

FORM MUST BE COMPLETED IN FULL

Personal Information

Oklahoma State University

Complete form and email to: newhire@okstate.edu

Employee ID :

Citizenship Status: ☐ Citizen ☐ International
Biweekly Monthly Permanent Resident

Section 1: All Employees Complete

Prefix	Last Name (incl suffix, e.g. Jr, Sr, III)	First Name	Middle Name	Check if Name Change & attach a copy of new social security card & photo ID.
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Section 2: All NEW Employees Complete - Current Employees, Enter only fields that need updated

Marital Status	Gender	Hispanic?	Birth Date (MMDDYYYY)	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> Amer Indian / Alaskan Natv
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Permanent Home Address (within USA to mail W-2)

Address Line 1		Telephone Number (w/ AC)
Address Line 2		
City	State	Zip Code

Personal Email Account:

Emergency Contact

Contact Name	Contact Relationship
Contact Address (Street Address, City, State, Zip Code)	Contact Work Phone (w/ AC)
	Contact Home Phone (w/ AC)

Section 3: All Faculty and Regular Staff Employees Must Complete

Educational Background **** List your HIGHEST degree or diploma first ****

Degree	Year Rec'd	Institution Name and Location	Field of Study

This form only changes the basic employee demographic information in Banner and most benefits. This form does not change your beneficiary information or retirement provider information.

Employee Signature

Telephone Number

Date

LOYALTY OATH

(Okla. Statutes, Title 51 § 36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am

An Employee of Oklahoma State University

to the best of my ability.

Affiant Signature

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, _____
(day) (month) (year)

by _____.
(affiant's name must be stated here, print clearly)

Commission Expires: _____

Commission Number: _____

**Signature of the Notary Public OR
other Notarial Officer**

Official seal of notary public

**IF a Notarial Officer (not a Notary Public)
please provide Title and Rank (51 O.S. §21)**

**Oklahoma Secretary of State, instructions for completing and filing
the LOYALTY OATH required by Oklahoma Statutes, Title 51, § 36.2A and § 36.3**

Instructions for completing the form:

1. Type and print legibly in black ink. The typed and printed text MUST be dark enough to be detected by a photo copier and electronic document scanner.
2. Notary Public's official seal MUST also be affixed in such a manner so that it too, can be detected by a photo copier and electronic document scanner.
3. After the oath has been administered, affiant and notarial officer must fully execute and complete each section of the form as indicated (notes are provided for guidance).
4. Once filed this form will be public record and available for public view. Please **do not** add or write any personal information, such as a home address, social security number, personal phone numbers or emails, etc.

Where to submit and file your completed Loyalty Oath form:

- **APPOINTED State officers*** please double check with your appointing authority for instructions on submission of this form. Each appointing authority will have their own specific process for submission and filing of a completed Loyalty Oath form.
- **ELECTED State officers*** please submit your executed Loyalty Oath form to the Oklahoma Secretary of State office for filing.
- **STATE EMPLOYEES** (not elected or appointed) Loyalty Oath forms must be filed with the personnel officer of the state entity employing the state employee. Contact your personnel office for instructions.
- **COUNTY officers** shall be filed with the office of the county clerk of the county of official residence of the officer. All other employees shall be filed with the office of the county clerk of the county in which the entity employing the employee is located. For questions and records regarding oaths for County level officials and employees please contact the County Clerk's office.
- **MUNICIPAL judges and officers** or employees OR **SCHOOL DISTRICT officers** or employees shall be filed in the office of the municipal clerk of the municipality OR in the office of the school clerk of the school district for which the officer or employee serves OR by which the officer or employee is employed. For questions and records regarding oaths for Municipal & School District level officials and employees please contact the Office of the Municipal Clerk OR the Office of the School Clerk.

*NOTE: For State Officers ONLY -- unless otherwise instructed by your appointing authority, please mail-in or deliver in person your executed, original Loyalty Oath to the Oklahoma Secretary of State office.

**Oklahoma Secretary of State office
Attn: Executive Legislative Services
2300 N. Lincoln Blvd.**

State Capitol Building, Ste. 122

Oklahoma City, OK 73105

email: executivelegislative@sos.ok.gov / phone: 405-522-4355



HUMAN RESOURCES
601 N Willis, PMB #8075
Stillwater, OK 74078
405.744.5449

Oklahoma Teachers' Retirement System
Notification Form
This form must be completed by ALL employees

Oklahoma Teachers' Retirement System (OTRS) regulations state that employees participating in OTRS through their full-time employer must also participate through their part-time employer. Example: an adjunct or temporary employee hired at OSU and who is a participating OTRS employee at Stillwater Public Schools would mark "YES" in the first section below and indicate Stillwater Public Schools for the name of the institution.

Regulations also require OSU to remit employer-paid contributions for any employee who is retired and currently receiving OTRS retirement income. **If you are one of these retirees, answer "YES" you are retired through OTRS.**

If you have never participated in OTRS, mark "NO."

If you are unsure if you are a current participating member of OTRS, please contact OTRS at (877) 738-6365.

For the above reasons, if you have a job or status change that could affect contributions to OTRS, please contact Human Resources to fill out another form.

☐ YES, I participate in OTRS through my current or previous (please circle one) employer.

The name of the institution is: _____

I understand that per OTRS regulations, I must also contribute* 7% of my pay to OTRS while also employed at OSU. *only applicable if a current contributing OTRS member with another employer.

☐ NO, I am NOT a participating member of OTRS through a full-time employer.

☐ YES, I am an OTRS retiree, and currently receive a monthly retirement check from OTRS. Per OTRS regulation, OSU must pay a fee to OTRS for retirees that return to work. Retirees must also be aware of any earning limits and ensure they do not exceed this limit or risk penalties towards their OTRS retirement pension. Please contact OTRS if you have questions regarding your earning limits.

Print Name

Date of Birth

Employee ID

Signature

Date

RETURN ORIGINAL FORM TO OSU BENEFITS, 601 N Willis, PMB #8075, STILLWATER, OK 74078

FOR OFFICE USE ONLY. EFFECTIVE DATE: _____

- ☐ TRN, if current OTRS participant with another institution
- ☐ TRX, if retired from OTRS
- ☐ No action, if not a participant or retired with OTRS

Employee's Name: _____ Campus-Wide ID: _____

State of Oklahoma Outstanding Wages Beneficiary Designation

In accordance with Title 40, O.S., Section 165.3a, Oklahoma State University (OSU) offers its employees the option of designating a beneficiary to receive the employee's final check in the event of an employee's death while an employee of OSU.

If you elect to name a beneficiary, you must complete the section below, *Outstanding Wages Beneficiary Designation Form*, and submit to OSU Benefits, 601 N Willis, PMB #8075, Stillwater, OK 74078 or osu-benefits@okstate.edu. Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to OSU Benefits, another *Outstanding Wages Beneficiary Designation Form*. For example, if you name your spouse and are later divorced, you may want to complete a new form.

Primary Beneficiary: Receives priority distribution upon the employee's death. **Contingent Beneficiary:** Receives distribution only if the primary beneficiary(ies) are deceased at the time of the employee's death.

If an employee does not elect to name a beneficiary, OSU's payroll office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, in accordance with Title 40, O.S., Section 165.3a, Payment of wages to surviving spouse and children. Please be advised that if your final check is processed without the naming of a beneficiary, your surviving spouse, or if there is no surviving spouse, your dependent children, or their guardians or the conservators of their estates, will receive in equal shares a total up to the maximum \$3,000 allowed by law. Any remaining payment would go into the estate and go through probate. Please be advised that access to the funds processed to an estate may be delayed due to the probate process.

Primary Beneficiary		Relationship: _____	
Full Name: _____		DOB: (mm/dd/yyyy): _____	
Social Security Number: _____			
Address: _____			
Street	City	State	Zip Code

Beneficiary: Primary: _____ OR Contingent: _____		Relationship: _____	
Full Name: _____		DOB: (mm/dd/yyyy): _____	
Social Security Number: _____			
Address: _____			
Street	City	State	Zip Code

Beneficiary: Primary: _____ OR Contingent: _____		Relationship: _____	
Full Name: _____		DOB: (mm/dd/yyyy): _____	
Social Security Number: _____			
Address: _____			
Street	City	State	Zip Code

Beneficiary: Primary: _____ OR Contingent: _____		Relationship: _____	
Full Name: _____		DOB: (mm/dd/yyyy): _____	
Social Security Number: _____			
Address: _____			
Street	City	State	Zip Code

PRINT EMPLOYEE FULL NAME

SIGNATURE OF EMPLOYEE

DATE

Return original, signed form to OSU Benefits, 601 N Willis, PMB #8075, Stillwater, OK 74078, and retain a copy for your records.
Please keep all beneficiary information current.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	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	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document	
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)	
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.	
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
10. School record or report card				
11. Clinic, doctor, or hospital record				
12. Day-care or nursery school record				
Acceptable Receipts				
May be presented in lieu of a document listed above for a temporary period.				
For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.	

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)		New Name (<i>if applicable</i>)	
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)		New Name (<i>if applicable</i>)	
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)		New Name (<i>if applicable</i>)	
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Tax Withholding

Employees fill out a W-4 form to let employers know how much federal tax to withhold from their paycheck based on filing status, dependents, anticipated tax credits and deductions, etc. If you do not fill it out correctly, you may end up owing taxes when you file your return. Most states also have withholding forms.

Your tax withholding status will default to Single and 0 dependents for both federal and Oklahoma state taxes. You can use Banner Employee Self-Service to select other withholding options.

[Payroll Tax Withholding Forms Instructions](#)

If you have questions, please contact Payroll at payroll.services@okstate.edu.

Direct Deposit is now Updatable on Banner Self-Service

Employees can enter direct deposit banking information in Banner Self-Service.

[Click here](#) for detailed instructions or contact payroll.services@okstate.edu for assistance.

Veteran Voluntary Self-Identification Form**Page 1 of 2****CAMPUS WIDE ID #****NAME** (Print Last, First, Middle Initial)**EMPLOYMENT STATUS (Check one)****Employment Start Date:** _____

- ☐ Full-time Continuous ☐ Part-time Continuous ☐ Full-time Temporary
- ☐ Part-time Temporary ☐ Student Employee

As a Government contractor subject to the VEVRAA we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran". The following are definitions of "protected veterans"

1. A **"disabled veteran"** is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

2. A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

3. An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

4. An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- ☐ DISABLED VETERAN
- ☐ RECENTLY SEPARATED VETERAN
- ☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ☐ ARMED FORCES SERVICE MEDAL VETERAN
- ☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- ☐ I am NOT a protected veteran.

Retirement/Release from Active Duty/Discharge Date: _____

Signature**Department****Date****Campus Telephone Number****CONTINUED ON THE REVERSE**

3-24-2014

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for you disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: