New Staff Records Session Checklist

Please use this checklist as a guide when completing the forms required to process your employment and payroll. Check off each form as you complete it to ensure that you have completed all required forms. Bring this checklist along with the required forms (including all Payroll Forms)/identification documents to your Records and Benefits session at the Office of Human Resources.

*Intermittent and Non-Continuing Appointment (NSLA) staff, please give this checklist along with all required forms to your supervisor.

____ New Employee Data Form – (Pages 3-4) Used to load your employment and payroll information into the University’s computer system.
  ➢ The Emergency Contact should be a spouse, parent, sibling, child, grandparent, stepchild, or significant other
  ➢ State of Birth should be the state where you were born
  ➢ Your Social Security Number is required on this document

____ Form I9 – (Pages 13-14) Used to document that you are authorized to work in the United States. You will need to establish your identity and employment authorization by bringing the following unexpired documents with you to your records and benefits session. Note: For other qualifying documents, see page 5 of Form I9.

  United States Citizens
  ➢ Driver’s License or other ID card with photograph and Social Security Card or Birth Certificate
    OR
  ➢ US Passport, which establishes both identity and employment authorization

  Legal Aliens
  ➢ Permanent Resident Card or Alien Registration Receipt Card
    OR
  ➢ Employment Authorization Card that contains a photograph

____ Prior State Service Eligibility form (Page 17) – (For Administrative and Classified Staff Only) Used to determine if other sick and/or vacation leave balances accrued from other State of Ohio agencies are eligible for transfer to BGSU.

____ Policy Acknowledgement – (Pages 19-47) Used to document that you received information on certain BGSU and governmental policies.
  ➢ Sign and date the acknowledgement pages (Pages 22 and 25)
Name Change Request form – (Pages 50-51)(As Needed) If you were loaded in BGSU’s computer system as a student or job applicant under another name and your name has changed, you will need to complete this form.

Ohio IT4 form – (Page 54) Used to document the number of exemptions for your State Income Tax.

- Your school district number corresponds to the city in which you reside (i.e., if you live in Bowling Green, your school district is Bowling Green City). To locate your school district number, please visit https://thefinder.tax.ohio.gov/StreamlineSalesTaxWeb/default_schooldistrict.aspx

- Please cut the form at the perforation and bring only the bottom portion of the form with you to your Records and Benefits session.

W4 form – (Pages 56-58) Used to document the number of exemptions for your Federal Income Tax.

- Please complete and detach the top of the form for your records.

Resident Municipality Withholding form – (Page 62)(As Needed) Used to document municipal withholding.

Direct Deposit Authorization form (Page 64) – Used to authorize BGSU to deposit your paycheck into an approved bank checking or savings account.

- Please bring a voided check to verify the nine digit federal routing number.

OPERS Personal History Record – (Pages 66-67) Used to document personal data, BGSU employment data, and prior service information with the State of Ohio.

- Make certain your date of birth and social security number are correct.

- Complete sections 1-4 only. BGSU Completes Section 5

SSA-1945 – (Page 69) Used to document that you received information about the Windfall Elimination Provision and the Government Pension Offset Provision and the possible effects on your potential future Social Security benefits.
### BGSU ID

| Please write name as it appears on Social Security Card or Passport |
|---|---|---|---|
| Prefix | First Name | Middle Name* | Last Name |

* Your full middle name will be entered into our database and will show in the BGSU online phone directory. If you prefer seeing only your middle initial for this online directory, please check here.

### Date of Birth

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Single</td>
<td>Divorced</td>
</tr>
<tr>
<td>Married</td>
<td>Separated</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Permanent (Home) Address

| Local (Mailing) Address |
|---|---|
| Please complete unless Local Address is same as Permanent Address |

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address (cont’d.):</td>
<td>Street Address (cont’d.):</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

### Campus (Business) Address

<table>
<thead>
<tr>
<th>Campus:</th>
<th>Main</th>
</tr>
</thead>
<tbody>
<tr>
<td>BGSU Firelands</td>
<td>Extension</td>
</tr>
</tbody>
</table>

### Race and Ethnic Identification (please check all that apply)

- White (Not Hispanic or Latino)
- Black/African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Hispanic or Latino
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Not Specified

### Military Status (please check only one) (see definitions on page 3)

- Not a Veteran
- Veteran of Vietnam Era
- Not Indicated
- Not a Vietnam-Era Veteran
- Pre-Vietnam Era Veteran
- Vietnam & Other Protected Vet
- No Military Service
- Post-Vietnam Era Veteran
- Service Medal and Other Vet Other
- Protected Veteran
- Vietnam-Era Veteran
- Armed Forces Service Medal Vet

Discharge Date
### U.S. Citizenship Status

<table>
<thead>
<tr>
<th>Are you a U.S. Citizen?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Native</td>
<td>☐ Employment Visa</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ Naturalized</td>
<td>☐ Canadian Citizen</td>
</tr>
<tr>
<td>If no, country of citizenship:</td>
<td>☐ Permanent Resident</td>
<td>☐ Alien Citizen</td>
</tr>
<tr>
<td></td>
<td>☐ Alien Permanent</td>
<td>☐ Alien Temporary</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

### Visa/Permit Data

<table>
<thead>
<tr>
<th>Number (usually 8 characters in red ink):</th>
<th>Status:</th>
<th>Status Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Applied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Granted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Renewed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type:</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you worked for the State of Ohio before?</th>
<th>If yes, Retirement system:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>Number of years:</td>
</tr>
</tbody>
</table>

### Emergency Contact

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (cont’d.):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State/Zip Code</th>
<th>Daytime Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship (e.g., Mother, Father, Etc.):</th>
<th>Nighttime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have a physical or mental disability:</th>
<th>Are you a disabled veteran?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes (see below)</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Do not wish to disclose</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If applicable, describe the accommodations to your job or work environment that would enable you to perform the essential functions of the job properly and safely:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### List All Completed College Degrees

<table>
<thead>
<tr>
<th>Degree</th>
<th>Year Received</th>
<th>Field of Study/Major</th>
<th>Institution</th>
<th>Location (City/State)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Check Highest Educational Degree at Appointment

<table>
<thead>
<tr>
<th>Less than high school</th>
<th>Associate</th>
<th>Some graduate work</th>
<th>Doctorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>High school diploma</td>
<td>Bachelor</td>
<td>Master</td>
<td></td>
</tr>
</tbody>
</table>

### College Degree in Progress

<table>
<thead>
<tr>
<th>Degree</th>
<th>Expected Completion Date</th>
<th>Field of Study/Major</th>
<th>Institution</th>
<th>Location (City/State)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained on this form is true and accurate to the best of my knowledge.

Employee Signature __________________________ Date ____________

Social Security Number (National ID)
**Military Status Definitions**

**Armed Forces Service Medal Vet**
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 12985 (61 FR 1209).

**No Military Service**
Has no military service.

**Not Indicated**
Has not indicated veteran status.

**Not a Veteran**

**Not a Vietnam-Era Veteran**
May or may not be a veteran, but is not a veteran of the Vietnam era (i.e., did not serve during the period August 5, 1964, through May 7, 1975).

**Other Protected Veteran**
Any other 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.

**Post-Vietnam Era Veteran**
Post-Vietnam-era veteran. A veteran whose service began after the Vietnam era (i.e., after May 7, 1975).

**Pre-Vietnam Era Veteran**
Pre-Vietnam-era veteran. A veteran whose service ended before the Vietnam era (i.e., before August 5, 1964).

**Service Medal and Other Vet**
Meets both the requirements of an Armed Forces Service Medal Veteran and the requirements for an Other Protected Veteran.

**Veteran of Vietnam Era**
A. Served in the military, ground, naval or air service of the US on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between 2/28/61, and 5/7/75; or (ii) between 8/5/64 and 5/7/75, in all other cases (any location); or

B. Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between 2/28/61, and 5/7/75; or (ii) between 8/5/65 and 5/7/75, in all other cases (any location).

**Vietnam & Other Protected Vet**
Meets both the requirements of a Veteran of the Vietnam Era and the requirements for an Other Protected Veteran. An example of this would be an individual who served in World War II and in Vietnam.
Intentional blank page for printing
Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.
   
   If you check this box:
   
   a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
   
   b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).

   (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

   (2) If you obtained your admission number from USCIS within the United States, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the Handbook for Employers: Instructions for Completing Form I-9 (M-274) on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.
Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).

4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).

Form I-9 Instructions 03/08/13 N
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
## 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 during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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.)*

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | E-mail Address | 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):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States *(See instructions)*
- [ ] A lawful permanent resident *(Alien Registration Number/USCIS Number): ____________________________.*

- [ ] An alien authorized to work until *(expiration date, if applicable, mm/dd/yyyy): ____________________________.* *(See instructions)*

  For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

  1. Alien Registration Number/USCIS Number: ____________________________

  OR

  2. Form I-94 Admission Number: ____________________________

  If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

  - Foreign Passport Number: ____________________________
  - Country of Issuance: ____________________________

  Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

**Signature of Employee:** ____________________________
**Date (mm/dd/yyyy):** ____________________________

### Preparer and/or Translator Certification

*(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

**Signature of Preparer or Translator:** ____________________________
**Date (mm/dd/yyyy):** ____________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>City or Town</td>
</tr>
</tbody>
</table>

**Employer Completes Next Page**
Section 2. Employer or Authorized Representative Review and Verification

(Requires an authorized representative to 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
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<td>Issuing Authority:</td>
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</tr>
<tr>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</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>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</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>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):  

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT, (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION, (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter’s registration card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>5. U.S. Military card or draft record</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td>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</td>
<td>6. Military dependent’s ID card</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
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PRIOR STATE SERVICE ELIGIBILITY

Regular full-time administrative and classified staff employees earn *sick leave and/or *service credit during their years of service with the state government. For purposes of determining unused sick leave and/or service credit, employment with any of the following state agencies shall be counted as qualifying service: *Note: Sick leave eligibility applies only to State of Ohio employment within the last 10 years. *Note: Only Classified Staff are eligible for service credit.

- State departments, bureaus, boards, and commissions
- State supported universities, community colleges, and technical institutions
- Boards of county commissioners or other county offices, departments, including county homes and hospitals
- Cities, villages, and townships
- School districts and Health districts
- Public libraries
- Special purpose districts established pursuant to the law, such as conservancy and park districts
- Special authorities established pursuant to state law; for example housing, transportation, port and airport authorities
- Retirement Systems, Bridge Commission, Ohio Turnpike Commission, and Ohio Historical Society
- Ohio National Guard

To determine the unused sick leave and/or service credit that may be transferred to BGSU, please indicate your employee type and the prior service you have had with an agency listed above.

Employee Type:  ☐ Administrative  ☐ Classified

If you did not have prior service, check the box below.

☐ I did not have prior service with any of the Ohio State agencies listed above.

<table>
<thead>
<tr>
<th>Service Dates</th>
<th>Agency Name and Address</th>
<th>Fax Number</th>
<th>Name used, if different</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Print Name

Staff Signature  BGSU ID  Date

OHR-072715
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Policy Acknowledgement

**DRUG FREE WORK PLACE POLICY and SUBSTANCE ABUSE POLICY**

It is the intent and obligation of Bowling Green State University to provide a drug-free work environment.

Employees must, as a condition of employment abide by the terms of the policy and report any conviction under a criminal drug statute for violations occurring on or off university premises while conducting university business. A report of a conviction must be made within (5) days after the conviction (this requirement is mandated by the Drug-Free Workplace Act of 1988).

Violations of this policy may result in disciplinary actions as listed in the appropriate University Handbooks/Academic Charter.

**SEXUAL HARASSMENT POLICY STATEMENT AND GRIEVANCE PROCEDURES**

It is the policy of Bowling Green State University that sexual harassment will not be condoned. This policy applies equally to faculty, administrative and classified staff, and students, and is in keeping with the spirit and intent of guidelines or discrimination because of sex.

Violations of this policy may result in disciplinary actions as listed in the appropriate University Handbooks/Academic Charter.

To learn about the mandatory on-line training course to prevent sexual harassment, please visit the LawRoom Compliance Training web site at [http://www.bgsu.edu/human-resources/training/lawroom-compliance-training.html](http://www.bgsu.edu/human-resources/training/lawroom-compliance-training.html)

**CODE OF ETHICS AND CONDUCT POLICY**

It is the policy of Bowling Green State University ("University") to pursue its mission and conduct its academic and business affairs with the highest degree of integrity and honesty and in a manner that is, and appears to be, in full accord with principles of academic excellence, canons of ethical and professional conduct, and all controlling law.

The purpose of this University Code of Ethics and Conduct ("Code") is to summarize fundamental principles of ethical conduct that are applicable to all members of the University community.

There is no additional information on this Code of Ethics and Conduct Policy in either employee handbook or in the Charter’s Faculty Handbook although the policy applies to all employees.
FAMILY MEDICAL LEAVE ACT OF 1993

Bowling Green State University understands the importance of family issues in today's workforce. Provided is information regarding the Family Medical Leave Act of 1993 (FMLA), should an employee find it necessary to take leave to address certain obligations or his/her own serious health condition or that of an immediate family member.

FMLA provides eligible faculty and staff with up to 12 workweeks (or 26 workweeks to care for a covered service member recovering from a serious injury or illness incurred in the line of duty on active duty) of leave during any 12-month period. Any medical leave of absence that is over three days in duration, requires hospitalization or is related to a chronic, re-occurring condition will run concurrently with the Family Medical Leave Act, as long as proper medical documentation is provided.

THE CLERY ACT

The security of all members of the campus community is of vital concern to Bowling Green State University.

The BGSU Department of Public Safety annually reports campus crimes to the FBI under the Uniform Crime Report. Additionally, pursuant to The Clery Act (originally known as the Crime Awareness and Campus Security Act of 1990), the Department of Public Safety annually reports information to students and employees regarding institutional crime statistics.

This report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by BGSU; and on public property within, or immediately adjacent to and accessible from, the campus. A copy of the report can also be obtained by contacting the Department of Public Safety at 419-372-2346, 100 College Park Office Building, or on its Web site (to view the most recent reports click HERE).

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

Federal law prohibits the disclosure of personally identifiable information from the education record of a student with the following general exceptions:

- The release of information for students who have given written consent
- The release of information which has been designated by the University as Directory information (except for those students who have requested to have this information withheld).

Detailed information regarding student rights as set forth in FERPA is available in the Student Affairs Handbook and on the BGSU FERPA Web site. If you have questions, please contact the Office of Registration and Records for clarification.

For additional information on the preceding and other polices, please access the Administrative Staff Council or Classified Staff Council handbook and the Web page, Approved Policies by clicking the following links:

- ASC Handbook
- CSC Handbook
- Approved Policies
Policy Acknowledgement

- I received the Drug Free Workplace Policy and Substance Abuse Policy handout. I understand the policy and agree to abide by the terms of the Policy.

- I received the brochure on BGSU’s Sexual Harassment Policy Statement and Grievance Procedures. I understand the policy and agree to abide by the terms of the policy.

- I received the Code of Ethics and Conduct Policy handout. I understand the policy and agree to abide by the terms of the policy.

- I received the Family Medical Leave Act of 1993 handout.

- I received information about the Clery Act and the current crime statistics for the BGSU Main Campus and BGSU Firelands.

- I received the information on The Family Educational Rights and Privacy Act of 1974. I understand the policy and agree to abide by the terms of the policy.

- I further acknowledge that I have been instructed how to access the Administrative Staff Council and Classified Staff Council Handbooks and the Approved Policies Web page and will read the appropriate handbook and the approved policies.

__________________________________________  ______________________________________
Staff Member Signature                             Printed Name

Department: ____________________________          Date: ____________________________
STATE OF OHIO HOUSE BILL 66 – AUDITOR’S FRAUD HOTLINE

In 2003, the State Auditor, Betty Montgomery, created the Auditor of the State’s Fraud hotline. This hotline was established to give all Ohioans a means to report government fraud. House Bill 66 provides changes to this hotline.

- All Ohio community offices, including schools, must inform all employees of this hotline and must also inform all newly hired employees of this hotline.
- Within 30 days of their employment, all newly hired employees must acknowledge in writing that they received the information on this hotline.
- This bill extends “whistle-blower protection.” Any State of Ohio employee who reports a potentially fraudulent issue to the hotline will be protected against any retaliatory or disciplinary actions.

Detailed information on House Bill 66 is available on the Internet at http://www.legislature.state.oh.us/bills.cfm?ID=129_HB_66. To report fraud either online or by phone, please visit the Ohio Auditor of State Web site https://ohioauditor.gov/fraud.html
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Acknowledgement of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that Bowling Green State University provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I ______________________, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State’s office. I further state that the undersigned signature acknowledges receipt of this information.

________________________________________________________
PRINT NAME, TITLE, AND DEPARTMENT

________________________________________________________
PLEASE SIGN NAME

________________________________________________________
DATE
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Bowling Green State University has adopted a Drug Free Workplace Policy (Board of Trustees, May 10, 1991) in order to ensure a quality educational and work environment, one free from the effects of alcohol and other substance abuse. It is the responsibility of each faculty, administrative and classified staff member to adhere to the policy described here.

The Drug Free Workplace policy prohibits the unlawful use, sale, dispensing, transfer, or possession of controlled substances, alcoholic beverages, substances not medically authorized or any other substance that may impair an individual’s academic or work performance or pose a hazard to the individual, public, students, or employees of the university on its property or at any of its activities.

If a violation of this policy occurs, support programs will be made available when appropriate. However, disciplinary action may be taken up to and including dismissal or expulsion from the university and possible criminal prosecution. The university will make appropriate efforts to provide rehabilitative support before giving consideration to termination of employment as stipulated in the Charter and Ohio Revised Code, Sections 124.34 and 3345.22-25.

Employees must, as a condition of employment, report any conviction under a criminal drug statute for violations occurring on or off university premises while conducting university business. The Drug Free Workplace Act of 1988 mandates that a report of a conviction must be made within five (5) days after the conviction.

Additional information on the Drug Free Workplace Policy may be found in the Administrative Staff Handbook, the Classified Handbook, and the Charter’s Faculty Handbook.

Reasonable Suspicion Testing Protocol

As part of Bowling Green State University’s obligation to ensure a quality and safe educational and work environment, a Reasonable Suspicion Testing Protocol has been adopted. Using or being under the influence or the effects of drugs or alcohol on the job, using such substances in a manner which affects work performance, or having such substances or their metabolites in one’s system may pose serious safety and health risks. To reduce these risks, employees may be required to provide body substance samples (such as breath, urine and/or blood) to determine if the illicit, illegal or improper use of drugs or alcohol has affected one’s work performance.

The intent of this protocol is to outline for supervisors and managers the steps they may take in the event an employee appears to have violated the Drug Free Workplace Policy.

Whether or not a person’s behavior rises to the level of “reasonable suspicion” must be based on the manager’s/supervisor’s specific observations concerning the employee’s appearance (including odor), behavior, and/or speech. Some examples of behaviors on which reasonable suspicion may be founded include:

From A Handbook of Commonly Shared Employment Policies for BGSU Faculty, Administrative and Classified Staff
Behaviors leading to reasonable suspicion must be documented in writing. Supervisors should write only what is observed as it relates to unsafe behavior, performance deterioration or policy violation. No comments are to be recorded which reflect on suspected reasons for the behavior or opinions about it.

If, based on reasonable suspicion, any employee is believed to pose an immediate safety risk to anyone (including self), the supervisor is to move to relieve the individual of all work responsibilities.

Procedure for the supervisor/manager in case of reasonable suspicion:

- Direct the employee to a private office or area. The employee’s supervisor and, if possible, another manager/supervisor, should be present to observe the employee’s condition.

- Both managers/supervisors will describe in writing the employee behavior which has led to reasonable suspicion of substance abuse (sample report form attached).

- Notify the Office of Human Resources (419-372-8421) of the incident/behavior and the actions taken. Provide them with a written report. (Continue the process even if unable to notify HR immediately, e.g., outside of normal business hours.)

- If the managers/supervisors determine testing is appropriate, they must accompany the staff member to Ready Works, 1180 N. Main Street, Bowling Green for testing during normal business hours. No forms are required or needed but we suggest you call ahead (419.354.8766) to inform them of your intentions. After normal business hours, employees should be escorted to the Laboratory at the Wood County Hospital.

- If the employee refuses to proceed with the testing, the manager/supervisor is to contact Human Resources. The employee will be suspended immediately, without pay, pending an HR review of the incident. A determination of appropriate disciplinary action will follow. While immediate suspension means that the employee must leave the workplace, s/he should not be allowed to drive home alone. If the employee refuses the transportation arrangements and leaves alone in his/her own vehicle, notify the BGSU Police Department at 419-372-2346. If possible, obtain a witness to corroborate the refusal of transportation and document the incident.

- When testing occurs, the manager/supervisor is to make immediate arrangements, following testing and return to campus, for the employee to get home (supervisor, relative, another employee, cab, etc.). The employee should not be allowed to drive home alone. If the employee refuses the travel arrangements and leaves using his/her personal vehicle, notify the BGSU Police Department at 372-2346. Obtain a witness to corroborate the refusal of transportation and document the incident. At that time and pending the results of the testing, the employee is to be placed on suspension with pay.

- Upon receipt of the test results, Human Resources will notify the manager/supervisor to determine the appropriate course of action according to BGSU policy. If the test result is negative, the employee is to be returned to work at the next regular shift. A positive test result will result in disciplinary action as provided for in the appropriate employee handbook.
There is no additional information on the Reasonable Suspicion Protocol in either employee handbook or the Charter’s Faculty Handbook although the policy applies to all employees.

10/05
BEHAVIOR/INCIDENT DOCUMENTATION FORM

Write down observed actions related to the employee’s work performance and/or behavior. **Document only observed events or conditions. Do not express reasons or opinions.**

Date/Time: ________________________________________________
Employee Name: ________________________________________________
Department: ________________________________________________

Describe the problem (behavior observed) that establishes reasonable suspicion and describe the affect on work performance, policy violation and/or threat to safety.
____________________________________________________________________________________
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Supervisor’s Name ____________________________________ Date: _____________
Supervisor Signature ______________________________________________________

cc: Human Resources

From  A Handbook of Commonly Shared Employment Policies for BGSU Faculty, Administrative and Classified Staff
Sexual Harassment Policy for Bowling Green State University

It is the policy of Bowling Green State University that sexual harassment will not be condoned. This policy applies equally to faculty, administrative and classified staff, and students and is in keeping with the spirit and intent of guidelines on discrimination because of sex.

I. Definition
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

A. submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic pursuits,

B. submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual, or

C. such conduct has the purpose or effect of unreasonably interfering with an individual’s employment or academic performance or creating an intimidating, hostile or offensive working or educational environment.

II. Regulations

A. It is a violation of University policy for any member of the faculty, administrative and classified staff, or student body to engage in sexual harassment, as defined in Section I.

B. Retaliation against members of the Bowling Green State University community who exercise their right to file charges of discrimination or harassment is strictly prohibited by state and federal law and University policy. Retaliation is prohibited whether or not the charging party prevails in the original charge. Subsequent to, or contemporaneous with the charge, no agent of the University may harass, coerce, intimidate, or discriminate against an individual who has filed a complaint or participated in the complaint resolution process. Charges of retaliation will be investigated by the Office of Equity & Diversity.

III. Responsibilities

A. On a university-wide basis, the Office of Equity & Diversity is responsible for the coordination and implementation of Bowling Green State University’s sexual harassment policy. This office will serve as the resource with regard to all matters of this nature.

B. Each dean, director, department chair, and administrative head of an operational unit is responsible for the dissemination and implementation of this policy within his or her area of responsibility. Persons at this level are also responsible for referring reported incidents of sexual harassment to the Office of Equity & Diversity.
C. It is expected that each faculty member, administrative staff member and classified staff member will ensure adherence to this policy within his or her area of responsibility. Such efforts are largely a matter of good faith.

D. It is the responsibility of all members of the University community to discourage sexual harassment, report such incidents, and cooperate in any investigation that might result.

Principles

In investigating complaints of unlawful harassment and discrimination, the following principles will be adhered to:

A. Each complaint will be handled on an individual, case-by-case basis, taking a look at the record as a whole and at the totality of circumstances.

B. The investigation will be conducted as fairly and expeditiously as possible.

C. In investigating complaints, every effort will be made to ensure confidentiality.

D. An individual bringing forth an honestly perceived complaint will not suffer any type of retaliation regardless of the outcome of the complaint.

E. The complaint will be resolved in a manner that is consistent with this policy and also fair and equitable to all parties concerned.
CODE OF ETHICS AND CONDUCT POLICY

On June 24, 2005, the Board of Trustees of Bowling Green State University approved the statement below to cover all university employees. This statement does not appear in either employee handbook or in the Charter.

Other existing statements regarding ethics and conduct reflective of previously approved policy statements and which do appear in employee handbooks and the Charter are contained in a second statement in this Handbook. See the General Rules of Conduct/Code of Ethics Policy on another page.

I. **PREAMBLE**: It is the policy of Bowling Green State University (“University”) to pursue its mission and conduct its academic and business affairs with the highest degree of integrity and honesty and in a manner that is, and appears to be, in full accord with principles of academic excellence, canons of ethical and professional conduct, and all controlling law.

II. **PURPOSE**: The purpose of this University Code of Ethics and Conduct (“Code”) is to summarize fundamental principles of ethical conduct that are applicable to all members of the University community. While some of these standards may be detailed in other policy documents having a specific application to a particular circumstance, many other standards have been observed as good practice but have not been previously codified in any one policy statement. This Code summarizes all of these important ethical principles of general application; it is not intended to replace or modify existing written policy statements containing standards tailored to specific circumstances. Those written policy statements containing more detailed standards include, but are not limited to, the following:

- Bowling Green State University, Policy on Misconduct in Research
- Bowling Green State University, Conflict of Interest in Sponsored Research
- Administrative Staff Handbook, Conflict of Interest: Research and Consulting, Appendix H
- Classified Staff Handbook, General Rules of Conduct and Code of Ethics
- Faculty Handbook, B-II.E: Employee Responsibilities
- Faculty Handbook, B-II.F: Ethical Responsibilities
- Faculty Handbook, B-II.H: Academic Honesty Policy
- Student Handbook, Academic and Student Codes of Conduct
- Bowling Green State University, Sponsored Programs and Research, Policies: Frequently Asked Questions
- Bowling Green State University, Fraud Waste and Abuse, Reporting Procedures and Information
- NCAA Constitution and Bylaws
- Bowling Green State University, Equal Opportunity and Anti-Harassment Policies

III. **APPLICABILITY**: This Code is applicable to all members of the University community. For this purpose, the community consists of the students, faculty, staff, and Trustees. Every member of the University community is required to become familiar with and to observe the Code in all respects. In addition, those members of the University community whose actions may be governed by the more detailed written policy statements of the University (as described in Part II) are also expected to become familiar with and to observe those policies to the extent applicable to their status with, or
employment by the University.

IV. **OUR MISSION IMPERATIVE:** Through the provision and interdependence of teaching, learning, scholarship (including scholarship through engagement), the University has established, and continues to foster, an environment that is grounded in intellectual discovery, community engagement, and multicultural academic and social experiences, while guided in all such pursuits by rational discourse and civility to others. All members of the University community are expected to dedicate their service to, participation in, and administration of University programs and activities for the protection and furtherance of this imperative.

V. **STANDARD OF CONDUCT:** All members of the University community shall observe the following principles of ethical conduct and avoid any situation that is, or that reasonably appears to be, a violation of any such principle.

A violation of these principles will be established if the relevant record of inquiry establishes that it was more likely than not that the violation occurred. The burden of that demonstration will rest with the authority making the decision. Unless the accused admits culpability, no such decision shall be rendered in the absence of an inquiry that allows the accused a meaningful opportunity to respond to the allegations.

VI. **PRINCIPLES OF ETHICAL CONDUCT:** Each member of the University community shall observe the following principles of ethical conduct:

a. **Public Trust:** We must act in a way to inspire public confidence in the honesty and integrity of our actions. Any violation of a law, rule, or regulation of the Federal Government, the State of Ohio, the City of Bowling Green, or any other political subdivision where the University transacts its business, violates the public trust and has the potential to discredit the University and impede the furtherance of its mission.

b. **Political Activities:** We must recognize and heed the responsibilities that we share as an instrumentality of the State of Ohio. University resources cannot be used in a way that demonstrates or reasonably implies an institutional favoritism for, or bias against, a particular political candidate or party.

c. **Business Arrangements:** We must not take an illegal interest in a public contract, including any contract awarded by the University. We shall not abuse the authority, trust, or responsibility of our position, or our status as a member of this community, or otherwise act in a way to unfairly benefit ourselves or others at the expense of the University.

d. **Conflicts of Interest and Conflicts of Commitment:** We may not take any action, participate in any decision, or approve any action or decision on behalf of the University that will directly result in a benefit to ourselves, or any person or interest affiliated or connected with us. We shall avoid circumstances that reasonably imply we acted for personal gain rather than for the best interest of the University. We shall not knowingly engage in any activity on or off campus that would prevent us from fulfilling those obligations we fairly owe to the University, whether those obligations arise from our status as a student, a faculty member, a staff member, or a Trustee.

e. **External Constituencies:** We shall treat all visitors to the University with civility and respect. We must also operate our facilities and conduct ourselves, on and off campus, in a way that does not unjustly deprive our community neighbors of enjoying the benefits of their rights as property owners. We must not act in a manner that causes any diminution in the quality of life in our surrounding neighborhoods, or that brings discredit to the University, or to any University constituent group. Our dealings with all levels of government must be direct, honest, and open. We must never misuse public funds.
f. Diversity and Respect for the Individual: As a member of the University community we shall treat each other with civility and respect. We shall be tolerant of all individuals regardless of race, culture, ethnicity, gender, sexual orientation, age, and disability. We consider the gathering and association of scholars and staff with diverse personal backgrounds, human experiences, and cultures to be highly valued in our learning community. Accordingly, we shall advance diversity and treat others with civility and respect in all that we do as a member of this community and we shall consider intolerance, disrespect, and incivility to be inimical to our fundamental interests as an institution of higher education.

We also value, as a compelling academic interest of the University, the promotion of ethnic and racial diversity in our academic programs and activities and in the composition of our student body, our faculty, and our staff. The failure to provide an education with cross cultural experiences and insights will inhibit our graduates from functioning to their fullest potential in a pluralistic society. To realize this academic interest, we must engage in positive efforts to promote racial and ethnic diversity in our classrooms, in our curricula, and in all other activities that are designed to further the educational experience of our students. We also believe these efforts are supported by, and are in furtherance of our interest as an instrumentality of the State of Ohio to affirm the equal protection of law for all Ohio citizens.

g. Community Engagement: We consider the investment of the University’s intellectual capital in public and private communities, by jointly working with others on problems of economic development, educational reform, and quality of life issues, to be a form of scholarship that benefits faculty, students, and our neighbors. We shall endeavor to expand the educational experiences of our students to include greater engagement with our external communities so that we may teach through the provision of needed services to others. When providing services to the community, we shall treat our neighbors with respect and dignity. We shall refrain from any action that would have the purpose or effect of disadvantaging or discouraging our students or colleagues who are, or who plan to be, engaged in such efforts as an approved element of academic instruction or scholarly research.

h. Research: It is imperative that our research be conducted in accord with the highest standards of honesty and integrity. We must avoid conduct that invites justifiable criticism dealing with improper financial interests or other influences extraneous to the merits of the effort. When conducting sponsored research, we shall adhere to all relevant legal requirements including the rules and regulations of the Office of Research Integrity of the Public Health Service, the common Federal Policies on Research Misconduct issued by the Office of Science and Technology, and/or such other rules, regulations and policies of the awarding agency or other sponsor that may be applicable.

i. Business Officers: Anyone who participates in the decision or approval process leading to the expenditure of University funds must act for and in the best interest of the University. Integrity, honesty, and a clearly auditable record of actions taken and decisions made are imperative. If we are involved in such a transaction we must not be influenced by extraneous matters; we must act in a manner consistent with all controlling laws and policies; and we must report to the Ethics Officer or other appropriate University office or legal authority those who would direct or solicit us to act otherwise. We must avoid personal conflicts of interest and always be alert to the potential for fraud, waste, or abuse. We must never accept or solicit anything of value for ourselves or anyone else in return for exercising our discretion in any particular way. Gratuities, except for minor gifts of nominal value, cannot be accepted if a reasonable person may conclude that the gift is of such a character that our actions could or would be influenced by that gratuity. While dealing with vendors and potential vendors to the University we must always act with professionalism and courtesy and honor the terms and conditions of the University’s contractual arrangements.

j. Record Keeping: We must keep all accounting, academic, and business records of the University in an accurate, timely, and complete manner. Financial records, in particular, must be maintained in conformity with all controlling generally accepted accounting principles and such other requirements as may, from time to time, be required by the State of Ohio. Records of material transactions must be
capable of being audited so that our actions are “transparent” and readily justifiable when measured by relevant standards and requirements. The intentional or negligent making of a materially false or misleading statement in the records or books of account of the University will not be tolerated. Records that are designated by management, or understood by practice, to be considered confidential must be maintained in the strictest confidence and are not to be disclosed to any party, except as directed by the appropriate University manager or as otherwise required by law.

k. **Duty to Report:** The President and the members of the President’s Cabinet, and such other employees as may be designated by the President, are under an affirmative obligation to report to the Ethics Officer or other appropriate University office or legal authority any conduct that they reasonably believe may give rise to a violation of this Code of Ethics and Conduct.

l. **Misuse of University Resources:** All resources of the University must be used for the purposes for which they were intended. We may not improperly convert for our own personal use, or for the use of another, any property or property right of the University. We may not provide someone an advantage for obtaining, using, or accessing University property that is not based on merit and otherwise in accord with all controlling laws, rules, regulations, and policies.

m. **Non-Retaliation:** It is a violation of this Code for anyone to retaliate against a member of the University community who, in good faith, has alleged a violation of this Code. Similarly, it is also a violation of the Code for anyone to retaliate against an individual who has participated in an investigation conducted under the Code.

VII. **ETHICS OFFICER AND COMPLIANCE EFFORTS:** The University’s Ethics Officer shall be responsible for investigating alleged violations of the Code, reporting findings to the appropriate decisional authority, and providing advice on the ethical requirements under this Code, the laws of the State of Ohio, the Federal Government and such other jurisdictions as may be appropriate. The Ethics Officer shall not have the authority to take disciplinary action against any person. The President of the University shall appoint the Ethics Officer, upon consultation with the Board of Trustees.

In lieu of, or in the course of an investigation conducted under this Part, the Ethics Officer may refer a matter to another office that has specific jurisdiction of the particular subject matter of the allegation under one of the specific policies described in Part II of the Code. No one is to abuse the Code as an alternative mechanism to avoid application of existing processes attendant to those specific policies.

Inquiries and investigations that may involve the Ethics Officer, the President, or a member of the Board of Trustees shall be referred to the Audit Committee of the Board of Trustees for such action as the Committee may deem appropriate.

Members of the University community are expected to cooperate fully with all inquiries and investigations conducted under the Code.

VIII. **IMPLEMENTATION:** The President of the University may issue such directives as the President may deem necessary to implement this Code. In each such event, a copy of the directive shall be transmitted to the Chair of the Faculty Senate, to the Presidents of the Graduate Student Senate and Undergraduate Student Government, and to the Presidents of the Classified Staff and Administrative Staff Councils. No such directive may become effective until each of the foregoing organizations is given at least thirty (30) calendar days to comment on the directive.

The Board of Trustees reserves the right to cancel or modify any directive or to issue directives on its own initiative.

IX. **AMENDMENTS:** This Code of Ethics and Conduct may be amended only by action of the Board of Trustees of the University.
There is no additional information on this Code of Ethics and Conduct Policy in either employee handbook or in the Charter’s Faculty Handbook although the policy applies to all employees. The adoption of this Code was communicated to all employees in the university’s Monitor and on the Marketing and Communication listserv following action by the Board of Trustees.

07/05
FAMILY MEDICAL LEAVE ACT OF 1993 - Bowling Green State University understands the importance of family issues in today's workforce. Provided is information regarding the Family Medical Leave Act of 1993 (FMLA), should an employee find it necessary to take leave to address certain obligations of his/her own serious health condition or that of an immediate family member. FMLA provides eligible faculty and staff with up to 12 workweeks (or 26 workweeks to care for a covered service member including veterans who have served within the last 5 years and are recovering from a serious injury or illness incurred in the line of duty while on active duty) of leave during any 12-month period. Any medical leave of absence that is over 3 days in duration, requires hospitalization, or is related to a chronic, re-occurring condition will run concurrently with the Family Medical Leave Act of 1993, as long as proper medical documentation is provided.

**Employee Eligibility:** To be eligible for Family Medical Leave, all three of the following criteria must be met:

- Worked at least 12 months for BGSU
- Worked at least 1250 hours for BGSU during the 12 months prior to commencement of leave; and,
- Work at a location where BGSU has at least 50 employees within 75 miles

**Circumstances That May Qualify for Family Medical Leave:** Family Medical Leave may be granted for one of the following reasons:

- For the birth of a child, to care for a newborn child
- Placement of a child for adoption or foster care
- To care for an immediate family member (employee’s spouse, child or parent) who has a serious health condition.
- To take medical leave when the employee is unable to work because of a serious health condition
- “Qualifying Exigency” leave for immediate family members on “active military duty” (including regular armed forces being deployed to a foreign country)
- “Military caregiver” leave for immediate family members serving in the military (including veterans who have served within the last 5 years and are recovering from a serious injury or illness incurred in the line of duty while on active duty)

**Definition of Family Member:** A family member is defined in the FMLA to include the employee’s spouse, son, daughter or parent (but not a parent “in-law”). A “son” or “daughter” is any child under 18 who is the biological child of the employee, who is adopted by the employee, or whom the employee supervises on a day to day basis and over 18 who is incapable of self-care because of a mental or physical disability. A “parent” is any individual who assumed day-to-day and financial responsibility for the employee when the employee was a child.

**Definition of Serious Health Condition:** A serious health condition is defined as follows:

- An illness, injury, impairment or physical or mental condition that involves a period of incapacity or treatment following in-patient care in a hospital, hospice or residential medical care facility
- A period of incapacity requiring more than three days absence from work and continuing treatment by a health care provider
- Continuing treatment by a health care provider for a chronic or long-term health condition that is so serious that, if not treated would likely result in incapacity of more than three days
- Continuing treatment by or under the supervision of a health care provider of a chronic or long-term condition or disability that is incurable
- Pre-natal care
- Absences to receive multiple treatments for restorative surgery or for a condition which will likely result in a period of incapacity of more than three days if not treated
- Care for a covered service member or veterans who have served within the last 5 years and are recovering from a serious injury or illness incurred in the line of duty while on active duty
**Length and Duration of Leave:** If eligible, FMLA provides faculty and staff with one of the following:

1. Up to 12 weeks of leave for any of the qualifying reasons
2. Up to 26 weeks of leave in a single 12-month period to care for a covered service member, including veterans who have served within the last 5 years and are recovering from a serious injury or illness incurred in the line of duty while on active duty. Eligible employees are entitled to a combined total of up to 26 weeks of all types of FMLA leave during the single 12-month period.

An employee may receive Family Medical Leave during any rolling 12-month period. Leave may be taken all at once, intermittently or on a reduced-leave schedule. Intermittent time away from the job may be taken hourly, daily or at weekly intervals. Arrangements for intermittent leave should be coordinated with the employee's supervisor to prevent the least amount of disruption as possible, to the work schedule.

**Using Accrued Paid Time Off:** An employee may elect to substitute accrued unused sick leave, personal leave, vacation or compensatory time during approved Family Medical Leave, but is not required to do so. Scattering of time (using some leave without pay along with sick or vacation pay) can extend an employee's paid status during approved leave.

**An Employee's Obligation to Provide Notice and Medical Certification:** When requesting Family Medical Leave, an employee must provide the Office of Human Resources with the following:

- **30 days advance notice of the need to take leave,** if the leave is foreseeable. If the leave is not foreseeable, or 30 days is not possible under the circumstances, notice should be given as soon as practical (within one or two days of when the employee becomes aware of the need for leave)
- **Medical certification supporting the need for leave** (within 15 days of notice)

**Health Care Benefits While on Leave:** If an employee participates in the BGSU group health plan, BGSU will continue to pay its share of premium payments to maintain his/her coverage during approved leave. If an employee is in a paid status, deductions for health care will continue to be taken from his/her check. If leave is unpaid, please refer to the appropriate handbook, based on your employee classification.

**Exhaustion of FMLA Leave:** If employee is unable to return at the exhaustion of his/her FMLA entitlement, he/she may have other leave options that will cover the absence after the 12 week/26 week period and are encouraged to contact the Office of Human Resources regarding those options. In accordance with the Family Medical Leave Act, the employee's job may be released, depending on the needs of the department, or if all accrued time to cover the absence has been exhausted.

**Time Away from the Job (if not eligible for Family Medical Leave):** If an employee does not qualify for Family Medical Leave, but may need time away from the job due to an immediate family member's or his/her own serious health condition, or an immediate family member serving in the military and recovering from injury/illness as a result of serving in the line of duty, he/she will need to contact the Office of Human Resources regarding other University leave policies that may apply.

Employees should recognize that Family Medical Leave is only intended to cover serious health conditions - generally those which involve more than three days incapacity from work or school, hospitalization, or chronic long-term, incurable conditions. Employees who wish to take leave to care for family members with non-serious health conditions are not covered by this policy. Employees can use their sick leave, vacation or personal leave for non-serious health conditions, subject to the requirements of those policies, including scheduling and increments of leave. The granting of unpaid leave for non-serious health conditions is covered in the employee handbooks.

**Requesting Family and Medical Leave:** If you plan on taking Family and Medical Leave, you should notify your supervisor or Department Chair. In addition, you must complete the required forms [here](http://www.bgsu.edu/human-resources/benefits/family-medical-leave-act.html) and return them to the Office of Human Resources, 1851 N. Research Drive. These forms must be completed regardless of the type of leave you are taking (sick, vacation, compensatory, or leave without pay).

Additional information regarding the Family Medical Leave Act of 1993 may be found in the [Administrative Staff Handbook](http://www.bgsu.edu/human-resources/benefits/family-medical-leave-act.html) and the [Classified Staff Handbook](http://www.bgsu.edu/human-resources/benefits/family-medical-leave-act.html). You may also contact the Office of Human Resources, 1851 N. Research Drive, Bowling Green OH 43403, (419) 372-8422 or visit our Web site at [here](http://www.bgsu.edu/human-resources/benefits/family-medical-leave-act.html).
2014 Campus Security and Fire Safety Report

Note: The following is an excerpt from this report and includes only the Crime Statistics. For the complete report, please click the following link:

Policy for Preparing Report

Each year individuals and organizations, both on and off campus, in accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, and the 2008 Higher Education Opportunity Act submit their data for inclusion in the annual crime statistics. Reports and statistics are collected and tabulated by the BGSU Police Department. Every effort is taken to ensure that all persons required to report incidents to BGSU Police for inclusion in this report in fact do so, and that our statistics are as accurate as possible. Therefore, some incidents that are reported to other campus security authorities (and not directly to the police) are included in the statistics.

Crime Statistics

Pursuant to federal law, the BGSU Police Department annually reports information to students and employees regarding institutional crime statistics. This report includes statistics for the previous three calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by BGSU; and on public property within, or immediately adjacent to and accessible from the campus.


These figures include reports of crimes and arrests occurring on campus, in non-campus university owned or affiliated buildings or property, and public property within the City of Bowling Green that is immediately adjacent to campus. These geographic areas are defined as follows:
On-Campus

1. Any building or property owned or controlled by BGSU within the same reasonably contiguous geographical area and used by BGSU in direct support of, or in a manner related to, its educational purposes, including residence halls; and

2. Any building or property that is within or reasonably contiguous to the areas identified in paragraph (1), that is owned by BGSU but controlled by another person, is frequently used by students, and supports institutional purposes (such as food or other retail vendor).

Most of the reported offenses and arrest statistics for the On-Campus category are provided by the BGSU Police Department. Some are provided by the City of Bowling Green Police Division. For BGSU Firelands, the Erie County Sheriff’s Office provides the reported offenses and arrest statistics.

Public Property

Public property is defined as all public property, including thoroughfares, streets, sidewalks, and parking facilities that is within the campus, or immediately adjacent to and accessible from the campus.

The reported offenses and arrest statistics for public property are provided by both the City of Bowling Green Police Division and the BGSU Police Department and consist of incidents occurring on streets, sidewalks and other public property immediately adjacent to campus. For BGSU Firelands, the Erie County Sheriff’s Office provided the information.

Non-Campus Building or Property

1. Any building or property owned or controlled by a student organization that is officially recognized by the institution; or

2. Any building or property owned or controlled by an institution that is used in direct support of, or in relation to, the institution's educational purposes, is frequently used by students, and is not within the same contiguous geographic area.

The Wood County Sheriff's Office, the Putnam County Sheriff’s Office, the Perrysburg Police Department and the Owens Community College Department of Public Safety provided the reported offenses and arrest statistics for the Non-Campus Buildings or Properties category. For BGSU Firelands, the Erie County Sheriff’s Office provided the information.
### Main Campus Crime Statistics
Bowling Green State University

<table>
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<tr>
<th>Crimes Reported</th>
<th>Year</th>
<th>On Campus Housing</th>
<th>Other On Campus</th>
<th>Total On Campus</th>
<th>Non-Campus Building/Property</th>
<th>Public Property</th>
<th>Total</th>
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There is no on-campus housing at BGSU Firelands.
New Crime Categories for 2013

The Violence Against Women Reauthorization Act of 2013 requires BGSU to report statistics on three new categories of crimes. Beginning with calendar year 2013, we are now reporting statistics on incidents of dating violence, domestic violence and stalking that occur in our Clery jurisdiction. The tables below contain the statistics for these offenses for both the main campus and the Firelands campus.

Main Campus Crime Statistics
Bowling Green State University

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Firelands Campus Crime Statistics
Bowling Green State University

<table>
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<tr>
<th>New Crime Categories</th>
<th>2013 Only</th>
<th>On Campus</th>
<th>Other</th>
<th>Total</th>
<th>Non-Campus</th>
<th>Public</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Housing</td>
<td>On Campus</td>
<td></td>
<td>Building/Property</td>
<td>Property</td>
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<tr>
<td>Dating Violence</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Domestic Violence</td>
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</tbody>
</table>
Family Educational Rights and Privacy Act of 1974 (FERPA)

Federal law prohibits the disclosure of personally identifiable information from the education record of a student with the following general exceptions:

- The release of information for students who have given written consent
- The release of information which has been designated by the University as Directory information (except for those students who have requested to have this information withheld).

Detailed information regarding student rights as set forth in FERPA is available in the Student Affairs Handbook. If you have questions, please contact the Office of Registration and Records for clarification.

The following information has been designated as Directory Information by Bowling Green State University. This information may be released by a third party unless the student has requested that his/her Directory Information be withheld. Bowling Green State University does not release lists of student names or other information to off-campus agencies except as required by law.

- Student’s name, local address, local telephone number, and email address
- Student’s home address and home telephone number
- Parent’s or legal guardian’s name, address and telephone number
- Student’s date and place of birth
- Major field of study
- Class standing
- Participation in officially recognized sports and activities
- Weight and height of members of athletic teams
- Dates of attendance at BGSU
- Degrees and awards received
- Most recent previous educational institution attended by the student
- Photographs of student

**Some “Can” and “Can’t” Information**

Grades cannot be posted publicly by name or student ID number. This includes individual exam grades and semester grades. For example, you can not hang lists of grades on your office door if student or others can figure out who earned what grade – by the size of the class, the order of listing, or any other way they could figure it out. You can assign unique ID’s to your students in advance and inform them that grades will be listed by this ID as long as the ID’s are kept confidential.

Grade or class schedule information cannot be shared with a third party. For example, you can not tell another person what a student’s class schedule is or what grade the student earned in your class. You can, however, share information with others on campus who have a legitimate educational reason to know; for example, you can tell the student’s academic advisor how the student is performing in your class.

**NOTE:** For detailed information directed to staff and administration, please visit BGSU’s FERPA Web site at [http://www.bgsu.edu/offices/sa/ferpa/page51380.html](http://www.bgsu.edu/offices/sa/ferpa/page51380.html)
Intentional blank page for printing
Name Change Request
(Please see reverse side for instructions)

BGSU ID or Social Security Number: ____________________ Date: __________________

Former Name on Record (Please print):

(First, Middle, Last)

Other Former Names: ____________________________________________

Last Year & Term attended, if student: _____________________________________

Current BGSU employee? Yes ☐ No ☐ Current Preferred Telephone Number _____-_____-_______

Current Name (new or corrected):

Last Name: ______________________________________________________________________
(Please print)

First Name: _____________________________________________________________________
(Please print)

Middle Name: __________________________________________________________________
(Please print)

Prefix (optional): Mr ☐ Mrs ☐ Ms ☐ Dr ☐

Suffix: _____________________

(Please print)

I authorize the name change on my BGSU Records as specified above.

___________________________________________________
Signature

FOR NOTARY USE ONLY

--- Social Security Card
--- Passport

STATE OF __________________________
COUNTY OF _______________________

I certify the original document was presented to me this _____ day of ________________, 20____.

Notary Public
My Commission Expires: ________________________

Notary Seal

FOR OFFICE USE ONLY

--- Social Security Card
--- Passport

Originating Office __________________________

Accepted By __________________ Date ___________

Posted to Record

By __________________ On ___________

Verified

By __________________ On ___________
Name Change Request Instructions

Office of Human Resources (Faculty/Staff)
1851 N Research Drive, Bowling Green, OH 43403
419-372-8421
ohr@bgsu.edu

Office of Registration and Records (Students)
110 Administration Building, Bowling Green, OH 43403-0130
419-372-8441
Fax: 419-372-1110
Registrar@bgsu.edu

For Students

Bowling Green State University policy requires that the Academic Record be established in the legal name of the student at the time of attendance. A student or former student has the option of requesting the name on his/her Academic Record be modified to reflect a change in his/her legal name.

To protect the integrity of your Academic Record, we require your written authorization and documentary proof of your name change. Your written authorization should include your BGSU ID number or your Social Security Number, all former names, the year and term you last attended BGSU, a telephone number where you may be reached during the workday, your complete new name, and your signature authorizing the change. You may use the form on the reverse side of this explanation to authorize us to change your name on your Academic Record.

Documentary proof of your name change entails, with few exceptions, verification of your new name. Documents used to verify your new name or current name include a social security card or a passport. These are the only acceptable documents, whether they are presented in person, mail or fax; or are presented to a notary when requesting the name change by mail or fax. Copies may be provided in lieu of originals.

For Faculty/Staff

Faculty/Staff must make their requests in person. When making a request in person, an individual need only provide the appropriate documentation (Social Security Card or Passport) and complete a Name Change Request form.
Employee's Withholding Exemption Certificate

Print full name______________________________ Social Security number__________________________

Home address and ZIP code__________________________

Public school district of residence__________________________, School district no.________________________

(See The Finder at tax.ohio.gov.)

1. Personal exemption for yourself, enter “1” if claimed

2. If married, personal exemption for your spouse if not separately claimed (enter “1” if claimed)

3. Exemptions for dependents

4. Add the exemptions that you have claimed above and enter total

5. Additional withholding per pay period under agreement with employer

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature ____________________________ Date ____________________________

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions increases.

   You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases because:
   (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
   (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
   (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

   The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.
**Form W-4 (2015)**

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

**Exemption from withholding:** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

**Exceptions:** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- is age 65 or older,
- is blind, or
- will claim adjustments to income; tax credits; or itemized deductions; on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

**Basic instructions:** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household:** Generally, you can claim head of household filing status on your tax return only if you are unmarried and paid more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits:** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Personal Allowances Worksheet (Keep for your records.)**

| A | Enter "1" for yourself if no one else can claim you as a dependent: |
| B | Enter "1" if: |
| C | Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having too little tax withheld). |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) |
| F | Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. |
| H | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) |

**For accuracy, complete all worksheets that apply:**
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

**For accuracy, complete all worksheets that apply:**
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

**Employee’s Withholding Allowance Certificate**

| 1 | Your first name and middle initial |
| 2 | Social security number |

**Home address (number and street or rural route):**

**City or town, state, and ZIP code:**

**Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2):**

**Additional amount, if any, you want withheld from each paycheck:**

**I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:**
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

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

**Employee’s signature**

**Date**

**Employer’s name and address:**

**Office code (optional):**

**Employer identification number (EIN):**

**For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

**Cat. No. 10220Q**

**Form W-4 (2015)**
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Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $309,900 and you are married filing jointly or are a qualifying widower, $294,550 if you are single, or $154,900 if you are married filing separately. See Pub. 505 for details.

   $12,600 if married filing jointly or qualifying widow(er) $1

   $6,300 if single or married filing separately $2

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2015 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "-0-".

8. Divide the amount on line 7 by $4,000 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-".) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional withholding amount necessary to avoid a year-end tax bill.

9. Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
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<tbody>
<tr>
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<td>Enter on line 2 above</td>
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<tr>
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<tr>
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<td>150,001 and over</td>
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<tr>
<td>130,001 - 140,000</td>
<td>150,001 and over</td>
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</tbody>
</table>

Table 2

<table>
<thead>
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<th>Married Filing Jointly</th>
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</thead>
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<tr>
<td>Enter on line 7 above</td>
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<td>$0 - $75,000</td>
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<tr>
<td>406,001 and over</td>
<td>1,500 and over</td>
</tr>
</tbody>
</table>

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 3408(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax 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 and return information is confidential, as required by Code section 6103.
The average time and expenses required to complete and file this form 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.
Intentional blank page for printing
TO: All University Employees

FROM: Payroll Office

R.E.: W-2 Federal Wage and Tax Statements

1. Earnings applicable to Employee Retirement Pick-up and Pre-Tax Purchase, Retirement Service Credit or Alternative Retirement Program, will not be included on your W-2 form in Box 1. These amounts are excludable from wages for Federal and State Tax purposes; however, these amounts must be included in taxable earnings for City Income Tax Box 18.

2. A School District Income Tax return is required for all individuals who reside in a school district that has an income tax. If you had School District Income Tax withheld, the amount is shown at the bottom of the form in Box 19. The school district number is shown in box 20 and will be needed when you file your return.

3. Social Security - The amounts shown in Boxes 5 and 6 represent Medicare taxable wages and applicable Medicare withholding for all employees (excluding some student employees) who began their employment on or after April 1, 1986.

4. Taxable amounts for Auto Leases or Graduate Class Fee Waivers for Employees and/or dependents are shown in Box 14. The amount of pre-tax health care deductions is also shown in box 14 as 125(b).

5. Non-Resident Aliens will be getting their 1042-S forms mailed to them in February.

6. Please review your tax withholding for Federal and State taxes to ensure that sufficient tax is withheld for your individual tax situation. If you need to change your tax withholding, forms are available on the Payroll web site http://www.bgsu.edu/offices/payroll/index.html or new forms may be completed in the Payroll Office, 322 Administration Building.

7. If you have any questions concerning your W-2 statement, please contact the Payroll Office at 372-2201.
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Resident Municipality Tax Withholding Request

Name_____________________________ BGSU ID__________________

BGSU offers employees the option to voluntarily request Resident Municipality tax withholding from their paychecks if they live within the counties adjacent to the Bowling Green and Firelands campuses (Wood and Erie Counties respectively). These counties are Erie, Hancock, Henry, Lorain, Lucas, Sandusky, Seneca, and Wood.

The amount of resident tax withheld will be based on the current rates in the tax tables for that city and any applicable reciprocity agreement for the work locality city. An additional amount of the current rate may also be withheld.

Municipality Name___________________ Amount to Withhold__________

This form is to be submitted to the Payroll Office and will be entered for the next payroll and remain in effect until you change it. If you have any questions, please call the Payroll Office at 419-372-2201.

Signature__________________________________________________ Date___________
Intentional blank page for printing
PAYROLL DIRECT DEPOSIT REQUEST FORM

“Bowling Green State University Faculty, Students, and Staff”

You have the capability to directly deposit your pay into 3 accounts at any ACH accredited financial institution in the United States.

To participate in Direct Deposit, read and sign the authorization statement and provide all the necessary information. **For a checking account, attach a voided check. For a savings account, attach evidence of your account number and routing number for that financial institution.** Forward this form and the required attachment to the Payroll Office. Any questions regarding Direct Deposit should be directed to the Payroll Office at extension 2-2201.

**AUTHORIZATION STATEMENT**

I hereby authorize Bowling Green State University to deposit my payroll earnings directly into the account(s) specified below as well as request the return of any amounts erroneously deposited to my account. I understand the following:

1) Due to verification requirements, my direct deposit may not begin until 2 paydays after the receipt of this authorization.
2) This authorization will continue for the duration of my employment or until the Payroll Office receives a signed request to change or I make changes via MyBGSU through employee self service.
3) The receipt of my pay stub will be my official notification that the transfer of funds from Bowling Green State University to my account has occurred on the effective date of the pay as noted on the pay stub.
4) That Bowling Green State University assumes no responsibility for errors or delays by a financial institution in crediting accounts or for my failure to notify the Payroll Office that my account(s) has been CLOSED.

<table>
<thead>
<tr>
<th>Section A: Requestor &amp; Authorization Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
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<tr>
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<tr>
<td>SIGNATURE</td>
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</table>

☐ New Participant  ☐ Change Current Distribution

<table>
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<tr>
<th>Section B: Distribution Information</th>
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<tbody>
<tr>
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<tr>
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<td>999</td>
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</tbody>
</table>

**CHECK EXAMPLE (Bottom Left Corner of Check)**

Send completed form and attachment to: PAYROLL OFFICE
322 ADMINISTRATION BLDG.
Intentional blank page for printing
**Personal History Record**

**INSTRUCTIONS**

1. As a public employee you are required to complete and file this Form within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in blue or black ink.

2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions.

3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.

4. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.

5. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.

6. The employer is required to mail the **completed** form to OPERS at the above address immediately upon hire.

### Section 1 - Personal Information

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<table>
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<table>
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<tr>
<th>Are you legally married?</th>
<th>Yes</th>
<th>No</th>
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<th>Work Phone Number</th>
<th>Home Phone Number</th>
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| E-mail Address | |
|---------------| |
|               | |

### Section 2 - Current Employment Information

| Job Title | |
|-----------| |
|           | |

If this is an elected position or if you have been appointed to an elected position, provide date present elective service began.
1. Have you previously worked in public employment in Ohio?  
   Yes ☐ No ☐ If “yes,” give first date of public employment: 

2. Do you have previous public service for which OPERS contributions were not submitted?  
   Yes ☐ No ☐  
   If “Yes” and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed Certification of Unreported Public Service (Form AA).

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from any of the following retirement systems?  
   (If applicable, check Refunded, Receiving a Disability Benefit or Receiving a Retirement Benefit.)

   - Ohio Public Employees Retirement Systems (OPERS)
   - State Teachers Retirement Systems (STRS)
   - School Employees Retirement System (SERS)
   - Ohio Police and Fire Pension Fund (OP&F)
   - State Highway Patrol Retirement System (HPRS)
   - Cincinnati Retirement System (CRS)

Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Employee Signature (Do not print or type.)

Section 5 - Employer Certification

Employer Code

Is this an elected position?  
   Yes ☐ No ☐

Elected Position Title

Is this a law enforcement position?  
   Yes ☐ No ☐

   Full-Time ☐ Part-Time ☐

I hereby certify that ______________________________ began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

Signature of Certifying Officer

Print Certifying Officer’s Name
Intentional blank page for printing
Statement Concerning Your Employment in a Job
Not Covered by Social Security

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision
Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, “Windfall Elimination Provision.”

Government Pension Offset Provision
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, “Government Pension Offset.”

For More Information
Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee ___________________________ Date ____________

Form SSA-1945 (12-2004)
Information about Social Security Form SSA-1945
Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker’s Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:
- Give the statement to the employee prior to the start of employment;
- Get the employee’s signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.