Receiving Your W-2 Electronically
(and sooner)

In order to receive an electronic W-2, you must first consent. If you have provided consent in a previous year, you do not need to consent again. Follow the step-by-step instructions to electronically access your W-2 at your convenience.

✔ Login to the E-Weber portal

✔ Select ‘Payroll’ under ‘Categories’

✔ Select ‘Electronic W-2 Consent’

✔ Select the box to ‘Consent to receive W-2 electronically’

Advantages of Receiving Your W-2 Electronically

Quicker, Safer, Available Anytime, Anywhere!
Available to you each year, approximately 2 weeks earlier than paper copies.

Eliminate identify theft risks from a lost, stolen or misdelivered W-2 containing your social security number, name and address.
A one time enrollment is all that’s required!
PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employer contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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1 An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
Name as it appears on your Social Security card (Please Print)

CHECK BELOW ALL THAT APPLY:

GENDER
☐ M ☐ F

MARITAL STATUS
☐ M ☐ S

ETHNICITY (Choose one)
☐ Not Hispanic or Latino
☐ Hispanic or Latino

RACE (Choose all that apply)
☐ A ASIAN
☐ B BLACK NON-HISPANIC
☐ I AMERICAN INDIAN or ALASKAN NATIVE
☐ P NATIVE HAWAIIAN or PACIFIC ISLANDER
☐ U UNSPECIFIED / OTHER
☐ W WHITE

Social Security # ___________________________ Date ____________

BIRTHDATE ___________________________

HOME PHONE # ___________________________

HANDICAPPED ☐ YES ☐ NO

VETERAN ☐ YES ☐ NO

STUDENT STATUS at Weber State University
☐ I am registered for 5 credits or less (Social Security Regulations exempt from FICA withholding)
☐ I am registered for 6 credits or more (Social Security Regulations exempt from FICA withholding)

DEPARTMENT (You will be working for) ___________________________

SUPERVISOR ___________________________

SIGNATURE ___________________________
Employee’s Withholding Certificate

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.

Step 1:
Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(c) Single or Married filing separately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married filing jointly (or Qualifying widow(er))</td>
</tr>
<tr>
<td>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.)</td>
</tr>
</tbody>
</table>

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 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.)

Step 3: Claim Dependents

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 $  

<table>
<thead>
<tr>
<th>Step 4 (optional): Other Adjustments</th>
<th></th>
</tr>
</thead>
</table>
| (a) Other income (not from jobs). 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) Deductions. 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 | $  
| (c) Extra withholding. Enter any additional tax you want withheld each pay period | $  

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.)

Employers Only

| Employer’s name and address | First date of employment | Employer identification number (EIN) |

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

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 10% of your income.

   1 $ __________

2 Enter:

   
   • $24,800 if you're married filing jointly or qualifying widow(er)

   • $18,650 if you're head of household

   • $12,400 if you're single or married filing separately

   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 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(k) 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.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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

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

Last Name (Family Name)  First Name (Given Name)  Middle Initial  Other Last Names Used (if any)

Address (Street Number and Name)  Apt. Number  City or Town  State  ZIP Code

Date of Birth (mm/dd/yyyy)  U.S. Social Security Number  Employee’s E-mail Address

Employee’s Telephone Number

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

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

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 4. An alien authorized to work (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________

OR

2. Form I-94 Admission Number: ____________________________

OR

3. Foreign Passport Number: ____________________________

Country of Issuance: ____________________________

Signature of Employee

Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.
☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator

Today’s Date (mm/dd/yyyy)

Last Name (Family Name)  First Name (Given Name)

Address (Street Number and Name)  City or Town  State  ZIP Code
Section 2. Employer or Authorized Representative Review and Verification

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

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Document Title</td>
</tr>
<tr>
<td>Additional Information</td>
<td><img src="sections_2_3_do_not_write_in_this_space" alt="QR Code" /></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

The employee's first day of employment (mm/dd/yyyy): ________________ (See Instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

3850 DIXON PARKWAY DEPT 1021 | OGDEN | UT | 84408-1021 |

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

<table>
<thead>
<tr>
<th>A. New Name (If applicable)</th>
<th>B. Date of Rehire (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

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

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

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

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

Form I-9 10/21/2019
WEBER STATE UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE: ______________________________ W# or S.S.N. __________________
(Please Print)

☐ FIRST AUTHORIZATION  ☐ CHANGE CURRENT DIRECT DEPOSIT  ☐ CANCEL

THE ABOVE NAMED EMPLOYER IS HEREBY AUTHORIZED TO INITIATE DEPOSITS AND, IF
NECESSARY, ADJUSTMENTS ON THOSE DEPOSITS TO THE ACCOUNT (S) LISTED BELOW.
This authorization will remain in force until changed or revoked by me or an authorized agent through written
notification to the Payroll Office.

<table>
<thead>
<tr>
<th>FINANCIAL INSTITUTION</th>
<th>ACCOUNT TYPE</th>
<th>ROUTING NUMBER</th>
<th>(See reverse side</th>
<th>ACCOUNT NUMBER</th>
<th>PERCENT</th>
<th>OR AMOUNT</th>
</tr>
</thead>
</table>

☐ SAVINGS

☐ CHECKING ____________________ ____________________

☐ SAVINGS

☐ CHECKING ____________________ ____________________

☐ SAVINGS

☐ CHECKING ____________________ 100% Of Remainder

Preferred email to receive your pay notification: __________________________________________

Note: Multiple financial institutions must have "100% of Remainder" entered on one of them.

PLEASE ATTACH A VOIED CHECK OR A VOIED PHOTOCOPY THAT WE WILL USE TO VERIFY YOUR
ACCOUNT AND BANK ROUTING NUMBERS. YOUR WAGES WILL BE DEPOSITED INTO EITHER CHECKING
OR SAVINGS BASED ON THE BOX YOU CHECKED ABOVE.

Signature: __________________________ Date: __________________________

THIS FORM MUST BE UPDATED IF YOU CHANGE YOUR ACCOUNT NUMBER.

FOR OFFICE USE ONLY
Please check one for account number verification

☐ Bank Form ☐ Blank Check ☐ Called Bank Payroll Staff Initials

Revised 8/21/14
Variable Hour Employee Notice

You are a variable hour employee for purposes of the new federal health reform law because you work in a job position where you generally are not expected to work more than 30 hours per week on average in a month. Your hours may fluctuate from time to time depending on business needs and how your hours are scheduled. Simply because your hours may increase from time-to-time does not mean you cease to be a variable hour employee. Variation in hours is part of your job position. Variation in hours may be such that you work over 30 hours per week for an extended time. Again, that possible hours variation is a normal part of your job which we anticipated when we set our annual hours expectations for this position. Such variation does not mean you are full-time for medical plan purposes nor does it indicate a “promotion.” All changes to full-time positions will be documented with a formal notice to you (similar to this Notice); in the absence of that designation by us, a change has not occurred.

Federal law states that an employer is to measure your hours worked to determine whether annual hours indicate you might become eligible for health plan coverage in the future, and so we will track your hours over a 12-month period starting with the first day of the first month following date of hire. If, at the end of the 12 months, you are then determined to be eligible, you will be offered plan coverage at that time for the following 12 months. (Coverage is never available retroactively.) You may still waive / decline the coverage; you do not have to elect our health insurance – though the new law may carry other implications for you if you have no other health insurance coverage. Review those rules with your personal financial, tax or legal advisor. If you do elect our health plan coverage at that time, you must pay your share of the premiums which will be set as required and allowed by federal law. Also, if you elect our plan coverage, federal law generally requires you must keep that coverage for the next 12 months; very limited circumstances would permit you to drop that election mid-year. For example, if your hours fall, you cannot drop the coverage, even if your pay falls as you work fewer hours; if your spouse loses his or her job, you cannot change your decision to take our coverage based on IRS rules. If your paycheck is not sufficient to pay your share of the premiums, that will be a debt you owe to us. Premiums are due by the first day of the month following the date you are first in arrears. If premiums are not paid by that date, with a 30-day grace period as provided by law, your coverage will terminate, and continuation generally will not be available. Finally, coverage ends when your employment ends.

Your hours will be tracked for each year following as well, with the timeframe depending on our formal plan year. An annual calculation will be done, and you may or may not be determined to be eligible going forward for future coverage.

Plan terms as explained in the formal plan document and summary plan description will control your rights under the plan in the event of conflicting information.

☐ I have read and understand this Notice, and I consent to allow for electronic email communication of PPACA and related health insurance compliance information. Electronic consent maybe rescinded at any time.

☐ I have not been employed by this company or its affiliated organizations within the last 26 weeks

Signature: _______________________________ Date: _______________________________
URS Registration Information Release

Name ___________________________ (Last  First  Middle)

Date of Birth ______________________ Social Security Number ______________________

Marital Status ______________________ Gender ______________________

E-mail Address ______________________

Mailing Address ______________________

City ______________________ State _______ Zip Code ______________________

Start Date ______________________ Position Title: ______________________

Are you retired and eligible for URS benefit?  ____ Yes  ____ No
Are you currently drawing from a URS pension?  ____ Yes  ____ No
Are you currently employed in another capacity at WSU?  ____ Yes  ____ No

If yes, in what capacity?

____ Executive  ____ Faculty  ____ Exempt  ____ Non-Exempt  ____ Adjunct  ____ Hourly

By signing this form, you acknowledge that you are allowing Weber State University (WSU) to use the above information to register you in the Utah Retirement Systems (URS) database. WSU will only use the above information to certify you in the URS database. If you are ineligible for WSU's retirement benefits, WSU will not contribute to your retirement account, but you will be able to contribute personal funds into the account after receiving the confirmation e-mail from URS. After being used for this purpose, this form will be destroyed.

Signature ______________________  Date ______________________
WEBER STATE UNIVERSITY

FERPA COMPLIANCE AGREEMENT

Part One (Please Print)

Employee Name: ____________________________  W# ____________________________

Email: ____________________________________  WSU Extension: ____________________________

Part Two (Please Read and Sign Below)

FERPA CONFIDENTIALITY STATEMENT

Along with the right to access the transcript/confidential records of students at Weber State University (WSU) comes the responsibility to maintain the privacy rights of students as outlined in the Family Educational Rights and Privacy Act (FERPA). The University Catalog, Semester Class Schedules, and Student Code state the policy regarding student records at WSU. Under the FERPA "Legitimate Educational Interest" clause, faculty, staff, and student employees are granted access to student records, but with that access comes the legal responsibility to maintain confidentiality. Using FERPA guidelines, WSU has established the following as Directory Information: Student Name, Local Address, Telephone Number, Date of Birth, Degrees Received, Dates of Attendance (Current or Past), Full- or Part-Time Enrollment Status, Honors Received, and Major Program of Study. All other information may not be released without the written consent of the student. Grades or Grade Point Average Information, Social Security Numbers, Student Schedules, or any other "non-directory" information may not be released to anyone other than the student under discussion, and never over the phone.

I acknowledge that I fully understand that the intentional disclosure by me of confidential information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Weber State University policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Employee Signature: ____________________________  Date: ____________________________

Campus Department: ____________________________  Department Supervisor: ____________________________  Hire Date: ____________________________