

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. 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](#).

Professional Staff New Employee Form

EMPLOYEE INFORMATION

SSN	Last Name	First Name	Middle Initial	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	Relationship	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Apt	<input type="text"/>	City	<input type="text"/>
				State	<input type="text"/>
				Zip Code	<input type="text"/>

WORK LOCATION INFORMATION

Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>				

BIOGRAPHICAL INFORMATION

Gender	Citizenship	Residency Status
<input type="checkbox"/> Male	<input type="checkbox"/> Citizen	<input type="checkbox"/> US Citizen
<input type="checkbox"/> Female	<input type="checkbox"/> Non-Citizen	<input type="checkbox"/> Permanent Resident
Marital Status		<input type="checkbox"/> Non-Resident Alien
<input type="checkbox"/> Single		<input type="checkbox"/> Resident Alien
<input type="checkbox"/> Married		<input type="checkbox"/> Unknown

VISA INFORMATION

<input type="checkbox"/> F-1	Visa Expiration Date	<input type="text"/>
<input type="checkbox"/> J-1	Birth Country	<input type="text"/>
<input type="checkbox"/> H-1	Citizenship Country	<input type="text"/>
<input type="checkbox"/> B-1	Employment Authorization	<input type="text"/>
<input type="checkbox"/> Other	Expiration Date	<input type="text"/>

POSITION INFORMATION

Start Date	<input type="text"/>
Department	<input type="text"/>
<input type="checkbox"/> New Hire	
<input type="checkbox"/> Rehire (if you had a position with Drexel within the past year)	

SIGNATURES

Employee Signature	_____	Date	_____
Human Resources	_____	Date	_____
HRIS	_____	Date	_____

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:

<input type="checkbox"/>	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.
<input type="checkbox"/>	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 .
<input type="checkbox"/>	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).
<input type="checkbox"/>	Recently Separated Veteran	Veterans within 36 months from discharge or release from active duty.

DISABILITY STATUS (Select One.)

<input type="checkbox"/>	Not an Individual with a Disability	
<input type="checkbox"/>	Individual with a Disability	<p>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:</p> <p>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.</p> <p><i>If you are requesting an accommodation, please visit the Office of Disability Resources website (www.drexel.edu/oed/disabilityResources) for more information.</i></p>

☐ 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 (2014)

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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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: <ul style="list-style-type: none">• 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	F	_____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$95,000 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. <ul style="list-style-type: none">• 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		OMB No. 1545-0074	
		► 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.		2014	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• 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 2014 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, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$
4	Enter an estimate of your 2014 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 <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$
6	Enter an estimate of your 2014 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 \$3,950 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 2014. 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 2014. 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 - \$6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 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 - \$74,000	\$590	\$0 - \$37,000	\$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

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

Submit this form to:

Payroll Department

3201 Arch Street, Suite 400

Tel (215) 895-2885

Fax (215) 895-1615 or (215) 895-1753

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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> 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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> 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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> 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 be 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: _____

Confidential Consent and Release for Background Reports

I hereby request and authorize DREXEL UNIVERSITY and/or HIRERIGHT, 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 and/or to maintain reports on my qualifications as an employee.

I understand and agree that the background investigation will consist of the following checked items, and only the items checked:

- | | | |
|--|--|--|
| <input type="checkbox"/> Verification of Professional Licenses | <input type="checkbox"/> Verification of Educational History | <input type="checkbox"/> Credit Check (for specific finance-related positions) |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> National Sex Offender Registry | <input type="checkbox"/> Driving Record (for positions that involve driving a vehicle for University business) |
| <input type="checkbox"/> Social Security Trace | <input type="checkbox"/> Reference Checks | <input type="checkbox"/> PA State Police Request for Criminal Records Check |
| <input type="checkbox"/> PA Child Abuse History Clearance | <input type="checkbox"/> FBI Fingerprint Check | |

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

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

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.

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 HireRight 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 and/or maintain records on my status as an employee of Drexel University.

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (MM/DD/YY)

--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address

By providing this information, I acknowledge that HireRight 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 HIRERIGHT at 1-800-426-2761 to have a copy of your consumer report sent directly to you at the current address listed above.

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

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.

PLEASE COMPLETE SECTION BELOW[illegible][illegible][illegible]

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[illegible][illegible]

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TO BE COMPLETED BY HUMAN RESOURCES

[illegible][illegible][illegible][illegible][illegible]

Guidelines for Occupational Health Services

Name	<input type="text"/>	Date of Hire	<input type="text"/>
Department	<input type="text"/>	Supervisor/Contact	<input type="text"/>
Position Title	<input type="text"/>	Supervisor Telephone	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>

Have you ever been employed by Drexel University or Drexel University College of Medicine or an associated Hospital (HUH, MCP, EPPI)?

☐ Yes ☐ No

Check each appropriate category.

(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 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.)
- ☐ **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, 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 patients.)
- ☐ **Clinical Activity 2** (Work with non-fixed human cadavers or tissues, human blood or bodily fluids or work in a health care environment or doctor's office.)
- ☐ **Clinical Activity 3** (Work with anesthetic gasses.)
- ☐ **Administrative 1** (Located within a clinical area (hospital or doctor's 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 below.)

Have you ever worked in a research or health care facility? ☐ Yes ☐ No

Please list and describe any
vaccinations or immunization shots.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Return completed forms to Safety & Health: 215.895.5926 (fax)

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-420 AS**).

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 www.state.nj.us/treasury/taxation/pdf/other_forms/git-er/njw4.pdf).



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280904
HARRISBURG, PA 17128-0904

**EMPLOYEE'S STATEMENT
OF NONRESIDENCE IN
PENNSYLVANIA AND
AUTHORIZATION TO WITHHOLD
OTHER STATE'S INCOME TAX**

PLEASE PRINT OR TYPE

Employer Instructions: You must keep a copy of this form on file for each employee who claims exemption from withholding of Pennsylvania Personal Income Tax on compensation received in Pennsylvania and who authorizes withholding of income tax for another state for remittance to that state. Send the bottom portion of this form to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, PO BOX 280904, Harrisburg, PA 17128-0904. Photocopies of this form are acceptable. Unless the state of residence changes, it is not necessary to refile this statement each year.

Employee Instructions: You must complete both portions of this form to claim an exemption from withholding of Pennsylvania Personal Income Tax and to authorize withholding of your state's income tax. Only residents of the states listed on this form are eligible for exemption of withholding from Pennsylvania since they are the only states with which there is a reciprocal agreement. If you change your residence from the state specified on this form, you must notify your employer and complete a new form within 10 days of that change of residence.

CUT HERE

EMPLOYER COPY (EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)

Employee name: First, Middle Initial, Last	Social Security Number
Home Address	
City	State Zip Code
I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania 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.	
Employee's Signature	Date

(EMPLOYER COMPLETES INFORMATION BELOW)

Employer Name: Drexel University	Federal Employer Identification Number (EIN) 23-1352630
Business Address Payroll Dept, 3201 Arch St, Ste 400	Telephone Number (215) 895-2885
City Philadelphia	State Zip Code PA 19104

CUT HERE

**COPY TO BE SENT TO THE COMMONWEALTH OF PENNSYLVANIA
(EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

Employee name: First, Middle Initial, Last	Social Security Number
Home Address	
City	State Zip Code
I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania 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.	
Employee's Signature	Date

(EMPLOYER COMPLETES INFORMATION BELOW)

Employer Name: Drexel University	Federal Employer Identification Number (EIN) 23-1352630
Business Address Payroll Dept, 3201 Arch St, Ste 400	Telephone Number (215) 895-2885
City Philadelphia	State Zip Code PA 19104

Mandatory Contribution for Defined Contribution Retirement Plan Acknowledgement

Drexel University sponsors the Drexel University Defined Contribution Retirement Plan (the "Plan") for certain eligible employees of the University. Participants make contributions to the Plan on a pre-tax basis for distribution at a later date. After one year, the University makes contributions based on your age. You are eligible for University contributions immediately if you have previously participated in a 403(b) Plan, but it is your responsibility to submit documentation supporting previous 403(b) participation to Human Resources. University contributions will begin in the next available payroll and cannot be provided retroactively. The enrollment form and supporting documentation should be submitted to Human Resources (3201 Arch St, Suite 430) at the same time.

I understand that since I am employed by Drexel University and I am now, or may in the future, be classified as a Faculty Member, Research Personnel, Administrative Personnel, Professional Personnel, Support Personnel or Senior Lecturer, I am required, as a condition of my employment, to participate in the Plan by contributing 2% of my eligible compensation on a pre-tax basis to the Plan beginning no later than the date I complete a year of service with the University and attain age 35, whichever last occurs. If I do not enroll, I will be enrolled automatically with Drexel's default vendor, TIAA-CREF.

By signing below, I acknowledge that I have received and read this information and agree to and accept the mandatory contribution as a condition of my employment with Drexel University.

Employee Signature (required for all employees)

Employee Name

Date

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 University 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

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 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 Officer: Jim Seaman, jks35@drexel.edu

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

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

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 Preventing Workplace Harassment must be completed within the first 90 days of your start date. The link for the program can be found on the Office of Equality and Diversity's website (under "Training and Education" located in the top navigation bar).

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 mrovinsky@drexel.edu.

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

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 _____

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 <i>Treatment types: ALL non life-threatening injuries</i>	One Reed Street Philadelphia, PA 19147 P: 215.467.5800 F: 215.467.2022 <i>Free transportation available from 8a – 4p</i>
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 <i>Philadelphia Hand Center</i>
Ophthalmology Myron Yanoff, M.D., Yelena Doych, M.D., Prathima Thumma, M.D.	219 Broad Street, 3 rd Floor Philadelphia, PA 19107 P: 215.762.3937 <i>Drexel Eye Physicians</i>
Orthopedics James Tom, M.D., Frederic Kleinbart, M.D., Jay Zampini, M.D.	216 N. Broad Street Feinstein Building, 2 nd Floor Philadelphia, PA 19102 P: 215.762.2663 <i>University Orthopedic Institute</i>
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, 5 th Floor Philadelphia, PA 19107 P: 215.955.3458 <i>Group Name: Rothman Institute</i>
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, 1 st Floor Philadelphia, PA 19107 P: 215.762.3131 <i>Hahnemann Neurosurgery</i>
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 <i>Drexel University Physical Therapy</i>
Physical Therapy Michael Marchessani, PT	One Reed Street Philadelphia, PA 19147 P: 215.467.5800 <i>Free transportation available to appointments</i>

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:

- 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.**
- 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).
- 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.**
- 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**.



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 <i>Treatment types: ALL non life-threatening injuries</i>	Hahnemann University Hospital Broad & Vine Streets Bobst Building, 1 st Floor, Room 131 Philadelphia, PA 19102 P: 215.762.8525 <i>Free Transportation/Hospital Accessibility</i>
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 <i>Philadelphia Hand Center</i>
Ophthalmology Myron Yanoff, M.D., Yelena Doych, M.D., Prathima Thumma, M.D.	219 Broad Street, 3 rd Floor Philadelphia, PA 19107 P: 215.762.3937 <i>Drexel Eye Physicians</i>
Orthopedics James Tom, M.D., Frederic Kleinbart, M.D., Jay Zampini, M.D.	216 N. Broad Street Feinstein Building, 2 nd Floor Philadelphia, PA 19102 P: 215.762.2663 <i>University Orthopedic Institute</i>
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, 5 th Floor Philadelphia, PA 19107 P: 215.955.3458 <i>Group Name: Rothman Institute</i>
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, 1 st Floor Philadelphia, PA 19107 P: 215.762.3131 <i>Hahnemann Neurosurgery</i>
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 <i>Drexel University Physical Therapy</i>
Physical Therapy Michael Marchessani, PT	One Reed Street Philadelphia, PA 19147 P: 215.467.5800 <i>Free transportation available to appointments</i>

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:

- 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.**
- 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).
- 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.**
- 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**.