



+ , 5 , 1 * 3 5 2 & (' 8 5 (6
) 2 5 1 (:
 \$ ' - 8 1 & 7) \$ & 8 / 7 < 7 (0 7 3 \$))



New Adjunct Faculty 7 H P S 6 W D I I Employee Checklist

Employee Name: _____ SMU ID #: _____
If you don't have an SMUD, HR will assign one.

Start Date: _____



/,676 2) \$ & (37\$%/('2&80(176
 \$OO GRFXPHQWV PXVW EH 81(;3,5('

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

/,67 \$ 'RFXPHQWV WKDW (VWDEOLVK %RWK ,GHQWLW\ DQG (PSOR\PHQW \$XWKRULJDWLRQ	
U.S. Passport or U.S. Passport Card	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 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 School ID card with a photograph Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority)RU SHUVRQV XQGHU DJH ZKR DUH XQDEOH WR SUHVHQW D GRFXPHQW OLVWHG DERYH
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	
Employment Authorization Document that contains a photograph (Form I-766)	
For a nonimmigrant alien authorized to work for a specific employer because of his or her status: D Foreign passport; and E Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	
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	
	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record



Personal Data Information (Staff/Adjunct)

Legal name as it appears on your social security card			
Last Name:	First Name:	Middle Name:	SMU ID # (if known):
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/>	



Personal Data Information (Staff/Adjunct)

Your responses to the questions below will not necessarily disqualify you from consideration for employment. Your responses will be considered in relationship to the circumstances, your skills and the requirements of the position for which you are applying.

Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? Yes No

If yes, please provide details below

Date of Charge/Offense	State and County	Description of Charge/Offense	Details of Conviction

Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? Yes No



7HPSRUDU\ (PSOR\HH 6WDWHPHQW
(Staff/Adjunct)

Race/Ethnicity:

Do you consider yourself to be Hispanic/Latino(a)? Yes No

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

In addition, select one or more of the following racial categories to describe yourself. If you select two or more racial categories, please select one as primary.

Racial Categories	Primary	Definition
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/>	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

Voluntary Self -Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs



7 H P S R U D U \ (P S O R \ H H 6 W D W H P H Q W
(Staff/Adjunct)

Please Read Carefully and Sign Below

As a temporary employee, all work schedules are based upon the needs of the University and may be subject to change on a weekly basis.

1. I certify that statements I have made in this document are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or omissions I make in connection with this document may be grounds for dismissal after employment, regardless of when or how discovered.
2. To ensure compliance with federal law, the following statement accompanies all employment to U.S. citizens and non-citizens alike: Employment is contingent upon your ability to provide documentation establishing your identity, immigration status and eligibility to work in the U.S.
3. Southern Methodist University will conduct a criminal and/or credit investigation as specified when deemed necessary by the University. Southern Methodist University (SMU) is also authorized to use any information obtained from its investigations to determine my suitability for employment. I understand that continued employment may be contingent upon a satisfactory criminal background and/or credit investigation.
4. I agree to abide by the policies, procedures, rules and regulations of Southern Methodist University applicable to the temporary assignment. I acknowledge te8.-2.Tj ET Q q 6ob[3Sodis teenal and/lio ,sit4.004 (o-3.995 (es5 ()-10 (



Temporary Employee Statement (Staff/Adjunct)

Temporary Assignment Information	
Position/Job Title:	Department:
Start Date:	End Date:
Average hours scheduled to work per week:	Negotiated Hourly Rate:
Supervisor/Department Contact:	Supervisor/Department Contact Phone#:
Please check one:	
<input type="checkbox"/> Adjunct Faculty	<ul style="list-style-type: none"> x Adjunct Faculty teach on a part-time basis, typically employed by the semester or by the academic year to teach up to one-half load.
<input type="checkbox"/> Temporary Staff – Occasional/As-Needed	<ul style="list-style-type: none"> x Temporary staff who work periodically throughout the year on an as-needed basis. x They are often set up for a full year and log hours when they come to work, often to relieve regular staff during peak times or when someone is out of the office for a limited period of time. x Retirees are often employed in this capacity as are personal trainers in Recreational Sports and on-call Wellness instructors.
<input type="checkbox"/> Temporary Staff – Academic Related	<ul style="list-style-type: none"> x Temporary staff who work part-time (typically 20 hours or less per week) on a consistent basis throughout the year as tutors, advisors, and other academic-related roles.
<input type="checkbox"/> Temporary Staff – Paid from a Grant	<ul style="list-style-type: none"> x Temporary staff who are paid from a grant. x Typically work in support of specific, limited-duration research projects. x They may work full-time or part-time.
<input type="checkbox"/> Temporary Staff – Student	<ul style="list-style-type: none"> x SMU students not enrolled in credit classes who are performing work at the University. x Temporary staff who are students at other universities (including non-SMU students) or high schools who are employed at SMU for the summer months or other times during the academic year, who work as part of a planned program, often an internship. x Student status is the primary role.
<input type="checkbox"/> Temporary Staff – Short-Term Assignment	<ul style="list-style-type: none"> x Temporary staff who are hired for one month or less for a very specific business need or project and will not be renewed after the month is over. x Examples include camp staff, instructors for short classes, and staff hired to work on large mailings or similar short-term projects.
<input type="checkbox"/> Temporary Staff – Vacant position/Temporary Business Need	<ul style="list-style-type: none"> x Temporary staff who are filling vacant, regular position. The position may or may not yet have approval to recruit for a regular new hire. Assignments should be for 3 months or less. x Temporary staff hired for a temporary business need or specific project. Assignments should be for 3 months or less. They may work full-time or part-time hours.

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consr (69 (t6 (n4.0r).Y)-0a2 (o)-64a)0.9(t6 (n4 ac)8.i3 ()TJ 0 -1.. S)1.7 (o)-7 04 0 02rom.4a(g)2.6ar)src0.2

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

- x 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.

- x 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.

- x 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.consumerfinance.gov/learnmore

- x 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 tollfree 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 888-567-8688.

- x 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.

- x Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore

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. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 or Federal Trade Commission: Consumer Response Center Washington, DC 20580 (877) 382-4357

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Please complete, sign and return this form to SMU Human Resources by:

Fax: 214-768-2299

By e-mail: hr@smu.edu

Name of Department Contact: _____ Phone: _____

Department/School: _____

If you have questions, please contact the Department of Human Resources at 768-3111

PERSONAL DATA

Your Payroll Direct Deposit Information in mySMU

To view/enter/update your direct deposit information, navigate to Self Service > Payroll and Compensation > Direct Deposit.

Your current banking information for payroll deposits will be displayed on the screen.

It is essential that you have accurate banking information to establish or update your direct deposit account records. Typical this information can be obtained by

- a. Contacting a customer service number for your financial institution
- b. Visiting a local bank branch or office, or
- c. Viewing your account information online within your bank's Web portal.

Direct deposit changes will be reflected on your next paycheck processed by SMU, as soon as possible. Update your account information as soon as you know a change is needed.

- o A general guideline (to ensure your changes are reflected on your next paycheck) is to have your direct deposit information updated in my.SMU by the "TIMEaccess & Elec.Extra Comp Approval Date" indicated [Payroll Processing Schedule](#) for the specific pay date.
- o If a paycheck for you is being processed at the time you submit your changes

Go to <https://my.smu.edu/>

