DREXEL UNIVERSITY
Department of
Human Resources

Hello and congratulations on your new position with Drexel University! We are excited to have you join our team! Please review the following information carefully so we can complete your new employee accounts in our systems as quickly as possible.

Enclosed in this packet you will find the documents required to be completed for employment at Drexel University. All documents *must be completed in their entirety* or as noted below.

- **Self-Identification** form must be submitted even if you choose not to fill out your race, gender and veteran status information. Simply check the "I Do Not Wish to Disclose" box and then submit the form. Please note that completion/non-completion of this form does not affect your employment status in any way.

- **Direct Deposit** form is optional. If you do not complete the form your check will be physically mailed to you each pay period to the home address you provide. A voided check is not required.

- **Consent and Release for Background Reports** form must be completed in its entirety. Employment is contingent upon successful completion of the background check. Drexel's background screening vendor will contact you via the provided email address to complete the process.

- **Guidelines for Occupational Health Services** form must be completed in its entirety. If you are not sure what category your position falls under, please contact your supervisor for clarification. Also, be sure to list your supervisor's name and phone number (use Drexel's Search site) on this form and then sign the bottom. Your supervisor will sign the form at a later date.

- **Employee's Statement of Non-Residence in PA** form is an optional form intended only for residents of NJ, WV, VA, OH, MD and IN. Complete this form only if you wish to have your home state's taxes withheld from your pay. Residents of other states can disregard this form.

- **International Tax Notification form:** If you are NOT a *citizen* or *permanent resident alien* of the U.S., print the International Tax Notification form, complete it, and submit it along with the enclosed documents.

- **I-9 form**: As a legal requirement of employment, you must complete an I-9 form **within 3 days** of your *official start date*. We encourage you to complete this as early as possible, even prior to your start date if possible. If your Orientation date falls within your first 3 days of employment, you will complete the form there. If not, you will be required to go to your local Human Resources office listed below to complete the form which they will provide. You will need to bring identification to satisfy the I-9 requirements. Click on this acceptable documents link to see which documents you can use.

After completing these documents, you may hand them in at any HR office or fax/scan them to your Talent Acquisition Consultant by the date in the attached email. Please print these documents one-sided. If you have any questions, please call your Talent Acquisition Consultant, or our main number at 215-895-2850. We thank you in advance for your prompt response and we wish you the best!

Sincerely,
Drexel University Human Resources Team

Drexel University is an Equal Opportunity/Affirmative Action employer that welcomes individuals from diverse backgrounds and perspectives, and believes that an inclusive and respectful environment enriches the University community and the educational and employment experience of its members. The University prohibits discrimination against individuals on the basis of race, color, national origin, religion, sex, sexual orientation, disability, age, status as a veteran or special disabled veteran, gender identity or expression, genetic information, pregnancy, childbirth or related medical conditions and any other prohibited characteristic. Please visit our website to view all University Policies and Workplace Postings.

DREXEL UNIVERSITY
Department of
Human Resources

Professional Staff New Employee Form

EMPLOYEE INFORMATION

SSN | Last Name | First Name | Middle Initial | Date of Birth

Prefix ☐ Dr. ☐ Mr. ☐ Miss ☐ Ms. ☐ Mrs.

Suffix ☐ Sr. ☐ Jr. ☐ MD ☐ PhD ☐ Other

Home Address | Apt | City | State | Zip Code

Home Telephone | Cell Phone

EMERGENCY CONTACT INFORMATION

Name | Relationship | Telephone

Address | Apt | City | State | Zip Code

WORK LOCATION INFORMATION

Address | City | State | Zip Code

Telephone | Fax

BIOGRAPHICAL INFORMATION

Gender
- ☐ Male
- ☐ Female

Citizenship
- ☐ Citizen
- ☐ Non-Citizen

Residency Status
- ☐ US Citizen
- ☐ Permanent Resident
- ☐ Non-Resident Alien
- ☐ Resident Alien
- ☐ Unknown

Marital Status
- ☐ Single
- ☐ Married

VISA INFORMATION

- ☐ F-1
- ☐ J-1
- ☐ H-1
- ☐ B-1
- ☐ Other

Visa Expiration Date

Birth Country

Citizenship Country

Employment Authorization Expiration Date

POSITION INFORMATION

Start Date

Department

- ☐ New Hire
- ☐ Rehire (if you had a position with Drexel within the past year)

SIGNATURES

Employee Signature _____ Date _____

Human Resources _____ Date _____

HRIS _____ Date _____

Last revised: 6/24/14

DREXEL UNIVERSITY
Department of
Human Resources

Self Identification Form

☐ New ☐ Update University ID (required for Updates) _____

Last Name _____ First Name _____ Middle Initial _____

Drexel University is an equal opportunity employer committed to providing a diverse working environment where all qualified individuals are treated and considered for employment without regard to race, color, national origin, religion, gender, age, disability, sexual orientation, identity or expression or veteran's status.

As a federal contractor receiving funds in the form of financial aid and research grants, Drexel University is required to report to the federal government summary data about the gender, ethnicity, race, and veteran status of its employees and its efforts to achieve equal opportunity through affirmative action for minorities, women, persons with disabilities, and veterans.

Drexel University asks and encourages its employees to self-identify their status in order to make our Affirmative Action Plan and governmental reporting as accurate as possible. However, employees are not required to provide this information and refusing to do so will not subject you to any adverse action. The information collected by the University will be kept confidential and will only be used to report in summary fashion for compliance purposes. When reported, data will not identify any specific individual.

Please indicate the categories in which you should be reported.

ETHNICITY (Select all that apply.)

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

- ☐ Hispanic
- ☐ Cuban American
- ☐ Puerto Rican American - Mainland
- ☐ Puerto Rican American - Commonwealth
- ☐ Mexican American

☐ Not Hispanic or Latino

☐ I do not wish to disclose

RACE (Select all that apply.)

☐	American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- ☐ Asian ☐ Filipino ☐ Japanese ☐ Pakistani
- ☐ Chinese ☐ Indian ☐ Korean ☐ Vietnamese

☐	Black or African American	A person having origins in any of the black racial groups of Africa.
☐	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ I do not wish to disclose

VETERAN STATUS

☐ I am not a veteran.

☐ I am a veteran. If you are a veteran who served on active duty in the U.S. military, ground, naval or air service and have been discharged or released, please indicate your discharge date: _____

☐ I do not wish to disclose

If you are a veteran, please select one or more categories below that apply to you:

☐ Veteran with a Disability	1. 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 2. Was discharged or released from active duty because of a service-connected disability.
☐ Other Protected Veteran	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. For a list of officially recognized campaigns, please see www.opm.gov/veterans/html/vgmedal2.asp.
☐ Armed Forces Service Medal Veteran	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 (61 FR 1209, 3 CFR, 1996 Comp., p.159).
☐ Recently Separated Veteran	Veterans within 36 months from discharge or release from active duty.

DISABILITY STATUS (Select One.)

☐ Not an Individual with a Disability	
☐ Individual with a Disability	The Americans with Disabilities Act ("ADA") Amendment Act guides Drexel in defining a person with a disability who is entitled to a reasonable accommodation as a person who: 1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities, or 2. Has a record of such impairment. *If you are requesting an accommodation, please visit the Office of Disability Resources website (www.drexel.edu/oed/disabilityResources) for more information.*

☐ I do not wish to disclose

The information I have provided to Drexel University is true and complete to the best of my knowledge.

_____
Signature

_____
Date

Form W-4 (2016)

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 2016 expires February 15, 2017. 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-earners/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 pay 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.

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 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 1392, 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 the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (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/w4*.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	**A** _____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	**B** _____
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	**C** _____
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	**D** _____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	**E** _____
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.)	**F** _____
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $70,000 ($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 or more eligible children. • If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child	**G** _____
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.) ▶	**H** _____

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.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2016

1 Your first name and middle initial	Last name	**2** **Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	**4** **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)	**5**
6	Additional amount, if any, you want withheld from each paycheck	**6** $
7	I claim exemption from withholding for 2016, 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 ▶	**7**

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** ▶

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)

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 2016 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, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over $311,300 and you are married filing jointly or are a qualifying widow(er); $285,350 if you are head of household; $259,400 if you are single and not head of household or a qualifying widow(er); or $155,650 if you are married filing separately. See Pub. 505 for details	1	$
2	Enter: { $12,600 if married filing jointly or qualifying widow(er); $9,300 if head of household; $6,300 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $4,050 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
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	10	

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**)	1	
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"	2	
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	

Note: 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	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2016. 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 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $6,000	0	$0 - $9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $75,000	$610	$0 - $38,000	$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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(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 nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

DIRECT DEPOSIT AUTHORIZATION

For Payroll and Employee Expense Reimbursements

Current employees may submit this form to the Payroll Department through AskDrexel (askdrexel.drexel.edu) under the Employment and Benefits/Direct Deposit topic.

Payroll Department
3201 Arch Street
Suite 400
Tel: 215.895.2885

Instructions for submitting requests through AskDrexel are available on the Payroll web page at: http://drexel.edu/comptroller/payroll/instructions/

I am an Employee of: ☐ Drexel University ☐ Academy of Natural Sciences of Drexel University

Employee Name: _____ **University ID Number:** _____

Election for direct deposit requires full net pay to be distributed between the checking and savings accounts listed below. All direct deposit information will be verified with your bank before becoming active. You will receive paper checks until your accounts become active, which may take two or more pay periods. The primary account will also be used for direct deposit of employee expense reimbursements. Please note that student billing account eRefunds will continue to be deposited to the account you have designated for that purpose, which may be different from the primary account designated below. A copy of a check or a direct deposit form from the bank must be provided for each account listed below.

Primary Account - Required for Payroll and Employee Expense Reimbursements

Bank Transit/ Routing Number: (9 digits)	**Bank Name and Phone #**
Account Number:	**Net payroll, after the partial deposits listed below, will be deposited to this account. This account will also receive all employee expense reimbursements.**
Type of Account: ☐ Checking ☐ Savings	**Check One:** ☐ Start ☐ Stop

Secondary Account #1 - Optional partial deposit for Payroll only

Bank Transit/ Routing Number: (9 digits)	**Bank Name and Phone #**
Account Number:	**Dollar Amount to be Deposited:**
Type of Account: ☐ Checking ☐ Savings	**Check One:** ☐ Start ☐ Stop ☐ Change Amount

Secondary Account #2 - Optional partial deposit for Payroll only

Bank Transit/ Routing Number: (9 digits)	**Bank Name and Phone #**
Account Number:	**Dollar Amount to be Deposited:**
Type of Account: ☐ Checking ☐ Savings	**Check One:** ☐ Start ☐ Stop ☐ Change Amount

I hereby authorize the University to initiate direct deposit into the account(s) and financial institution(s) listed above. Payroll direct deposits and direct deposits of employee expense reimbursements will me made to the accounts listed above until I choose to terminate or change this agreement by submission of a new Direct Deposit Authorization form.

Should funds be erroneously deposited into my account(s), I authorize the University to debit my account for an amount not to exceed the amount of the credit.

I further authorize the University to provide me with an electronic pay statement and I understand that I will be notified by e-mail to my official University e-mail address for any employee expense reimbursements made to my primary account.

Employee Signature: _____ **Date:** _____ **Phone:** _____

DREXEL UNIVERSITY
Department of
Human Resources

Confidential Consent and Release for Background Reports

I hereby request and authorize DREXEL UNIVERSITY and/or STERLING BACKCHECK, to conduct a background investigation on myself. I provide this authorization of my own free will to allow Drexel University to evaluate my application for employment or volunteer assignment and/or to maintain reports on my qualifications as an employee or volunteer.
I understand and agree that the background investigation will consist of the following checked items, and only the items checked:

- ☐ Verification of Professional Licenses
- ☒ Criminal History
- ☒ Social Security Trace
- ☒ Verification of Educational History
- ☒ National Sex Offender Registry
- ☒ Employment Verification
- ☐ Credit Check (for specific finance-related positions)
- ☐ Driving Record (for positions that involve driving a vehicle for University Business)

I authorize DREXEL UNIVERSITY and/or STERLING BACKCHECK, to contact government agencies, past employers, educational institutions and listed references in the course of conducting an investigation into my background.

I authorize DREXEL UNIVERSITY and/or STERLING BACKCHECK, to release all data gathered during the background investigation to hiring officials at Drexel University for use in evaluating my application for employment or volunteer assignment.

I understand and acknowledge that the information DREXEL UNIVERSITY and/or STERLING BACKCHECK, gathers and provides to hiring officials at Drexel University may be unfavorable to my application for employment or volunteer assignment.

In order to verify my identity for purposes of the background check, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment or volunteer assignment.

I acknowledge and declare that I have received "A Summary of Your Rights Under the Fair Credit Reporting Act," the federal law which controls how the information (as marked above) can be used and my privacy rights concerning it.

In order to complete the verification, you will be asked to complete a secure online form; you will receive an email from Sterling Backcheck to initiate the verification process. You must access the online form within 2 business days of receiving this email. To ensure that your information verification proceeds efficiently, please complete all sections of the form that are applicable.

I hereby consent to this investigation and authorize DREXEL UNIVERSITY to procure the reports as marked above (and only the reports marked), in order to evaluate my application for employment or volunteer assignment and/or maintain records on my status as an employee of Drexel University.

If you are identified as having a significant likelihood of regular contact with minors, you will need to complete additional background checks (Act 153). You will receive a separate email regarding these background checks.

First Name

Date of Birth (MM/DD/YY)

Last Name

Email Address _____

By providing this information, I acknowledge that Sterling Backcheck will contact me at the email address listed above to initiate the online background verification process.

Signature _____ Date _____

California, Minnesota, & Oklahoma applicants only: Please contact STERLING BACKCHECK at 1-877-424-2457 to have a copy of your consumer report sent directly to you at the email address listed above.

To Be Completed By Human Resources

Department: _____ Supervisor: _____

Cost Center: _____ EE Category: _____

Start Date: _____ Act 153: ☐ Yes ☐ No

TAC: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

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

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	 a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

DREXEL UNIVERSITY
Department of
Human Resources

Sanction Check Request

Applicant requests and authorizes Drexel University and/or Compliance Concepts, Inc. (CCI) to conduct a Sanction Check. I authorize Drexel University to use the information it obtains to evaluate my application for employment and, if I am hired, to evaluate my qualifications as an employee.

Applicant hereby certifies that he/she (i) has never been excluded, suspended, debarred, or otherwise deemed ineligible to participate in Federal and/or State healthcare programs; and (ii) has never been convicted of a criminal offense related to the provision of healthcare items or services and (iii) has not been reinstated in the healthcare programs after a period of exclusion, suspension, debarment, or ineligibility.

Applicant further acknowledges that he/she (i) has never been excluded, suspended, debarred or otherwise deemed ineligible to participate in any and all Federal procurement programs; and (ii) hereby authorizes the Drexel University to review, on an ongoing basis while an employee of the University, pertinent government databases to ensure the eligibility status of employee as required by relevant governmental regulations or to comply with applicable contractual requirements.

Signature of Applicant _____ Date _____

PLEASE COMPLETE SECTION BELOW

First Name

Last Name

Maiden Name or Other Names Used

Middle Name/Initial

Date of Birth (mm/dd/yy)

Current Address

City

State

Zip Code

TO BE COMPLETED BY HUMAN RESOURCES

Requestor's Name

Telephone (Area Code + 7 digit phone number)

Requestor's Title

Fax (Area Code + 7 digit phone number)

Company Name

Drexel UNIVERSITY

(PLEASE PRINT)

THIS FORM IS MANDATORY AND MUST BE COMPLETED

Guidelines for Occupational Health Services

Please complete and fax to Safety & Health at (215) 895-5926 (Fax)

form revised 11/2016

Employee Name		Date of Hire	
Department		Supervisor/Contact	
Position/Title		Phone	
Phone		Recruiter Name	
University ID #		Have you ever been employed by Drexel University or Drexel University College of Medicine or an associated Hospital (HUH)?	

☐ **YES** ☐ **NO**

Check All Appropriate Categories:

(You are required to obtain health screening services, if applicable, in order to continue in your position with DU or DUCOM. This screening must be done within ten (10) days of your date of hire.)

☐ **Research Activity 1** (Do not work with animals, human subjects / human blood or bodily fluids or exotic etiologic agents)

☐ **Research Activity 2** (Work with human blood, bodily fluids, tissues or cell lines)

☐ **Research Activity 3** (Work with human subjects/patients)

☐ **Research Activity 4** (Work with potentially pathogenic botanical agents)

☐ **Research Activity 5** (Work with animals)

☐ **Research Activity 6** (Work with biological agents known to be infectious, animals exposed to infectious / exotic agents or human subjects/patients, blood or bodily fluids known to be exposed to or contain / carry infectious / exotic agents) List known agents below and have your Department Head / Supervisor sign and fax to Safety & Health at (215) 895-5926.

☐ **Research Activity 7** (work with anesthetic gasses or chemical agents known to be carcinogenic, teratogenic or mutagenic) List known agents below.

☐ **Clinical Activity 1** (Direct contact with human subjects/patients)

☐ **Clinical Activity 2** (Work with non-fixed human cadavers or tissues, human blood or bodily fluids or Work in a clinical setting, hospital or provider office)

☐ **Clinical Activity 3** (Work with anesthetic gasses)

☐ **Administrative 1** (Located within a clinical setting, hospital or provider office where human subjects / patients are present)

☐ **Administrative 2** (Located within a hospital building, but in an area where no patients are present)

☐ **Administrative 3** (located in a separate, non-hospital building where no patients or human subjects are present)

☐ **Other (please describe)**

Have you ever worked in a research or health care facility? ☐ **YES** ☐ **NO**

If you checked one of the following categories, (***Research Activity 2, 3, 6,7; Clinical Activity 1, 2; Administrative 1),*** please submit dates and documentation of all vaccines you have received:

Employee Signature **Date**

Supervisor Signature **Date**

DREXEL UNIVERSITY
Department of
Human Resources

New Jersey Residents

If you are a resident of New Jersey, you may claim exemption from Pennsylvania Personal Income Tax withholding by completing the attached form Employee's Statement of Non-Residence in Pennsylvania and Authorization to Withhold Other State's Income Tax **(Form REV-419 EX)**.

Generally, Drexel University will not withhold New Jersey income tax from your paychecks, since the credit for income taxes paid for Philadelphia city wage tax, will offset any New Jersey tax liability on your earnings from Drexel. However, if you have income from other sources in New Jersey, you may still have a tax liability. If you still wish to have New Jersey income tax withheld from your pay, you must complete a Form NJ-W4 (which can be found at http://www.state.nj.us/treasury/taxation/pdf/current/njw4.pdf).

START

REV-419 EX (05-10)

Employee's Nonwithholding Application Certificate

PA DEPARTMENT OF REVENUE

20 _____

OFFICIAL USE ONLY

Purpose. Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.

Note: Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to refile this application every year.

Who is Eligible for Nonwithholding? You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax the preceding tax year and/or you anticipate that you will incur no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, the Servicemember Civil Relief Act (SCRA) or as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state.

When to Claim? File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate REV-419 with each employer.

Responsibilities of Employee. You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer. Claimants who qualify for complete Tax Forgiveness under section 304 of the Tax Reform Code must file a PA-40, Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if they are eligible for nonwithholding.

Under the SCRA, as amended by the Military Spouses Residency Relief Act, you may be exempt from PA personal income tax on your wages if (i) your spouse is a member of the armed forces present in PA in compliance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain the same domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse's current military orders to form REV-419.

Responsibilities of Employer. If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state's tax.

Retain Form REV-419 with your records. You are required to submit a copy of this certificate and accompanying attachments to the PA DEPARTMENT OF REVENUE, BUREAU OF BUSINESS TRUST FUND TAXES, PO BOX 280904, HARRISBURG, PA 17128-0904, when:

1. you have reason to believe this certificate is incorrect;
2. the PA taxable gross compensation of any employee who claimed either exemption from nonwithholding a or b below exceeds $1,625 for any quarter;
3. the employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee's state of residence; or
4. the employee claims an exemption from withholding under the SCRA as amended by the Military Spouses Residency Relief Act.

Department's Responsibility. Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Please print or type. A fill-in form may be obtained from www.revenue.state.pa.us.

Employee name: first, middle initial, last	Social Security Number	Telephone Number

Street Address City, State, ZIP	Tax Year (not necessary if checking Box c below)

I claim exception from withholding because I do not expect to owe Pennsylvania personal income tax due to the reason(s) checked below:

- ☐ a. Last year I qualified for Tax Forgiveness of my PA personal income tax liability and had a right to a full refund of all income tax withheld.
- ☐ b. This year I expect to qualify for Tax Forgiveness of my PA personal income tax liability and expect to have a right to a full refund of all income tax withheld.
- ☐ c. I declare I am a resident of the reciprocal state checked below:
  ☐ INDIANA ☐ MARYLAND ☐ NEW JERSEY ☐ OHIO ☐ VIRGINIA ☐ WEST VIRGINIA
  and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.
- ☐ d. I certify I am a legal resident of the state of _____ and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature	Date
PLEASE SIGN AFTER PRINTING.	Example 08/15/2004

Employer Name	Federal Employer Identification Number

Business Address	Telephone Number

City, State, ZIP

Employer's Signature	Employee's Quarterly Compensation (not required for applicants checking Box c or d above)
PLEASE SIGN AFTER PRINTING.	$

Reset Entire Form

PRINT FORM

4190010101

DREXEL UNIVERSITY
Department of
Human Resources

Automatic Enrollment for Defined Contribution Retirement Plan Acknowledgement

The University retirement plan is a defined contribution 403(b) program which allows eligible faculty and professional staff to make contributions and receive University contributions. Participants make contributions to the retirement plan on a pre-tax basis for distributions at a later date. If eligible, the University will match any percent that you contribute, up to a maximum of 6% per pay and provide an additional 3% or 5% per pay depending on if you are under or over the age of 50. Details on the eligibility for the University Match can be found under the Retirement Plan FAQ's on the HR Website: http://drexel.edu/hr/benefits/retirement/duretirefaq/

*Adjunct faculty and union employees may contribute their own money into the plan, but are **not** eligible for University contributions.*

The chart below is an example of how the program works based on some sample employee contributions:

Under Age 50

EE Contrib.	Univ Match	Univ Basic	Total Contrib
1	1	3	5
2	2	3	7
3	3	3	9
4	4	3	11
5	5	3	13
6	6	3	15
7	6	3	16

Over Age 50

EE Contrib.	Univ Match	Univ Basic	Total Contrib
1	1	5	7
2	2	5	9
3	3	5	11
4	4	5	13
5	5	5	15
6	6	5	17
7	6	5	18

Full-time Faculty and Professional Staff who do not elect into the 403(b) Plan within 31 days of their hire date will be automatically enrolled with our default vendor, TIAA-CREF, at a 2% per pay contribution rate. If you do not wish to participate, you must actively waive participation in the retirement plan.

To ensure that you are not defaulted, please be sure to enroll within your 31 day enrollment window that coincides with your Health Benefits Enrollment. To enroll or waive in the retirement plan, you will need to log into DrexelOne (www.one.drexel.edu), our self-service website on or after your date of hire, and enter your election there.

For details on how to enroll, please visit http://drexel.edu/hr/benefits/retirement/. Note that changes can be made at any time, to be effective with the next available payroll, however retroactive contributions are not permitted.

By signing below, I acknowledge that I have received and read this information and agree to and accept the conditions of automatic enrollment.

Employee Name _____ Date _____

Employee Signature (required for all employees) _____

DREXEL UNIVERSITY
Department of
Human Resources

University Policy Acknowledgement

Acknowledgement of Responsibility to Read and Comply with all University Policies including Conflict of Interest and Commitment, Confidentiality, and Code of Conduct.

This is to acknowledge that I have been advised of the web-based Drexel Unviersity Human Resources Policies and Procedures, which can be accessed at www.drexel.edu/hr/resources/policies. I understand that this section outlines my privileges and obligations as an employee of Drexel University. I further understand that I am governed by the contents of the Policies and Procedures and that it is my responsibility to familiarize myself with all the information in the Policies and Procedures section of the website.

I further understand that as a member of the Drexel University community, it is my obligation to read, comply with, and act in accordance to the principles and standards as stated in the Conflict of Interest and Commitment Policy (http://www.drexel.edu/cpo/policies/cpo-2/), the Confidentiality Policy (http://www.drexel.edu/hr/resources/policies/dupolicies/hr50/), and the Code of Conduct (http://www.drexel.edu/cpo/policies/cpo-1).

Since information, policies and benefits described in the Policies and Procedures are subject to change, I understand and agree that such changes can be made by the University in its sole and absolute discretion, and I agree to observe those changes in all respects.

If I have any questions about any of the material in the Policies and Procedures, I will direct my questions to my supervisor and/or the Human Resources Department.

Employee Name _____ Date _____

Employee Signature _____

Department _____

DREXEL UNIVERSITY
Department of
Human Resources

Acknowledgement of DrexelOne Portal for Employee Services

Upon being granted access to the DrexelOne Portal (http://one.drexel.edu), I acknowledge that I may obtain my personnel and payroll information. Human Resources has informed me of this valuable option.

The DrexelOne Portal contains specific real-time facts and figures for your student and/or employee records. By signing below, you certify that you have been made aware of the Employee Services section within DrexelOne.

Information available online through the DrexelOne Portal for each active employee includes:

-Benefits and Deductions
-Payroll Information (history included)
-Tax Forms
-Current and Past Jobs
-Time Reporting and Leave Balances
-Timesheet/Leave Report

Employee Name _____ Date _____

Employee Signature _____

Department _____

DREXEL UNIVERSITY
Department of
Human Resources

Compliance Hotline

Drexel University is committed to conducting its affairs in full compliance with the law and its own policies and procedures. Such adherence strengthens and promotes ethical and fair practices and treatment of all members of the University and those who conduct business with it.

While we have developed and implemented internal controls and procedures that we hope will deter and prevent improper conduct, there is an easy and confidential way for members of the University community to bring instances of suspected improper conduct to the attention of someone who can be counted upon to investigate the problem promptly and fairly, without any fear of retaliation.

The following hotlines may be used to report any improper conduct to the University's Chief Compliance Officers:

Drexel University: 866.358.1010 or https://secure.ethicspoint.com/domain/en/report_custom.asp?clientid=14030

This hotline was created at the specific direction of the Board of Trustees. Every report is kept completely confidential. No information likely to reveal your identity will be shared with anyone else without your permission. Reporters will be completely protected from retaliation for having made good faith reports. The Chief Compliance Officer is required to report quarterly to the Audit Committee of the Board of Trustees on all matters reported to the hotline and the actions taken in response.

If you are aware of any conduct--act or omission--which you think violates University policy, rule or regulation, you are encouraged to report them to your supervisor or teacher, your Department Head, your Dean, or a Vice President; or to use the hotline. We owe it to ourselves to make this the best place it can be.

Questions about the hotlines may be addressed to the Chief Compliance and Privacy Officer:
Edward Longazel, egl23@drexel.edu.

The University policy governing the hotline may be found at: www.drexel.edu/generalcounsel/drexelpolicies/OGC-7/

DREXEL UNIVERSITY
Department of
Human Resources

TO: All New Employees
FROM: Michele M. Rovinsky, JD, Associate Vice President, Equality and Diversity
Office of Equality and Diversity
RE: Equal Opportunity and Non-Discrimination at Drexel University

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Welcome to the Drexel University community.

Drexel is committed to providing to all qualified individuals an equal employment opportunity in a welcoming, inclusive, respectful, engaging, and diverse work environment free from unlawful discrimination. The University specifically prohibits discrimination based on race, color, religion, national origin, gender, pregnancy, sexual orientation, gender identity and expression, age, disability, veteran status, and any other prohibited characteristic.

Information on the University's equality and diversity programs and related University policies and applicable federal, state and local laws can be found on the Office of Equality and Diversity's website at http://www.drexel.edu/oed.

The University's WIRED for Success Guide is intended as a resource for supporting our welcoming, inclusive, respectful, engaging, and diverse ("WIRED") community and for preparing our students to be leaders in the workforces of the future. The WIRED for Success Guide includes links to University resources and tips for best practices for understanding and respecting our differences and creating a WIRED community to support all members of our diverse and global community. Please take a moment to review this Guide at http://www.drexel.edu/intercultural/.

MANDATORY ONLINE PROGRAM: As a new full or part-time faculty or professional staff member, you are required to complete an online discrimination, harassment, and retaliation prevention program. This program, entitled "Understanding Title IX," must be completed within the first 90 days of your start date. This training can be accessed through Career Pathway, where it will appear on your Transcript, and should take approximately 20 minutes to complete. You can stop and resume the training at any time.

If you have any questions or concerns related to equal opportunity, discrimination, harassment, or retaliation, please contact the Office of Equality and Diversity at (215) 895-1405 or by e-mail at oed@drexel.edu.

I wish you a successful and rewarding work experience at Drexel.

DREXEL UNIVERSITY
Department of
Human Resources

Workers' Compensation Information

The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: 1171 South Cameron St, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania: 800.482.2383; telephone number outside of this Commonwealth: 717.772.4447; TTY: 800.362.4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.

I hereby acknowledge receipt of the "WORKERS' COMPENSATION INFORMATION" form.

Employee Signature _____ Date _____

DREXEL UNIVERSITY
Department of
Human Resources

Notice to Employee and Employee Acknowledgement of Rights and Responsibilities (Work Related Injuries)

1. If you suffer a work-related injury or illness, your employer or its workers' compensation insurance company must pay for surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, which are reasonable, necessary and related to the work-related injury.

2. Your employer has posted in the departments of Human Resources and Risk Management at least six designated health care providers. In order to ensure that your reasonable and necessary medical treatment and supplies will be paid for by your employer or its workers' compensation insurance company during the first ninety (90) days of treatment, you must select and visit one of the listed health care providers, and continue to visit that health care provider or another of the listed health care providers for a period of ninety (90) days from the date of the first visit. As required by law, this list will include no more than four coordinated care organizations (as approved by the state), and no fewer than three physicians. You are permitted to switch from one health care provider on the list to another health care provider on the list during the ninety (90) day period.

3. The employer is not permitted to include on this list a physician or health care provider who is employed, owned or controlled by your employer or its workers' compensation carrier unless that employment, ownership or control is disclosed on the list.

4. You have the right to seek treatment from a provider not appearing on the list (referral provider) if you are referred to such provider by one of the designated providers appearing on the list. Your employer shall pay for the reasonable and necessary treatment rendered by the referral provider for the work-related injury.

5. You have the right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be rendered by a designated provider for the remainder of the ninety (90) day period.

6. If one of the designated providers prescribes or recommends invasive surgery, you may seek and receive an additional opinion from any health care provider of your own choice. The charge for this consultation will be paid by your employer. If the additional opinion differs from the opinion provided by the designated provider, you may choose which course of treatment to follow: provided, however, that the second opinion includes a specific and detailed course of treatment. If you choose to follow the procedures designated in the additional or second opinion, such procedures shall be performed by one of the designated providers for a period of ninety (90) days from the date of your visit to the physician rendering the second or additional opinion.

7. With regard to all other treatment (i.e., that not involving invasive surgery), you have the right to seek treatment or medical consultation from a non-designated provider during the ninety (90) day period, but such services shall be at your own expense during the applicable period of ninety (90) days.

8. Following the first ninety (90) days of treatment with the designated physician or other health care provider, subsequent treatment may be provided by any health care provider of your own choice. You must notify your employer that your care has been transferred to a non-designated provider within five (5) days of your first visit to the non-designated provider of your choice. Your employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable by a Utilization Review Organization, under Subchapter C (relating to medical treatment review).

I hereby acknowledge that I have received this notice, and that I understand my rights and responsibilities as set forth herein.

Employee Name _____

Employee Signature _____ Date _____

Drexel University – University City/Main Campus

PANEL OF PROVIDERS

THE FOLLOWING PROCEDURE MUST BE FOLLOWED IN CASE OF WORK RELATED INJURY OR ILLNESS:

A. IMMEDIATELY REPORT THE INJURY TO YOUR SUPERVISOR.
Any injury you sustain at work must be reported immediately to your supervisor. **Failure to do so may delay your benefits or cause you to lose your rights to benefits**.

B. OBTAIN MEDICAL CARE FROM A MEDICAL HEALTH CARE PROVIDER LISTED BELOW.

Physician/ Specialty	Address/ Phone
WORKNET Occupational Medicine Lawrence Axelrod, M.D. -Center Medical Director Ashley Greywoode, PA-C *Treatment types: ALL non life-threatening injuries*	One Reed Street Philadelphia, PA 19147 P: 215.467.5800 F: 215.467.2022 *Free transportation available from 8a – 4p*
Chiropractor Jeff Sklar, ACA	325 Cherry Street Philadelphia, PA 19106 P: 215.627.6279
General Surgery Constantinos Pavilides, M.D	245 North Broad Street, Suite 400 Philadelphia, Pa. 19107 P: 215.568.1015
Hand Specialist David. Zelouf, M.D.	834 Chestnut Street Philadelphia, PA 19107 P: 215.521.3000 *Philadelphia Hand Center*
Ophthalmology Myron Yanoff, M.D., Yelena Doych, M.D., Prathima Thumma, M.D.	219 Broad Street, 3rd Floor Philadelphia, PA 19107 P: 215.762.3937 *Drexel Eye Physicians*
Orthopedics James Tom, M.D., Frederic Kleinbart, M.D., Jay Zampini, M.D.	216 N. Broad Street Feinstein Building, 2nd Floor Philadelphia, PA 19102 P: 215.762.2663 *University Orthopedic Institute*
Orthopedics/Neurosurgery/Hand Specialty Peter Deluca, M.D.; Mark Lazarus, M.D.; Paul Marchetto, M.D.; Nicholas Taweel, D.P.M., P.T.; Greg Anderson, M.D.	925 Chestnut St, 5th Floor Philadelphia, PA 19107 P: 215.955.3458 *Group Name: Rothman Institute*
Neurology I. Howard Levin, M.D., Richard Katz, M.D., Richard Bennett, M.D.	405 Klein Bldg. 5401 Old York Road Philadelphia, PA 19141 P: 800.789.7366
Neurosurgery Francis Kralick, D.O., Joseph Queenan, M.D.	231 N. Broad Street, 1st Floor Philadelphia, PA 19107 P: 215.762.3131 *Hahnemann Neurosurgery*
Physical Therapy Kevin Gard, PT, DPT, OCS, Robert Maschi, PT, DPT, OCS Noel Goodstadt, PT, DPT, OCS, Sarah Wenger, PT, DPT, OCS	Drexel Recreation Center 3315 Market Street, Rm 210 Philadelphia, Pa 19104 P: 215.571.4287 *Drexel University Physical Therapy*
Physical Therapy Michael Marchessani, PT	One Reed Street Philadelphia, PA 19147 P: 215.467.5800 *Free transportation available to appointments*

C. MEDICAL EMERGENCY:
If you are faced with a medical emergency, **you may secure initial emergency treatment from any emergency facility.** However, any follow-up care to the emergency treatment must be with a designated health care provider.

D. FOR MEDICAL TREATMENT TO BE PAID BY YOUR EMPLOYER:

1. **You must select one of the providers listed above**. If you choose to seek treatment from a provider not listed above within the first ninety (90) days of treatment **you will be held responsible for costs incurred.**
2. **You must continue** to visit one of the providers listed above or any specialist to which that provider refers you, if you need treatment, for **ninety (90) days from the date of your first visit.** This requirement is in conformance with the Pennsylvania Workers' Compensation Act, Section 306 (F) (1) (i).
3. **After Ninety (90) days,** if you still need treatment, you may continue with the same provider or you may choose to go to another provider for treatment. **If you decide to go to another provider, you must notify your employer of this action within five (5) days of your visit.**
4. In the event a posted panel physician recommends invasive surgery, you may seek a second opinion with a physician of your choice. If you choose to undergo the invasive surgery, you must use a posted physician for the treatment.

For any questions regarding your Workers' Compensation Claim, please contact **Cindi DeLuca** at **215-981-8311**.

Effective 11/2012

Drexel University – Center City Campus

PANEL OF PROVIDERS

THE FOLLOWING PROCEDURE MUST BE FOLLOWED IN CASE OF WORK RELATED INJURY OR ILLNESS:

A. IMMEDIATELY REPORT THE INJURY TO YOUR SUPERVISOR.
Any injury you sustain at work must be reported immediately to your supervisor. **Failure to do so may delay your benefits or cause you to lose your rights to benefits**.

B. OBTAIN MEDICAL CARE FROM A MEDICAL HEALTH CARE PROVIDER LISTED BELOW.

Physician/ Specialty	Address/ Phone
WORKNET Occupational Medicine Francis X. Burke, M.D. - Medical Director Robert Lippa M.D., Staff Physician *Treatment types: ALL non life-threatening injuries*	Hahnemann University Hospital Broad & Vine Streets Bobst Building, 1st Floor, Room 131 Philadelphia, PA 19102 P: 215.762.8525 *Free Transportation/Hospital Accessibility*
Chiropractor Jeff Sklar, ACA	325 Cherry Street Philadelphia, PA 19106 P: 215.627.6279
General Surgery Constantinos Pavilides, M.D	245 North Broad Street, Suite 400 Philadelphia, Pa. 19107 P: 215.568.1015
Hand Specialist David. Zelouf, M.D.	834 Chestnut Street Philadelphia, PA 19107 P: 215.521.3000 *Philadelphia Hand Center*
Ophthalmology Myron Yanoff, M.D., Yelena Doych, M.D., Prathima Thumma, M.D.	219 Broad Street, 3rd Floor Philadelphia, PA 19107 P: 215.762.3937 *Drexel Eye Physicians*
Orthopedics James Tom, M.D., Frederic Kleinbart, M.D., Jay Zampini, M.D.	216 N. Broad Street Feinstein Building, 2nd Floor Philadelphia, PA 19102 P: 215.762.2663 *University Orthopedic Institute*
Orthopedics/Neurosurgery/Hand Specialty Peter Deluca, M.D.; Mark Lazarus, M.D.; Paul Marchetto, M.D.; Nicholas Taweel, D.P.M., P.T.; Greg Anderson, M.D.	925 Chestnut St, 5th Floor Philadelphia, PA 19107 P: 215.955.3458 *Group Name: Rothman Institute*
Neurology I. Howard Levin, M.D., Richard Katz, M.D., Richard Bennett, M.D.	405 Klein Bldg. 5401 Old York Road Philadelphia, PA 19141 P: 800.789.7366
Neurosurgery Francis Kralick, D.O., Joseph Queenan, M.D.	231 N. Broad Street, 1st Floor Philadelphia, PA 19107 P: 215.762.3131 *Hahnemann Neurosurgery*
Physical Therapy Kevin Gard, PT, DPT, OCS, Robert Maschi, PT, DPT, OCS Noel Goodstadt, PT, DPT, OCS, Sarah Wenger, PT, DPT, OCS	Drexel Recreation Center 3315 Market Street, Rm 210 Philadelphia, Pa 19104 P: 215.215.571.4287 *Drexel University Physical Therapy*
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