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New Faculty should submit completed new employment paperwork to:

Department of Human Resources at  
6116 N. Central Expressway Suite 200, Dallas, TX 75206  
[NewFaculty@SMU.edu](mailto:NewFaculty@SMU.edu)

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## Employee Personal Data Information Regular Benefit-Eligible Faculty

Employee Legal Name (Legal name as it appears on your Social Security Card)			
Last Name:	First Name:	Middle Name:	SMU ID# (if known):
Preferred Name:			
Last Name:	First Name:	Middle Name:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security Number:
Highest Education Level:			
<input type="checkbox"/> Bachelor's Level Degree <input type="checkbox"/> Master's Level Degree <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional) <input type="checkbox"/> Other			
Degree			



## Employee Personal Data Information Regular Benefit-Eligible Faculty

**Race/Ethnicity:**

Do you consider yourself to be Hispanic/Latino(a)?

Yes  No

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

**In addition, select one or more of the following racial categories to describe yourself. If, you select two or more racial categories, please**



## **Employee Personal Data Information Regular Benefit-Eligible Faculty**

### **Voluntary Self-Identification of Disability**

Because we do business with the government, we must ~~comply~~ hire and provide ~~an~~ equal opportunity to qualified people with disabilities. To help us measure how well we ~~are~~ doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is ~~not~~ voluntary, but we hope that you will choose to fill it out. If you

## **Employee Personal Data Information**

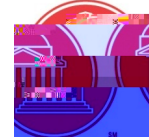
### **Regular Benefit-Eligible Faculty**

#### **Voluntary Self-Identification of Disability**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended, and more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

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



## Memorandum

TO: All SMU Faculty  
RE: Contracts and Annualized Compensation for Academic Year 2021-2022

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IRS regulations related to deferred compensation require a written election to annualize the payments if you elect to be paid over a period longer than your contract period. The deferred compensation rules are related to salary payments made outside of the contract period. If you are not electing to be paid over 12 months, there is no deferred compensation.

A written election must be made if

- x You are a new faculty member for Academic Year 2021-2022
- x You are electing to be paid over 12 months for Academic Year 2021-2022
- x You are changing your election from the previous year (either 10 or 12 months)

Please see the following form for further details and to make your election. Please initial your election, sign the form, and return it with your faculty contract **prior to beginning work**, to ensure compliance prior to the start of the academic year.

As with any income tax matter, please contact your personal tax consultant if you have any questions



## Employee Statement Acknowledgement

I, \_\_\_\_\_, SMU # \_\_\_\_\_, recently



## Wage Deduction Authorization Agreement

I understand and agree that my employer, Southern Methodist University (the "SMU"), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the SMU's group medical/dental/vision plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by SMU;
3. Installment payments on loans or wage advances given to me by SMU, and if there is a balance remaining when I leave SMU, the balance of such loans or advances;
4. If I receive an overpayment of wages for any reason, my repayment to SMU of such overpayment (the deduction for such a repayment will equal the entire amount of the overpayment, unless SMU and I agree in writing to a series of smaller deductions in separate periods);
5. The cost to SMU of personal long-distance calls I may make, or messages I may send, using SMU phones (land lines or cell phones) or SMU accounts, or personal faxes sent using SMU equipment or SMU accounts, or of non-work related access to the Internet or other computer networks by me using SMU equipment or SMU accounts;
- 6.

## Notice to New Employees regarding Workers' Compensation

Southern Methodist University has workers' compensation insurance coverage through The Hartford to protect you. You can get more information about your workers' compensation rights from any office of the Texas Workers' Compensation Commission, or by calling 1-800-252-7031.

You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify Southern Methodist University in-writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

## Aviso a Nuevos Empleados

Para su protección, Southern Methodist University está cubierto por un seguro de compensación al trabajador a través de The Hartford. Usted puede obtener información adicional sobre sus derechos de compensación al trabajador en cualquier oficina de la Comisión de Compensación de Trabajadores de Texas, o llamar al 1-800-252-7031.

Usted puede elegir retener su derecho a acciones bajo la ley común, si usted notifica por escrito a Southern Methodist University, a más tardar cinco días después de comenzar empleo, que usted desea retener su derecho bajo la ley común para recobrar daños por lesiones personales. Si usted elige su derecho de acción por la ley común, usted no puede obtener ingreso de compensación al trabajador o beneficios médicos si usted es lesionado/a.



CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

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](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- x 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.
- x 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:
  - x a person has taken adverse action against you because of information in your credit file;
  - x you are the victim of identity theft and place a fraud alert in your file;
  - x your file contains inaccurate information as a result of fraud;
  - x you are on public assistance;
  - x you are unemployed but expect to apply for employment within 60 days.
- x 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](http://www.consumerfinance.gov/learnmore) for additional information.
- x 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 in residential real property loans, but

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
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- x 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.

x

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
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2. To the extent not included in item 1 above:

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by Southern Methodist University.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to Southern Methodist University and its designated representatives. (e)-(r) d an)-2.7 (o)-0.7 (94(b)-0.7 (o)1.3 2