# Employment Eligibility Verification

**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

(Enter 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></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) ____________. Some aliens may write "N/A" in this field. *(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)*

<table>
<thead>
<tr>
<th>Signature of Employee:</th>
<th>Date (mm/dd/yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator:</th>
<th>Date (mm/dd/yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form I-9  03/08/13  N  Page 7 of 9
Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representatives must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A or examine a combination of one document from List B and one document from List C as listed on the “List 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>
<td></td>
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<tr>
<td></td>
<td>Document Title:</td>
<td>Document Title:</td>
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<td></td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
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<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>
<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.)

Signature of Employer or Authorized Representative

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Employer’s Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Office of Human Resources
UNIVERSITY OF THE PACIFIC
STOCKTON, CA 95211

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 that 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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:

Data (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>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></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></td>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-768)</td>
<td></td>
<td></td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></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>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td></td>
<td>5. Native American tribal document</td>
<td></td>
<td>5. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td></td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td></td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td></td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
</tr>
<tr>
<td>(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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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></td>
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<td></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.
**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 indicate your exemption.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding on your income exceeds $1,050 and includes more than $350 of unreimbursed 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.**

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet 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. As 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 pay more than 50% of the costs of keeping up a home for yourself and your dependents 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.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate and the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1302, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how much tax you are having withheld compared to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $160,000 (Married). Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov.

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

**A.** Enter "1" for yourself if no one else can claim you as a dependent.

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- You wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

**B.** Enter "1" if: you are married, have only one job, and your spouse does not work; or

- You wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

- You wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

**C.** Enter "1" if 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.

**G.** Child Tax Credit (including additional child tax credit). See Pub. 970, Child Tax Credit, for more information.

- If your total income will be less than $65,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five more eligible children.

- If your total income will be between $65,000 and $84,000 ($100,000 and $118,000 if married), enter "1" for each eligible child.

**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.)

---

Separate here and give Form W-4 to your employer. Keep the top part for your records.

---

**Employee's Withholding Allowance Certificate**

**OMBe No. 1545-0074**

**2015**

1. Your first name and middle initial
2. Last name
3. Your social security number

- Home address (number and street or rural route)
- City or town, state, and ZIP code

- If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)
6. Additional amount, if any, you want withheld from each paycheck
7. 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.

**If you meet both conditions, write “Exempt” here.**

---

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**

(This form is not valid unless you sign it.)

**Date**

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8. Employer’s name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)
9. Office code (optional)
10. Employer identification number (EIN)

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

Cat. No. 10220C
Deductions and Adjustments Worksheet

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 $300,000 and you are married filing jointly or are a qualifying widow(er); $260,050 if you are head of household; or $154,950 if you are married filing separately. See Pub. 505 for details.

2. Enter:
   - $12,600 if married filing jointly or qualifying widow(er)
   - $8,250 if head of household
   - $6,300 if single or married filing separately

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

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 $55,000 or less, do not enter more than "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.

3. If line 1 is less than line 2, enter "0." on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

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 annual withholding needed.

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.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(b)(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 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 narcotics criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
DIRECT DEPOSIT AUTHORIZATION FORM
Controller's Office | Payroll

For further instructions and explanations, please refer to second sheet of this form.

SECTION I – Please Print

1. Name (First, Mi, Last): ___________________________  2. ID Number: ______________________

3. Mailing Address: _____________________________________________________________

4. E-Mail: ____________________________________________________________
   (Electronic Notification will be sent to "pacific.edu" address for AP payments)

SECTION II – Primary Banking Information

<table>
<thead>
<tr>
<th>TYPE OF TRANSACTION:</th>
<th>TYPE OF ACCOUNT:</th>
<th>Routing Number (9 digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Start</td>
<td>[ ] Change</td>
<td>[ ] Cancel</td>
</tr>
<tr>
<td>__________ % or __________</td>
<td>Account Number</td>
<td>CITY, STATE, ZIP CODE</td>
</tr>
</tbody>
</table>

Secondary Banking Information (to distribute your pay to multiple accounts)

<table>
<thead>
<tr>
<th>TYPE OF TRANSACTION:</th>
<th>TYPE OF ACCOUNT:</th>
<th>Routing Number (9 digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Start</td>
<td>[ ] Change</td>
<td>[ ] Cancel</td>
</tr>
<tr>
<td>__________ % or __________</td>
<td>Account Number</td>
<td>CITY, STATE, ZIP CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF TRANSACTION:</th>
<th>TYPE OF ACCOUNT:</th>
<th>Routing Number (9 digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Start</td>
<td>[ ] Change</td>
<td>[ ] Cancel</td>
</tr>
<tr>
<td>__________ % or __________</td>
<td>Account Number</td>
<td>CITY, STATE, ZIP CODE</td>
</tr>
</tbody>
</table>

NOTE: To indicate more than 3 accounts for Payroll please attach additional forms.

Section III – Attachments

STAPLE DOCUMENTATION VERIFYING ROUTING AND ACCOUNT NUMBERS FOR EACH BANK ACCOUNT. Examples are: voided personal check, print screens from on-line banking website, or official letter from bank on bank letterhead

Additional Instructions:

Section IV – W2 Electronic Consent

[ ] I hereby authorize the University of the Pacific (Pacific) to issue my annual wage and tax statement (W2) electronically. By checking this box and signing below I understand that my W2 will be available online. This authority is in effect until I cancel it in writing OR until my employment with University of the Pacific terminates and I no longer have access to insidePacific. To view your W2, please log on to insidePacific.

Section V – Certification

I hereby authorize the University of the Pacific (Pacific) to initiate credits (and/or corrections to the previous credits) to my account at the institutions listed above. This authority is in effect until I cancel it in writing giving Pacific reasonable opportunity to act on it, or upon termination of my employment and/or enrollment. It is my responsibility to inform Pacific of any changes in my banking information or of any discrepancies. To view your paystubs, please log on to insidePacific.

Employee/Student Signature: ___________________________  Phone Number (Ext.): ___________________________  Date: ___________________________

Note to Processor: verify all information before acceptance of form, make sure form is signed and a phone number is listed. When setting up a new bank, please pre-note. Do Not Accept Deposit Slips in place of Personal Checks.

Return to Payroll
DIRECT DEPOSIT AUTHORIZATION FORM - INSTRUCTIONS
Controller's Office

Section I – Fill out the form with your Name, ID Number, Address and email.

Section II – Select the appropriate type of transaction below and follow the instructions.

- **New Account**
  - Checking
    - Mark the check box for **Start** under type of transaction and **Checking** under type of account. Attach a voided check to the form.
  - Savings
    - Mark the check box for **Start** under type of transaction and **Savings** under type of account. Please provide verification of bank routing number and account number.
  - Multiple Accounts
    - You may direct deposit your earnings into more than one account for Payroll transactions only. Follow the steps above as applicable to each account. See **Allocation of Funds** for additional information.

- **Additional Accounts**
  - You may direct deposit your earnings into more than one account for Payroll transactions only. Follow the steps above as applicable to each account. See **Allocation of Funds** for additional information.

- **Allocation of Funds**
  - Mark the check box for **Change**. Indicate the new fund allocation. Payroll funds can be allocated using a flat amount or a percentage. To determine which account is first, a flat amount or a percentage amount less than 100% will be listed as the first or second account. Any amount that is considered the remainder will be listed as the second or third account.

- **Cancelling One Account**
  - Mark the check box for **Cancel** to stop direct deposit into the existing account to be cancelled only. List the account(s) to be cancelled as well as the account(s) to remain active.

- **Cancelling Direct Deposit**
  - Mark the check box for **Cancel** to stop direct deposit into all existing accounts, listing all accounts that you have set up.

Section III – Attach a voided check and include any additional instructions.

Section IV – Sign and date the bottom of the form and provide a phone number where you can be reached for further clarification, if needed.

**Payroll Transactions:** All Direct Deposits take a minimum of 2 pay periods to start. The first pay period is considered the Pre-notification which is the process for verifying the information provided on the direct deposit form with the bank(s) information. This information is sent with a $0.00 amount. If the pre-notification is successful, then the Direct Deposit will be effective on the next payday. If the pre-note is not successful, we will recheck the information, and try again the following pay period.

**Accounts Payable Transactions:** All Direct Deposits take a minimum of 2 payments to start. The first payment is considered the Pre-notification which is the process for verifying the information provided on the direct deposit form with the bank(s) information. This information is sent with a $0.00 amount. If the pre-notification is successful, then the Direct Deposit will be effective on the check run. If the pre-note is not successful, we will recheck the information, and try again the following check run.
CONFIDENTIALITY ACKNOWLEDGEMENT
V1.0 Finalized April 24, 2008

University of the Pacific policy treats certain information and communications as Confidential or Restricted Access information (Computing and Communications Confidentiality Policy, Information Technology Policies http://web.pacific.edu/x16303.xml).

It is also University policy that users of University computing and communications resources are responsible for taking appropriate steps to safeguard Confidential and Restricted Access information (Acceptable Use Policy, Information Technology Policies http://web.pacific.edu/x16303.xml).

Pacific, through its employees, must protect the confidentiality of all aspects of Confidential and Restricted Access information in accordance the Family Educational Rights & Privacy Act (FERPA) as amended (20 U.S.C. 1232(G)), Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA) and other laws.

By signing this form, I understand my responsibilities to adhere to University policies and I agree that I will not, outside of the performance of my authorized duties, access, print, copy, or disclose Confidential or Restricted Access information to anyone. I understand that any breach of my responsibilities may result in disciplinary action in accordance with University policies.

Signature ___________________________________________ Date 98

Print or Type Name ___________________________ Identification Number ________________

Department/Unit __________________________________ Phone _________________________

Please return completed form to Human Resources.
Family Educational Rights & Privacy Act (FERPA)

University of the Pacific adheres to a policy of compliance with FERPA. As such, it is the policy of the University...

- To permit students to inspect their educational records.
- To limit disclosure to others of personally identifiable information from educational records without student’s prior written consent.
- To provide students the opportunity to seek correction of their educational records where appropriate.
- Please complete the FERPA training (located on the Inside Pacific Portal – Under the Administrative Tab) and return the signed certificate to Human Resources.