Salary \$ _____		Department Contact Person _____	
Position Title _____		Email Address _____	
Department Name _____		Telephone Number _____ Ext. _____	
Campus Address _____			

The remainder of this form is to be completed and signed by Foreign National.

1. Last or Family Name		First	Middle	Mr., Mrs., Ms., Dr. (Circle One)
2. Social Security # or Temp ID#		3. Date of Birth ____/____/____ <small>Month Day Year</small>		
4. U.S. Local Street Address _____ Address Line 2 _____ Address Line 3 _____ City _____ State _____ Zip Code _____ Telephone Number (____) _____		5. Foreign Residence Address _____ Address Line 2 _____ City _____ Postal Code _____ Province/Region _____ Province/Region Postal Code _____ Country _____		
6. Country of Citizenship		7. Country that issued Passport		Passport # / Expiration Date
8. Visa # (not the control number)		9. Email Address		
10. Your Current U.S. Immigration Status				
<input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> J-1 Exchange Visitor		<input type="checkbox"/> F-1 Student <input type="checkbox"/> H-1 Temporary Employee		<input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor Other _____
11. If Immigration Status is J-1, What is the Category?				
<input type="checkbox"/> 01 Student <input type="checkbox"/> 02 Short Term Scholar		<input type="checkbox"/> 05 Professor <input type="checkbox"/> 07 Alien Physician		<input type="checkbox"/> 12 Research Scholar Other _____
12. What is the Primary Purpose of your Current Stay in the U.S.?				
<input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 04 Lecturing		<input type="checkbox"/> 05 Observing <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 08 Training		<input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 12 Here with Spouse
13. What is the Actual Date you first entered the U.S in your present immigration status?		14. What is the Start Date on your current immigration form (i.e., DS2019, I-20, or I-797, as applicable)?		15. What is the Projected End Date of your present immigration status?

The Foreign National Information Form must be completed before you can receive any form of payment.

16. If Student, What Type? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Medical Student	17. If Married, is Spouse in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of other dependents here, excluding spouse? _____
18. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days in this tax year did you/will you have office (fixed base)? _____ Days	19. Country of Tax Residence if Different from Foreign Residence Address: Did tax residency end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ / _____ / _____ <div style="text-align: right; font-size: small;"> Month Day Year </div>

Prior U.S. Immigration Activity

20. Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, or H visa periods since Jan. 1, 1988:

Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (if J-1 status)	Purpose of Stay	Have You Taken Any Treaty Benefits?
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Please attach separate sheet, if necessary.

Please type form, if possible. Otherwise, print neatly.

**PLEASE RETURN THIS FORM TO:
 Payroll Tax Office
 3451 Walnut St Room 310, Philadelphia, PA 19104**

I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form.

Signature _____

Date _____

University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

The University of Pennsylvania is an equal opportunity employer. As a federal contractor, Penn complies with federal regulations pertaining to affirmative action, equal opportunity, and nondiscrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our recruitment, promotion and retention processes.

Name _____ Penn ID _____

Sex: Female Male

The race and ethnicity categories below have been defined by the U.S. Departments of Education and Labor.

I. Are you Hispanic or Latino? -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Yes No

Which best describes your country/continent of origin?

- | | |
|--|---|
| <input type="checkbox"/> Central America _____ | <input type="checkbox"/> Cuba |
| <input type="checkbox"/> Mexico | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Spain | <input type="checkbox"/> South America (excluding Brazil) _____ |
| <input type="checkbox"/> Other _____ | |

II. Regardless of your answer to the question above, please check the groups below in which you consider yourself to be a member:

American Indian/Alaska Native -- A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain their tribal affiliation or community attachment.

Which best describes your country/continent of origin?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Chippewa |
| <input type="checkbox"/> Choctaw | <input type="checkbox"/> Cherokee |
| <input type="checkbox"/> Navajo | <input type="checkbox"/> Sioux |
| <input type="checkbox"/> Other _____ | |

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

Which best describes your country/continent of origin?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> China | <input type="checkbox"/> India |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Korea |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Other _____ |

Black or African American -- A person having origins in any of the black racial groups of Africa.

Which best describes your country/continent of origin?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Africa _____ | <input type="checkbox"/> Caribbean _____ |
| <input type="checkbox"/> Other _____ | |

Native Hawaiian or other Pacific Islander -- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Which best describes your country/continent of origin?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Guam | <input type="checkbox"/> Hawaii |
| <input type="checkbox"/> Samoa | <input type="checkbox"/> Other (excluding Philippines) _____ |

White -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Which best describes your country/continent of origin?

- | |
|--|
| <input type="checkbox"/> Europe _____ |
| <input type="checkbox"/> Middle East _____ |
| <input type="checkbox"/> Other _____ |

University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

Self-identification of a disability or veteran status is strictly voluntary. Declining to provide this information will not subject you to any adverse treatment. The information you provide on this form will be treated as confidential and completed forms are maintained in files separate from that individual's personnel file and are held in strict confidence, except that:

1. Administrators, managers, or supervisors may be informed of any work restrictions or reasonable accommodations;
2. First aid or safety personnel may be informed, to the extent necessary, to administer any emergency treatment; and
3. Government officials may review the forms in conjunction with an investigation or audit of the University's compliance with relevant federal, state or local law.

Under federal law, a person with a disability is defined as follows:

- Person with a Disability** – A person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Faculty and staff who wish to request a reasonable accommodation should contact the Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, Suite 228, 3600 Chestnut Street, (215) 898-6993 (voice), (215) 898-7803 (TDD), oaeeop@pobox.upenn.edu, or visit our website at <http://www.upenn.edu/affirmative-action/accommodations.html>. Students should contact the Office of Student Disabilities Services, Weingarten Learning Resources Center, 3820 Locust Walk, Suite 110, (215) 573-9235 for all academic related accommodations. For student accommodations relating to on-campus employment, contact the Office of Affirmative Action and Equal Opportunity Programs.

Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.

- Disabled Veteran** - (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Special Disabled Veteran** - (i) 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 Department of Veterans Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran** - a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
- Recently Separated Veteran** - a 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.
- 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 12983 (61 Fed. Reg. 1209).
- Other Protected 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. Information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

If you have questions or request additional information, please call the Office of Affirmative Action and Equal Opportunity Programs at (215) 898-6993 (voice), (215) 898-7803 (TDD), or e-mail oaeeop@pobox.upenn.edu

Signature: _____

Date: _____

Employee Information Form

Social Security Number (last four digits): XXX-XX-

Name: First: _____ Initial: _____ Last: _____

Name Suffix: _____ Name Prefix: _____

Current Address: (Cannot be an office address)

Street/Apartment: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Permanent Address (Domicile): (Cannot be an office address)

Street/Apartment: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____ (Leave blank if USA)

Emergency Contact Information:

Name: _____ Relationship: _____

Phone where this person can be reached while you are at work: _____

Sex: _____ Date of Birth: _____ Marital Status: _____

Educational Level: _____ Year received: _____
(choose code from below)

- B - No academic credentials.
- C - High School Diploma or equivalent.
- D - Trade Certificate.
- E - Some College.
- F - Associate Degree.

- G - Bachelor's Degree.
- H - Master's Degree.
- I - Medical Doctorate (M.D., D.D.S., D.V.M., V.M.D.).
- J - Other Doctorate (Dr. of Educ., Dr. of Sci., LL.D., J.D.).
- K - Doctor of Philosophy (Ph.D.).

Non-Resident Aliens:

Visa Type: _____ Country: _____ Visa Expiration Date: _____