



# LAMAR INSTITUTE OF TECHNOLOGY HOURLY & STUDENT EMPLOYMENT APPLICATION

**NOTICE TO INTERNATIONAL STUDENTS: PLEASE GO TO THE INTERNATIONAL OFFICE TO COMPLETE VERIFICATION FORMS.**

PLEASE PRINT CLEARLY OR TYPE INFORMATION

With few exceptions, you have the right to request, receive, and correct information about yourself collected using this form.

**Name:**

Last: First Middle

**SOCIAL SECURITY NUMBER:**

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?**

☐ YES (YOU MUST BE ABLE TO PROVIDE PROOF OF ELIGIBILITY)  
☐ NO

**Have you ever been convicted of a felony?**

☐ YES  
☐ NO

**PERMANENT ADDRESS:**

Street Phone Number  
City State Zip Code

**LOCAL ADDRESS:**

Street Phone Number  
City State Zip Code

**WHAT IS YOUR MAJOR?**

**WHAT IS YOUR CLASSIFICATION?**

**HAVE YOU PREVIOUSLY BEEN EMPLOYED AT LAMAR?**

☐ YES WHAT DEPARTMENT? \_\_\_\_\_ WHAT CAMPUS? \_\_\_\_\_  
☐ NO HOW LONG DID YOU WORK? \_\_\_\_\_ MONTH(S) and/or \_\_\_\_\_ YEAR(S)

**EXPERIENCE AND SKILLS:(i.e. computer software, filing)**

**WHAT TYPES OF OFFICE EQUIPMENT/MACHINERY CAN YOU OPERATE?**

**DO YOU TYPE?**

☐ YES WHAT IS YOUR SPEED?  
☐ NO

**ARE YOU CURRENTLY REGISTERED AS A LAMAR INSTITUTE OF TECHNOLOGY STUDENT?**

☐ YES  
☐ NO

**PREVIOUS EMPLOYMENT:**

Dates: To:

Employer:

City, State & Zip:

Job Title & Supervisor:

Duties & Responsibilities:

**PREVIOUS EMPLOYMENT:**

Dates: To:

Employer:

City, State & Zip:

Job Title & Supervisor:

Duties & Responsibilities:

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

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

☐ Staff**Lamar University/ Lamar Institute of Technology**Student ☐☐ Faculty**Office of Human Resources  
Employee Personal Data Sheet**Hourly ☐

(All Fields Are Required)

*With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.*

Last Name		First Name		Middle Name	
(ABOVE NAME MUST MATCH NAME ON SOCIAL SECURITY CARD)				Preferred Name	
Home Address		City	County	State	Zip Code
Permanent Address		City	County	State	Zip Code
Home Phone Number	<b>In Event of Emergency Notify:</b> Name: Relationship: Address: City and State: Phone Number: Alternate Phone No.:			Date of Birth	
Cell or Alternate Phone Number				Employee ID Number	
Email Address					

*See page 2 for definitions provided for your information and assistance in completing this section of the Employee Personal Data Sheet*

Veteran Statuses	
(check all that apply)	
Texas Veteran Information	Federal Veteran Categories
<input type="checkbox"/> Veteran  <input type="checkbox"/> Surviving Spouse of a Veteran  <input type="checkbox"/> Orphan of a Veteran	<input type="checkbox"/> Not a Veteran  <input type="checkbox"/> Veteran  <input type="checkbox"/> Disabled Veteran  <input type="checkbox"/> Armed Forces Service Medal Veteran  <input type="checkbox"/> Active Duty or Campaign Badge Veteran  <input type="checkbox"/> Recently Separated Veteran (veterans within 3 year period from discharge or release from active duty) Service Date From: ____/____/____ To: ____/____/____

Gender & Marital Status	Citizenship Status	Universities are asked by many, including the federal government and accrediting associations to describe the racial/ ethnic background of our employees. In order to respond to these requests, we ask you to answer the following two questions:
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you consider yourself to be Hispanic/Latino?</b> (You must select one choice) ___ Yes ___ No  <b>Please select one or more of the following racial categories to describe yourself:</b> ___ Hispanic or Latino ___ American Indian or Alaska Native (Not Hispanic or Latino) ___ Asian (Not Hispanic or Latino) ___ Black or African American (Not Hispanic or Latino) ___ Native Hawaiian or Pacific Islander (Not Hispanic or Latino) ___ White/Caucasian (Not Hispanic or Latino)
<b>Marital Status:</b>  <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed  <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	(If No, enter Visa information below) <b>Visa Type:</b> _____  <b>Exp. Date:</b> ____/____/____ MM DD YYYY	

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Name (Please Print)

Date

Signature

Employee ID Number

Texas Veteran Information	Federal Veteran Information
<ul style="list-style-type: none"> <li> <b>Veteran</b> <p>– An individual who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability, AND was honorably discharged from military service and is competent.</p> </li> <li> <b>Surviving Spouse of a Veteran</b> <p>– A person who is the spouse of a veteran who has not remarried and is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and was killed while on active duty.</p> </li> <li> <b>Orphan of a Veteran</b> <p>– A person who is the child of a veteran who is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and who was killed while on active duty.</p> </li> </ul>	<ul style="list-style-type: none"> <li> <b>Disabled Veteran</b> <p>– A person who is (A) 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 the 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.</p> </li> <li> <b>Armed Forces Service Medal Veteran</b> <p>– Any 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 No. 12985.</p> </li> <li> <b>Active Duty Wartime or Campaign Badge Veteran</b> <p>– 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.</p> </li> <li> <b>Recently Separated Veteran</b> <p>– Any veteran during the 3 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.</p> </li> <li> <b>Military Service Dates</b> <p>– Last dates of service in the military. Required for Recently Separated Veteran statuses.</p> </li> </ul>

Race/Ethnicity	
<ul style="list-style-type: none"> <li> <b>Hispanic or Latino</b> <p>A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race</p> </li> <li> <b>American Indian or Alaskan Native</b> <p>(Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) who maintain cultural identification through a tribal affiliation or community attachment.</p> </li> <li> <b>Asian</b> <p>(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.</p> </li> <li> <b>Black or African American</b> <p>(Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.</p> </li> <li> <b>Native Hawaiian or Other Pacific Islander</b> <p>(Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> </li> <li> <b>White/Caucasian</b> <p>(Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North America.</p> </li> </ul>	

☐ Staff☐ Student☐ Faculty☐ Hourly**LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY****OFFICE OF HUMAN RESOURCES****DISCLOSURE REQUEST FORM****(All Fields Are Required)***With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form***EMPLOYEE PERSONAL INFORMATION**

TEXAS GOVERNMENT CODE 552.024 allows employees to either disclose or not disclose specific information that is protected. If the employee does not declare this information as confidential, the information will be subject to public access. Please check the appropriate statement below to indicate your selection.

<b>I allow the following to be released to the public:</b>	<b>Yes</b>	<b>No</b>
Home address	<input type="checkbox"/>	<input type="checkbox"/>
Home telephone number	<input type="checkbox"/>	<input type="checkbox"/>
Social Security number	<input type="checkbox"/>	<input type="checkbox"/>
Information that reveals if I have family members	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contact information	<input type="checkbox"/>	<input type="checkbox"/>

**An election to NOT allow public access to personal information does not prohibit releasing information to the employee or the employee's authorized representative or for the legitimate use by employees of Lamar University/Lamar Institute of Technology.**

**EMPLOYEE CRIME VICTIM IDENTIFICATION ELECTION**

Due to a change in the law, state agencies have more authority to protect information about employees from public access. TEXAS GOVERNMENT CODE 552.132(f) allows state employees to elect to withhold information that would identify or tend to identify them as crime victims. If the media or other public entities request an employee's picture or other identifying information because the employee was a crime victim, the employee may elect to withhold such information. Please check the appropriate statement below to indicate your election:

- ☐ **DO NOT ALLOW PUBLIC ACCESS** to information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.
- ☐ **ALLOW PUBLIC ACCESS** to personal information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.

**I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.**

\_\_\_\_\_  
Name (Please Print)\_\_\_\_\_  
Date\_\_\_\_\_  
Signature\_\_\_\_\_  
Employee ID Number

To comply with federal law,  
**SEND ALL NEW HIRES TO  
HUMAN RESOURCES  
FOR THEIR I-9 COMPLETION  
by their first work day!**

New hires  
**MUST BRING  
ORIGINAL ACCEPTABLE  
DOCUMENTS  
listed on the next page!**



## 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>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <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>		<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><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>	<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 Part 13 of the Handbook for Employers (M-274).**

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

## SELECTIVE SERVICE SYSTEM

### REGISTRATION VERIFICATION

Effective 9/1/99, all persons hired by a Texas state agency who are required by Federal law to be registered with the Selective Service System must present proof of registration or proof of exemption.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Proof of registration may be provided by one of the following:

- A copy of the employee's Selective Service registration card
- A copy of the on-line verification, which may be obtained at [www.sss.gov](http://www.sss.gov)

**Please attach a copy of registration card or on-line verification to this form.**

**OR**

Please check one of the following if you are claiming exemption from this requirement:

\_\_\_\_\_ Female

\_\_\_\_\_ A lawfully-admitted non-immigrant alien (Provide copy of VISA)

\_\_\_\_\_ Not between the ages of 18 and 25

\_\_\_\_\_ A member of the Armed Forces on full-time active duty

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form

### STATEMENT OF SCHOOL DISTRICT SERVICE

Lamar Institute of Technology is required to collect Teacher Retirement contributions if you currently work at a Texas Independent School District and Lamar Institute of Technology.

The employee must fill out this form completely. This form MUST be emailed to:

- ❖ Human Resources      Cynthia Walker      [cynthia.walker@lamar.edu](mailto:cynthia.walker@lamar.edu)
- ❖ Finance (LIT Employees) Allison Martin      [almartin@lit.edu](mailto:almartin@lit.edu)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

BANNER ID/SSN: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please check the block that applies:

\_\_\_\_\_ I am **NOT** currently employed at a Texas Independent School District.

\_\_\_\_\_ I **AM** currently employed at \_\_\_\_\_  
Texas Independent School District

- ☐ **Full-time**
- ☐ **Part-Time**
- ☐ **Hourly**

\_\_\_\_\_ I **AM** currently employed as an Adjunct Instructor.

Employer: \_\_\_\_\_

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



**Employee's Withholding Certificate**

OMB No. 1545-0074

► **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 review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 . . . . . ► \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	► <b>Employee's signature</b> (This form is not valid unless you sign it.)		► <b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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 . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 with no other entries on the form; 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 are not required to provide the information requested on a form that is 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

## EMPLOYEE RECEIPT OF INFORMATION

I hereby certify that I have been furnished with and will read the following information:

- Excerpts from the Appropriations Bill; Standards of Conduct; State Property-Accounting Inventory
- Notice to Employees Concerning Worker's Compensation in Texas
- Online Guide to Ethics Laws for State Employees at:  
<http://dept.lamar.edu/humanresources/ethicsguide.pdf>

- Online Human Resources Policy and Procedure Manual at:  
<http://dept.lamar.edu/humanresources>

It is the responsibility of each employee to be familiar with the information contained in the policy manual. Nothing in the manual in any way creates an expressed or implied contract of employment. Employment is terminable at will so that both the University and its staff employees remain free to choose to terminate their work relationship at anytime. This manual is not to be construed as a contract, expressed or implied, for any purpose. Employees may also view the policy manual in the Office of Human Resources or the Mary and John Gray Library.

I hereby acknowledge and agree:

- That I am responsible and accountable for conducting my daily work activities in an honest and professional manner.
- That I will comply with the rules, regulations, policies and procedures outlined in the above policies.
- That this acknowledgement will be placed in my personnel file.

\_\_\_\_\_  
Employee Name (Printed)

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

\_\_\_\_\_  
Date

**STATEMENT OF SCHOOL DISTRICT SERVICE**

Name \_\_\_\_\_ Current Date \_\_\_\_\_  
(Please Print)

Department \_\_\_\_\_ Hire Date \_\_\_\_\_

Please check the block that applies:

\_\_\_\_\_ I **am not** currently employed in an independent school district.

\_\_\_\_\_ I **am** currently employed in an independent school district.

Name of School District \_\_\_\_\_

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

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FOR HUMAN RESOURCES OFFICE USE ONLY:

Banner ID \_\_\_\_\_

Reviewed by Benefits: \_\_\_\_\_ Date \_\_\_\_\_

*With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.*



## Office of Human Resources

P.O. Box 11127  
Beaumont, TX 77710

### SECURITY SENSITIVE RELEASE

#### DISCLOSURE & AUTHORIZATION:

Lamar Institute of Technology performs background checks for all security sensitive positions in accordance with the *Texas Education Code §51.215* and *Texas State University System Policy*.

Lamar Institute of Technology may request background information about you from a consumer reporting agency and/or law enforcement agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by Lamar Institute of Technology, throughout your employment.

HireRight, or another consumer reporting agency, will obtain these reports for Lamar Institute of Technology. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting Lamar Institute of Technology and/or reviewing the attached "A Summary of Your Rights under the Fair Credit Reporting Act".

#### REQUIRED INFORMATION

Position Applying For	Department	Position No.
Last Name	First Name	Middle
Maiden or Former Names Used		
Street Address	City	County
	State	Zip Code
Contact Phone	Cell Phone Number	Alt. Phone/Fax
Email Address		
Drivers License Number	Social Security Number	Date of Birth
State		

List all locations where you have lived during the last seven (7) years prior to your current residence.  
(If additional space is needed, please write on the back of this form or attach another sheet)

Date From	To	City	State	Zip Code	County

I have carefully read and understand this Security Sensitive Release Form and the attached summary of rights under the Fair Credit Reporting Act. By my signature I consent to the release of consumer reports and investigative consumer reports obtained by a  
(continued)

consumer reporting agency, such as HireRight, Inc. to Lamar Institute of Technology and its designated representatives and agent. I hereby authorize any law enforcement agency, learning institutions (including public and private schools and universities), information from service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency to furnish Lamar Institute of Technology or its agent. I release all respondents from any liability for releasing information. I understand that Lamar Institute of Technology and its agents are not responsible for the accuracy of the information contained in any criminal history report. I release Lamar Institute of Technology and its agents from all liability, claims, and lawsuits with respect to the information obtained from any or all of the sources consulted in the investigation. I understand that if Lamar Institute of Technology hires me, my consent will apply, and the Institute may obtain reports, throughout my employment. I also understand that information contained in my job application, resume/vita or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

I certify that the information I provided on this form is true, complete, and correct. I understand that any false statements made herein will void my Application for Employment and any actions based on it. I also understand that if employed, my continued employment with Lamar Institute of Technology will be contingent upon the outcome of the investigative consumer reports. If the results of the investigative process indicates that I have been convicted of a felony or had an offence involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) that I did not disclose, Lamar Institute of Technology has the right to terminate my employment immediately.

I agree that this Security Sensitive Release Form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of Lamar Institute of Technology.

I authorize, without reservation, any party or agency contacted by Lamar Institute of Technology to furnish the above listed information:

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **LAMAR INSTITUTE OF TECHNOLOGY**

Lamar Institute of Technology is firmly committed to Equal Employment Opportunity (EEO) and to compliance with all Federal, State and local laws that prohibit employment discrimination on the basis of age, race, color, gender, national origin, religion, disability, protected veteran status and other protected classifications. This policy applies to all employment decisions including, but not limited to, recruiting, hiring, training, promotions, pay practices, benefits, disciplinary actions and terminations. The information on this Security Sensitive Release Form, together with any attachments, is the property of Lamar Institute of Technology.

**ALL INFORMATION RECEIVED ON THIS FORM WILL BE CONFIDENTIAL**

**REFUSAL TO SIGN AND COMPLETE THIS FORM MAY ELIMINATE THE APPLICANT FROM  
CONSIDERATION FOR EMPLOYMENT AT LAMAR INSTITUTE OF TECHNOLOGY**



# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

## A Summary of Your Rights Under the Fair Credit Reporting Act

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

(Continued)

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

# Appropriations Bill

## EXCERPTS FROM CURRENT APPROPRIATIONS BILL

POLITICAL AID AND LEGISLATIVE INFLUENCE PROHIBITED. None of the moneys appropriated by Article I, II, III, and IV of this Act, regardless of their source or character shall be used for influencing the outcome of an election or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the State from furnishing to any Member of the Legislature or to any other State official or employee or to any citizen any information in the hands of the employee or the official not considered under law to be confidential information. Any action taken against an employee or official for compliance with this section shall subject the person initiating the action to immediate dismissal from State employment.

None of the funds appropriated in this Act shall be expended in payment of the full or partial salary of any State employee who is also the paid lobbyist of any individual, firm, association or cooperation.

No employee of any State agency shall use any State-owned automobile except on official business of the State and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provision in this Section.

The head or heads of each agency of the State shall furnish each employee of such agency with a copy of the four (4) paragraphs immediately following this one and shall take a receipt therefore from each employee. The preceding sentence shall not be construed to mean that new employees who have previously received for copies of identical provisions prohibiting political aid and legislative influence. The receipts shall be kept accessible for public inspection.

## STANDARDS OF CONDUCT

### EXCERPTS FROM ACTS 1973, 63<sup>RD</sup> LEGISLATURE PAGE 1086, CHAPTER 421

#### Declaration of Policy

Section 1. It is the policy of the State of Texas that no state officer or state employee shall have any interest, financial or otherwise direct or indirect, or engage in any business transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his duties in the public interest. To implement this policy and to strengthen the faith and confidence of the people of Texas in their state government, there are provided standards of conduct and disclosure requirements to be observed by persons owing a responsibility to the people of Texas and the government of the State of Texas in the performance of their official duties. It is the intent of the legislature that this Act shall serve not only as a guide for official conduct of these covered persons but also as a basis for discipline of those who refuse to abide by its terms.

## DEFINITIONS

### Sec. 2. In this Act

(7) "State Employee" means a person, other than a state officer, who is employed by

- (a) A State agency
- (b) The Supreme Court of Texas, the Court of Criminal Appeals of Texas, a Court of Civil Appeals, or the Texas Civil Judicial Council, or
- (c) Either house of the Legislature, or any agency, council, or committee of the legislature including the Legislative Budget Board, the Texas Legislative Council, the State Auditor's Office, and the Legislative Reference Library.

(8) "State Agency" means

- (a) Any department, commission, board, office, or any other agency that
  - (1) Is in the executive branch of the state government
  - (2) Has authority that is not limited to a geographical portion of the state; and
  - (3) Was created by the constitution or a statute of this state, or
- (b) A university system or an institution of higher education as defined in Section 61.003, Texas Education Code, as amended, other than a public junior college.

## Standards of Conduct

See 8(a) No state officer or state employee should accept or solicit any service that might reasonably tend to influence him in the discharge of this official duties or that he knows or should know is being offered him in the intent to influence his official conduct.

(b) No state officer or state employee should accept employment or engage in any business or professional activity that he might reasonably expect would require or influence him to disclose confidential information acquired by reason of his official position.

(c) No state officer or state employee should accept other employment or compensation which could reasonably be expected to impair his independence or judgment in the performance of his official duties.

(d) No state officer or state employee should make personal investments which could reasonably be expected to create a substantial conflict between his private interest and the public interest.

(e) No state officer or state employee should intentionally or knowingly solicit, accept, or agree to accept benefit for having exercised his official powers or performed his official duties in favor of another.

### 66<sup>th</sup> Legislature of Texas – Regular Session STATE PROPERTY – ACCOUNTING INVENTORY H. B. 1673

## ARTICLE PROPERTY ACCOUNTING

### Section 8.01. Property Accounting System

(a) All real and personal property belonging to the state shall be accounted for by the head of the agency which has possession of the property.

(b) The commission shall administer the property accounting system. The state auditor shall administer the property responsibility system. The commission shall issue rules and regulations and a manual of instruction and prescribe such records, reports, and forms necessary to accomplish the objects of this article subject to the approval of the state auditor. The state auditor is directed to cooperate with the commission in the exercise of the commission's rulemaking powers herein granted by giving technical assistance and advice.

(c) The commission shall maintain a complete and accurate set of centralized records of state property. Where the commission finds that an agency has demonstrated its ability and competence to maintain complete and accurate detailed records of the property it possesses without the detailed supervision by the commission, it may direct that the detailed records be kept at the principal office of such agency. Where the commission issues such order, it shall keep only summary records of the property of such agency and the agency shall keep such detailed records as the commission directs and furnishes the commission with such reports at such times as directed by the commission.

(d) Each agency head shall cause each item of state property possessed by his agency to be marked so as to identify it. The agency head shall follow the instructions issued by the commission in marking state property.

## **Section 8.02 Responsibility for Property Accounting**

(a) All state agencies shall comply with the provisions of this article and keep the property records required.

(b) All real property owned by the state shall be accounted for by the agency which possesses the property. The real property administered by the General Land Office shall be accounted for by that office and not by the system prescribed herein and the real property administered by the permanent funds established by its administration and not by the system prescribed herein.

(c) All personal property owned by the state shall be accounted for by the agency that possesses the property. The commission shall by regulation define what is meant by personal property for the purpose of this article, but such definition shall not include nonconsumable personal property having a value of \$250 or less per unit. In promulgating such regulations, the commission shall take into account the value of the property, its expected useful life, and the cost of record keeping bears a responsible relationship to the cost of the property on which records are kept. The commission shall consult with the state auditor in making such regulations and the auditor shall cooperate with the commission in the exercise of this rulemaking power by giving technical assistance and advice.

(d) All medical, surgical, and technical equipment and supplies provided by the Texas Department of Health to local public health units, local public health laboratories, state institutions and nonprofit institutions, contributing to the promotion and maintenance of public health by the usage of such medical, surgical, and technical equipment and supplies shall be accounted for by that department and not by the system prescribed in this article. The Texas Department of Health shall maintain at all times a complete record of such medical, surgical, and technical equipment and supplies provided and such records shall be verified by government making such grants for assistance in the purchase of such medical, surgical, and technical equipment and supplies.

## **Section 8.03 Property Manager, Property Inventory**

(a) Each agency head is responsible for the proper custody, care, maintenance, and safekeeping of the state property possessed by his agency.

(b) Each agency head shall designate either himself or one of his employees as property manager. The commission shall be informed in writing by the agency head of the name of the property manager and shall be informed of any changes. Where the commission finds that convenience and efficiency will be served, it may permit more than one property manager to be appointed by the agency head.

(c) The property manager shall maintain the required records on all property possessed by the agency and shall be the custodian of all such property.

(d) No person shall entrust state property to any state official or employee or to anyone else to be used for other than state purposes.

(e) When and agency's property is entrusted to some person other than the property manager, the property manager shall require a written receipt for such property executed by the person receiving custody of the property. When the possession of property of one agency is entrusted to another agency on loan, such transfer shall be done only when authorized in writing by the agency head that is lending such property and the written receipt shall be executed by the agency head who is borrowing such property. The property manager is relieved of the responsibility for property which is the subject of such a receipt.

(f) Each agency shall make a complete physical inventory of all property in its possession once a year. The inventory shall be taken on the date prescribed for the agency by the commission.

(g) The agency head shall forward a signed statement describing the method by which the inventory was verified, along with a copy of such inventory within 45 days after the inventory date for the agency.

(h) The commission shall supervise the property records of each agency so that the records accurately reflect the property currently possessed by the agency. The commission shall prescribe the methods whereby items of property are deleted from the property records of the agency. Property that has become obsolete and no longer serviceable and has been turned over to the commission for disposal under the laws relating thereto shall be deleted from the records of that agency upon the authorization of the commission. Property that is missing from the agency or property that is disposed of directly by the agency in a legal manner shall be deleted from the commission's records upon the authorization of the state auditor.

## **Section 8.04 Change of Property Managers**

When there is a change in agency heads or property managers, the incoming agency head or property manager shall execute a receipt for all agency property accounted for to the outgoing agency head or property manager. A copy of such receipt shall be delivered to the commission, the state auditor, and the outgoing agency head or property manager. No further warrants in favor of the outgoing agency head or property manager shall be drawn or paid until the state auditor has certified that the agency property has been properly accounted for. The state auditor may make this certification without requiring that a physical inventory be taken.

## **Section 8.05 Liability for Property Loss**

Where agency property disappears, whether through theft or other cause, as a result of the failure to the agency head, property manager, or agency employee entrusted with the property in writing to exercise reasonable care for its safekeeping, such person shall be peculiarly liable to the state for the loss thus sustained by the state, where agency property deteriorates as a result of the failure of the agency head, property manager, or agency employee entrusted with property in writing to exercise reasonable care to maintain and service the property, such person shall be peculiarly liable to the state for the loss thus sustained by the state, where agency property is damaged or destroyed as result of an intentional wrongful act or a negligent act of any state official or employee, such person shall be peculiarly liable to the state for the loss thus sustained by the state. The liability prescribed by this section may be found to attach to more than one person in a particular instance, in such cases, the liability shall be joint and several.

## **Section 8.06 Reporting to State Auditor**

When any state property has been lost, destroyed, or damaged through the negligence or fault of any state official or employee, the agency head responsible for such property shall immediately report such loss, destruction, or damage to the state auditor. Upon leaving in any manner of such property loss, destruction, or damage, the state auditor shall investigate the matter. If the investigation discovers that an injury has been sustained by the state through the fault of a state official or employee, the state auditor shall make written demand upon such state official or employee for reimbursement to the state for the loss so sustained.

## **Section 8.07 Legal Action to Recover Monetary Loss or Property**

In case the demand made by the state auditor for reimbursement for property loss, destruction or damage by the state official or employee upon whom such demand is made, the state auditor shall report the facts to the attorney general. If after an investigation of the facts, the attorney general finds that legal liability may be judged against the state official or employee, he shall take such legal action to recover the monetary loss of the state property occasioned by the loss, damage, or destruction as in his opinion may be deemed necessary. Venue for all such suits instituted against a state official or employee shall lie in the courts of appropriate jurisdiction of Travis County.

## **Section 8.08 Failure to Keep Records**

When any agency fails to keep the records required under the provisions of this article or fails to take the annual physical inventory, the commission shall so inform the comptroller and the comptroller may refuse to draw any warrants on behalf of such agencies.

## **Section 8.09 Transfer of Personal Property**

(a) Any state agency is authorized to transfer any personal property of the state under its control or jurisdiction to any other state agency with or without reimbursement between the agencies; provided, however, that the provisions of this article shall not apply to any real property.

(b) When any personal property under the control or jurisdiction of one state is transferred to the control or jurisdiction of any other state agency, such transfers shall be immediately and simultaneously reported to the commission by the transferor and the transferee on forms prescribed by the commission, and it shall adjust the inventory records of the agencies involved in making the transfers. Whenever any transfer is made with reimbursement from funds deposited in the state treasury, the transferee shall issue a voucher payable to the transferor, and the comptroller of public accounts shall issue warrants for reimbursement.

## **Section 8.10 Distribution of This Article**

Each agency head shall distribute a copy of this article to each official and employee of his agency and shall give a copy to each new employee of the agency.