EMPLOYMENT APPLICATION

Applicants and employees are treated without regard to race, creed, religion, color, national origin/nationality, ancestry, age, sex/gender, marital status, familial status, affectional or sexual orientation, gender identity or expression, domestic partnership status, atypical hereditary cellular or blood trait, genetic information, disability or liability for service in the Armed Forces of the United States.

Date of Application_____

Position Applied For: _____

☐Full Time ☐Part-time ☐Temporary ☐Summer

NAME _____ **TELEPHONE ( )** _____

ADDRESS_____

Street **City, State, Zip**

EMAIL ADDRESS: _____

If under 18, can you furnish a work permit? ☐Yes ☐No

Have you filed an application here before? ☐Yes (Date)_____ ☐No

Have you ever been employed here before? ☐Yes (Date)_____ ☐No

Have you ever been employed by the State of New Jersey? ☐Yes (Date)_____ ☐No

Are you legally eligible for employment in the United States? ☐Yes ☐No

Are you available to work? ☐Days ☐Evenings ☐Weekends ☐Shifts

Are you related to any employees at Rowan University? ☐Yes ☐No

A relative is considered a member of an employee's family or extended family, whether related by blood, marriage or civil union which may include any one of the following individuals; spouse, domestic partner, civil union partner, parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or sister. It shall also include non-related individuals who are sharing the same household with the same financial interdependence or are becoming members of the same household, family or having romantic relationships which is viewed by the State Ethics Commission as creating a conflict of interest.

If yes, who and the relationship? _____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

_____ _____

_____ _____

_____ _____

Rowan University values diversity and is committed to equal opportunity in employment.

EMPLOYMENT EXPERIENCE

Please give accurate and complete full-time and part-time employment record. Please start with your present or most recent employer. Include military service assignments and volunteer activities. Please complete in entirety even if resume is attached.

1. Current Employer May we contact? ☐ Yes ☐ No

Company Name: _____ Address: _____

Phone Number: _____ Supervisor Name: _____

Job Title Held: _____ Salary: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

_____

_____

2.

Company Name: _____ Address: _____

Phone Number: _____ Supervisor Name: _____

Job Title Held: _____ Salary: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

_____

_____

3.

Company Name: _____ Address: _____

Phone Number: _____ Supervisor Name: _____

Job Title Held: _____ Salary: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

_____

_____

4.

Company Name: _____ Address: _____

Phone Number: _____ Supervisor Name: _____

Job Title Held: _____ Salary: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

_____

_____

Rowan University values diversity and is committed to equal opportunity in employment.

SPECIAL SKILLS AND QUALIFICATIONS

Please list relevant skills, training and/or licenses that help qualify you for the job.

_____

_____

EDUCATION

School	Name/Location	Course of Study	# Yrs	Did You Graduate?	Degree/Diploma
High School				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Business/Trade Technical				☐ Yes ☐ No	

State any additional information you feel may be helpful to us in considering your application (e.g. professional trade, civic activities and/ or offices held).

_____

_____

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Higher Education Amendments of 1998 requires all colleges and universities that receive federal financial aid to distribute a campus security report on an annual basis. The report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Rowan University; and on public property within, or immediately adjacent to and accessible from the campus. The report also includes institutional policies concerning public safety, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting the Department of Public Safety or by accessing the following website: http://www.rowan.edu/safety/crime/clery_rep

APPLICANT'S STATEMENT

I certify that answers given herein are true and completed to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. I understand that Rowan University conducts fingerprint based background checks for new hires. I authorize Rowan University or their chosen vendor to exchange criminal history and fingerprint information with various criminal justice agencies.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the University.

_____

Signature Date

Rowan University is subject to the residency requirements of the NJ First Act (N.J.S.A. 52:14-7, P.L. 2011, Chapter 70). Any person hired to a non-exempt position shall either have their principal residence in New Jersey or they have one year from the date of employment to establish, and then maintain, principal residence in the State of New Jersey.

Employee Information Sheet

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone Number (Required): _____

Gender: ☐ Male ☐ Female ☐ Undesignated/Non-Binary *Cell phone numbers are used for Rowan Alert notifications

Marital Status

☐ Single ☐ Married ☐ Civil Union ☐ Domestic Partner ☐ Divorced ☐ Separated ☐ Widowed

---

Are you a US Citizen? ☐ Yes ☐ No

If not a US Citizen

Country of Citizenship: _____ Country of Residence: _____

Visa Type: _____ Visa Date: _____ Visa Expiration Date: _____

Race/National Origin

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race:

☐ Black or African American

☐ White

☐ Asian

☐ American Indian/Alaska Native

☐ Native Hawaiian/Pacific Islander

☐ Two or more Races

Highest Level of Education

☐ High School Diploma

☐ Advanced Vocational, Technical, Business, or Special Training beyond High School

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Ph.D./Ed.D

☐ J.D.

☐ Doctor of Medicine

☐ Other

If Other, please indicate:

College Degrees - Please complete for any college degree(s) you may hold

Institution: _____ Degree: _____ Major: _____ Year: _____

Institution: _____ Degree: _____ Major: _____ Year: _____

Institution: _____ Degree: _____ Major: _____ Year: _____

Military Experience

Do you have veteran's status? ☐ Yes ☐ No

☐ Disabled Veterans

☐ Veterans who served on active duty in the U.S. military during a war, campaign, or expedition for which a campaign badge is awarded

☐ Veterans who, while serving on active duty in the Armed Forces, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

☐ Recently separated veterans (veterans within 36 months from discharge or release from active duty)

Disability ☐ Yes ☐ No

Emergency Contact Information

Name: _____ Relation: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly** (or Qualifying widow(er))
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . . ▶ $

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

CAUTION ***Multiple jobs.*** *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income . . . . . **1** $ _____

2 Enter:
- $24,800 if you're married filing jointly or qualifying widow(er)
- $18,650 if you're head of household
- $12,400 if you're single or married filing separately

. . . . . **2** $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . **3** $ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** $ _____

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$220	$850	$900	$1,020	$1,020	$1,020	$1,020	$1,020	$1,210	$1,870	$1,870
$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$460	$940	$1,020	$1,020	$1,470	$1,870	$1,870	$1,870	$1,870	$2,040	$2,040	$2,040
$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$830	$930	$1,020	$1,020	$1,020	$1,480	$1,870	$1,870	$1,930	$2,040	$2,040
$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Form **NJ-W4**
(7-18, R-14)

State of New Jersey - Division of Taxation

Employee's Withholding Allowance Certificate

1. SS#	2. **Filing Status:** **(Check only one box)**
Name	1. ☐ Single
Address	2. ☐ Married/Civil Union Couple Joint
City / State / Zip	3. ☐ Married/Civil Union Partner Separate
	4. ☐ Head of Household
	5. ☐ Qualifying Widow(er)/Surviving Civil Union Partner

3. If you have chosen to use the chart from instruction A, enter the appropriate letter here	3.
4. Total number of allowances you are claiming (see instructions)	4.
5. Additional amount you want deducted from each pay	5. $
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here . . .	6.

7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature — Date

Employer's Name and Address — Employer Identification Number

BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than $50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be $10,000 or less for the current year.
- Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be $20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be $20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than $50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

1) Find the amount of your wages in the left-hand column.

2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.

3) Follow along the row that contains your wages until you come to the column that contains the other wages.

4) This meeting point indicates the Withholding Table that best reflects your income situation.

5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
YOUR WAGES 0 10,000	B	B	B	B	B	B	B	B	B	B
10,001 20,000	B	B	B	B	C	C	C	C	C	C
20,001 30,000	B	B	B	A	A	D	D	D	D	D
30,001 40,000	B	B	A	A	A	A	A	E	E	E
40,001 50,000	B	C	A	A	A	A	A	E	E	E
50,001 60,000	B	C	D	A	A	A	E	E	E	E
60,001 70,000	B	C	D	A	A	E	E	E	E	E
70,001 80,000	B	C	D	E	E	E	E	E	E	E
80,001 90,000	B	C	D	E	E	E	E	E	E	E
over 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 385			1.5%	$ 0
$ 385	$ 673	$ 5.77	+	2.0%	$ 385
$ 673	$ 769	$ 11.54	+	3.9%	$ 673
$ 769	$ 1,442	$ 15.29	+	6.1%	$ 769
$ 1,442	$ 9,615	$ 56.35	+	7.0%	$ 1,442
$ 9,615	$ 96,154	$ 628.46	+	9.9%	$ 9,615
$ 96,154		$ 9,195.77	+	15.6%	$ 96,154

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 20,000			1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00	+	2.0%	$ 20,000
$ 35,000	$ 40,000	$ 600.00	+	3.9%	$ 35,000
$ 40,000	$ 75,000	$ 795.00	+	6.1%	$ 40,000
$ 75,000	$ 500,000	$ 2,930.00	+	7.0%	$ 75,000
$ 500,000	$ 5,000,000	$ 32,680.00	+	9.9%	$ 500,000
$ 5,000,000		$ 478,180.00	+	15.6%	$ 5,000,000

RATE "B"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 385			1.5%	$ 0
$ 385	$ 962	$ 5.77	+	2.0%	$ 385
$ 962	$ 1,346	$ 17.31	+	2.7%	$ 962
$ 1,346	$ 1,538	$ 27.69	+	3.9%	$ 1,346
$ 1,538	$ 2,885	$ 35.19	+	6.1%	$ 1,538
$ 2,885	$ 9,615	$ 117.31	+	7.0%	$ 2,885
$ 9,615	$ 96,154	$ 588.46	+	9.9%	$ 9,615
$ 96,154		$ 9,155.77	+	15.6%	$ 96,154

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 20,000			1.5%	$ 0
$ 20,000	$ 50,000	$ 300.00	+	2.0%	$ 20,000
$ 50,000	$ 70,000	$ 900.00	+	2.7%	$ 50,000
$ 70,000	$ 80,000	$ 1,440.00	+	3.9%	$ 70,000
$ 80,000	$ 150,000	$ 1,830.00	+	6.1%	$ 80,000
$ 150,000	$ 500,000	$ 6,100.00	+	7.0%	$ 150,000
$ 500,000	$ 5,000,000	$ 30,600.00	+	9.9%	$ 500,000
$ 5,000,000		$ 476,100.00	+	15.6%	$ 5,000,000

RATE "C"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 385			1.5%	$ 0
$ 385	$ 769	$ 5.77	+	2.3%	$ 385
$ 769	$ 962	$ 14.62	+	2.8%	$ 769
$ 962	$ 1,154	$ 20.00	+	3.5%	$ 962
$ 1,154	$ 2,885	$ 26.73	+	5.6%	$ 1,154
$ 2,885	$ 9,615	$ 123.65	+	6.6%	$ 2,885
$ 9,615	$ 96,154	$ 567.88	+	9.9%	$ 9,615
$ 96,154		$ 9,135.19	+	15.6%	$ 96,154

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 20,000			1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00	+	2.3%	$ 20,000
$ 40,000	$ 50,000	$ 760.00	+	2.8%	$ 40,000
$ 50,000	$ 60,000	$ 1,040	+	3.5%	$ 50,000
$ 60,000	$ 150,000	$ 1,390.00	+	5.6%	$ 60,000
$ 150,000	$ 500,000	$ 6,430.00	+	6.6%	$ 150,000
$ 500,000	$ 5,000,000	$ 29,530.00	+	9.9%	$ 500,000
$ 5,000,000		$ 475,030.00	+	15.6%	$ 5,000,000

RATE "D"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 385			1.5%	$ 0
$ 385	$ 769	$ 5.77	+	2.7%	$ 385
$ 769	$ 962	$ 16.15	+	3.4%	$ 769
$ 962	$ 1,154	$ 22.69	+	4.3%	$ 962
$ 1,154	$ 2,885	$ 30.96	+	5.6%	$ 1,154
$ 2,885	$ 9,615	$ 127.88	+	6.5%	$ 2,885
$ 9,615	$ 96,154	$ 565.38	+	9.9%	$ 9,615
$ 96,154		$ 9,132.69	+	15.6%	$ 96,154

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 20,000			1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00	+	2.7%	$ 20,000
$ 40,000	$ 50,000	$ 840.00	+	3.4%	$ 40,000
$ 50,000	$ 60,000	$ 1,180.00	+	4.3%	$ 50,000
$ 60,000	$ 150,000	$ 1,610.00	+	5.6%	$ 60,000
$ 150,000	$ 500,000	$ 6,650.00	+	6.5%	$ 150,000
$ 500,000	$ 5,000,000	$ 29,400.00	+	9.9%	$ 500,000
$ 5,000,000		$ 474,900.00	+	15.6%	$ 5,000,000

RATE "E"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 385			1.5%	$ 0
$ 385	$ 673	$ 5.77	+	2.0%	$ 385
$ 673	$ 1,923	$ 11.54	+	5.8%	$ 673
$ 1,923	$ 9,615	$ 84.04	+	6.5%	$ 1,923
$ 9,615	$ 96,154	$ 584.04	+	9.9%	$ 9,615
$ 96,154		$ 9,151.35	+	15.6%	$ 96,154

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:			Of Excess Over
$ 0	$ 20,000			1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00	+	2.0%	$ 20,000
$ 35,000	$ 100,000	$ 600.00	+	5.8%	$ 35,000
$ 100,000	$ 500,000	$ 4,370.00	+	6.5%	$ 100,000
$ 500,000	$ 5,000,000	$ 30,370.00	+	9.9%	$ 500,000
$ 5,000,000		$ 475,870.00	+	15.6%	$ 5,000,000

Rowan University

The Department of Human Resources

Affidavit of Pension Form

Please complete and return this form to the Human Resources Department.

Name: _____ Last 4 digits of SS#: _____ DOB: _____

1) I will be hired as a:

☐ Full Time Faculty ☐ Full-Time Staff
☐ Lecturer Title: _____
☐ Adjunct ☐ Part-time/Hourly

in the _____ **hire date** _____
(Department) **(Date)**

2) Are you temporarily in the U.S. under an F or J Visa? ☐ **No** ☐ **Yes**

3) Are you or have you ever been a member of the following State of New Jersey administered retirement systems?

☐ No ☐ Yes - please check the corresponding system and include participation dates

☐ Public Employees Retirement System (PERS) From: _____ To:
☐ Teachers Pensions and Annuity Fund (TPAF) From: _____ To:
☐ Police & Fireman's Retirement System (PFRS) From: _____ To:
☐ Alternate Benefit Program (ABP) From: _____ To:
☐ Defined Contribution Retirement Program (DCRP) From: _____ To:
☐ State Police Retirement System (SPRS) From: _____ To:
☐ Judicial Retirement System (JRS) From: _____ To: _____

4) If you participated in any of the above retirement systems, did you withdraw your funds or retire from the system?

☐ No - still a member ☐ Withdrew Funds ☐ Retired Date: _____

5) Do you own an active annuity contract that contains employee and employer contributions based upon higher education employment?

☐ No ☐ Yes

Current/Previous Employer _____ Pension/Investment Company: _____

I have completed this form to the best of my knowledge. I understand that if I am currently retired from a State of New Jersey administered retirement system, that I must contact the NJ Division of Pension, Office of Client Services at 1-609-292-7524 prior to starting employment at Rowan University.

Employee Signature: _____ Date: _____

Employee ID #	Employee's Name (Last, First, MI)		Social Security #	Phone Number

Financial Institution Name, City, and State

Action	Bank Routing Number (9 digits)	Bank Account Number (up to 17 characters)	Deposit Type	Account Type
□ New □ Add/ Change □ Cancel	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	□ Amount $_____ □ Percentage _____% □ Balance	□ Checking □ Savings

Financial Institution Name, City, and State

Action	Bank Routing Number (9 digits)	Bank Account Number (up to 17 characters)	Deposit Type	Account Type
□ New □ Add/ Change □ Cancel	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	□ Amount $_____ □ Percentage _____% □ Balance	□ Checking □ Savings

I authorize Rowan University to electronically credit the above authorized amounts to the financial institution(s) named about for deposit into my account(s) and if necessary debit my account(s) for any entries made in error.

Employee's Signature _____ Date _____

NJ-165
12-09, R-5

STATE OF NEW JERSEY
Department of the Treasury
Division of Taxation
PO Box 269
Trenton, NJ 08695-0269

EMPLOYEE'S CERTIFICATE OF NONRESIDENCE IN NEW JERSEY

Please Print or Type

First Name	MI	Last Name	Social Security No.

Street Address

City	State	Zip Code

PENNSYLVANIA RESIDENTS

I hereby declare, under penalties of perjury, that I am a resident of the State of Pennsylvania and that, pursuant to a reciprocal agreement existing between that State and the State of New Jersey, I claim exemption from withholding of New Jersey Gross Income Tax on compensation paid to me in the State of New Jersey and authorize my employer to withhold Pennsylvania Personal Income Taxes on my behalf.

Note: If you change your residence from Pennsylvania to any other state, *you must notify* your employer within 10 days.

(Date) (Signature)

MILITARY SPOUSES

Under the Servicemember Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act, you may be exempt from New Jersey income tax on your wages if (i) your spouse is a member of the armed forces present in New Jersey in compliance with military orders; (ii) you are present in New Jersey solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA, attach a copy of your spousal military identification card to Form NJ-165.

I certify that I am not subject to New Jersey withholding. I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

(Date) (Signature)

NEW JERSEY EMPLOYER:

You are required to have a copy of this form on file for each employee receiving compensation paid in New Jersey and who is a resident of Pennsylvania and claims exemption from withholding of New Jersey Gross Income Tax under the reciprocal agreement entered into between New Jersey and Pennsylvania or who claims exemption from withholding of New Jersey Gross Income Tax under the Servicemember Civil Relief Act, as amended by the Military Spouses Residence Relief Act. **Do not forward this Form to the Division of Taxation.**

MAY BE REPRODUCED

DO NOT FORWARD THIS FORM TO THE DIVISION OF TAXATION

NEW JERSEY STATE
POLICY PROHIBITING DISCRIMINATION IN THE WORKPLACE

I. POLICY

a. Protected Categories

The State of New Jersey is committed to providing every State employee and prospective State employee with a work environment free from prohibited discrimination or harassment. Under this policy, forms of employment discrimination or harassment based upon the following protected categories are prohibited and will not be tolerated: race, creed, color, national origin, nationality, ancestry, age, sex/gender (including pregnancy), marital status, civil union status, domestic partnership status, familial status, religion, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States, or disability.

To achieve the goal of maintaining a work environment free from discrimination and harassment, the State of New Jersey strictly prohibits the conduct that is described in this policy. This is a zero tolerance policy. This means that the state and its agencies reserve the right to take either disciplinary action, if appropriate, or other corrective action, to address any unacceptable conduct that violates this policy, regardless of whether the conduct satisfies the legal definition of discrimination or harassment.

b. Applicability

Prohibited discrimination/harassment undermines the integrity of the employment relationship, compromises equal employment opportunity, debilitates morale and interferes with work productivity. Thus, this policy applies to all employees and applicants for employment in State departments, commissions, State colleges or universities, agencies, and authorities (hereafter referred to in this section as "State agencies" or "State agency"). The State of New Jersey will not tolerate harassment or

discrimination by anyone in the workplace including supervisors, co-workers, or persons doing business with the State. This policy also applies to both conduct that occurs in the workplace and conduct that occurs at any location which can be reasonably regarded as an extension of the workplace (any field location, any off-site business-related social function, or any facility where State business is being conducted and discussed).

This policy also applies to third party harassment. Third party harassment is unwelcome behavior involving any of the protected categories referred to in (a) above that is not directed at an individual but exists in the workplace and interferes with an individual's ability to do his or her job. Third party harassment based upon any of the aforementioned protected categories is prohibited by this policy.

II. PROHIBITED CONDUCT

a. Defined

It is a violation of this policy to engage in any employment practice or procedure that treats an individual less favorably based upon any of the protected categories referred to in I4(a) above. This policy pertains to all employment practices such as recruitment, selection, hiring, training, promotion, transfer, assignment, layoff, return from layoff, termination, demotion, discipline, compensation, fringe benefits, working conditions and career development.

It is also a violation of this policy to use derogatory or demeaning references regarding a person's race, gender, age, religion, disability, affectional or sexual orientation, ethnic background, or any other protected category set forth in I(a) above. A violation of this policy can occur even if there was no intent on the part of an individual to harass or demean another.

Examples of behaviors that may constitute a violation of this policy include, but are not limited to:

- Discriminating against an individual with regard to terms and conditions of employment because of being in one or more of the protected categories referred to in I(a) above;

- Treating an individual differently because of the individual's race, color, national origin or other protected category, or because an individual has the physical, cultural or linguistic characteristics of a racial, religious, or other protected category;

- Treating an individual differently because of marriage to, civil union to, domestic partnership with, or association with persons of a racial, religious or other protected category; or due to the individual's membership in or association with an organization identified with the interests of a certain racial, religious or other protected category; or because an individual's name, domestic partner's name, or spouse's name is associated with a certain racial, religious or other protected category;

- Calling an individual by an unwanted nickname that refers to one or more of the above protected categories, or telling jokes pertaining to one or more protected categories;

- Using derogatory references with regard to any of the protected categories in any communication;

- Engaging in threatening, intimidating, or hostile acts toward another individual in the workplace because that individual belongs to, or is associated with, any of the protected categories; or

- Displaying or distributing material (including electronic communications) in the workplace that contains derogatory or demeaning language or images pertaining to any of the protected categories.

b. Sexual Harassment

It is a violation of this policy to engage in sexual (or gender-based) harassment of any kind, including hostile work environment harassment, quid pro quo harassment, or same-sex harassment. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;

- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or

- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of prohibited behaviors that may constitute sexual harassment and are therefore a violation of this policy include, but are not limited to:

- Generalized gender-based remarks and comments;
- Unwanted physical contact such as intentional touching, grabbing, pinching, brushing against another's body or impeding or blocking movement;
- Verbal, written or electronic sexually suggestive or obscene comments, jokes or propositions including letters, notes, e-mail, text messages, invitations, gestures or inappropriate comments about a person's clothing;
- Visual contact, such as leering or staring at another's body; gesturing; displaying sexually suggestive objects, cartoons, posters, magazines or pictures of scantily-clad individuals; or displaying sexually suggestive material on a bulletin board, on a locker room wall, or on a screen saver;
- Explicit or implicit suggestions of sex by a supervisor or manager in return for a favorable employment action such as hiring, compensation, promotion, or retention;
- Suggesting or implying that failure to accept a request for a date or sex would result in an adverse employment consequence with respect to any employment practice such as performance evaluation or promotional opportunity; or
- Continuing to engage in certain behaviors of a sexual nature after an objection has been raised by the target of such inappropriate behavior.

III. EMPLOYEE RESPONSIBILITIES

Any employee who believes that she or he has been subjected to any form of prohibited discrimination/harassment, or who witnesses others being subjected to such discrimination/harassment is encouraged to promptly report the incident(s) to a supervisor or directly to the State agency's Equal Employment Opportunity/Affirmative Action Officer or to any other persons designated by the State agency to receive workplace discrimination complaints.

All employees are expected to cooperate with investigations undertaken pursuant to VI below. Failure to cooperate in an investigation may result in

administrative and/or disciplinary action, up to and including termination of employment.

IV. SUPERVISOR RESPONSIBILITIES

Supervisors shall make every effort to maintain a work environment that is free from any form of prohibited discrimination/harassment. Supervisors shall immediately refer allegations of prohibited discrimination/harassment to the State agency's Equal Employment Opportunity/Affirmative Action Officer, or any other individual designated by the State agency to receive complaints of workplace discrimination/harassment. A supervisor's failure to comply with these requirements may result in administrative and/or disciplinary action, up to and including termination of employment. For purposes of this section and in the State of New Jersey Model Procedures for Processing Internal Complaints Alleging Discrimination in the Workplace (Model Procedures), a supervisor is defined broadly to include any manager or other individual who has authority to control the work environment of any other staff member (for example, a project leader).

V. DISSEMINATION

Each State agency shall annually distribute the policy described in this section, or a summarized notice of it, to all of its employees, including part-time and seasonal employees. The policy, or summarized notice of it, shall also be posted in conspicuous locations throughout the buildings and grounds of each State agency (that is, on bulletin boards or on the State agency's intranet site). The Department of the Treasury shall distribute the policy to State-wide vendors/contractors, whereas each State agency shall distribute the policy to vendors/contractors with whom the State agency has a direct relationship.

VI. COMPLAINT PROCESS

Each State agency shall follow the Model Procedures with regard to reporting, investigating, and where appropriate, remediating claims of discrimination/harassment. See N.J.A.C. 4A:7-3.2. Each State agency is responsible for designating an individual or individuals to receive complaints of discrimination/harassment, investigating such complaints, and recommending appropriate remediation of such complaints. In addition to the Equal Employment Opportunity/Affirmative Action Officer, each State agency shall designate an alternate person to receive claims of discrimination/harassment.

All investigations of discrimination/harassment claims shall be conducted in a way that respects, to the extent possible, the privacy of all the persons involved. The investigations shall be conducted in a prompt, thorough and

impartial manner. The results of the investigation shall be forwarded to the respective State agency head to make a final decision as to whether a violation of the policy has been substantiated.

Where a violation of this policy is found to have occurred, the State agency shall take prompt and appropriate remedial action to stop the behavior and deter its reoccurrence. The State agency shall also have the authority to take prompt and appropriate remedial action, such as moving two employees apart, before a final determination has been made regarding whether a violation of this policy has occurred.

The remedial action taken may include counseling, training, intervention, mediation, and/or the initiation of disciplinary action up to and including termination of employment.

Each State agency shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate.

VII. PROHIBITION AGAINST RETALIATION

Retaliation against any employee who alleges that she or he was the victim of discrimination/harassment, provides information in the course of an investigation into claims of discrimination/harassment in the workplace, or opposes a discriminatory practice, is prohibited by this policy. No employee bringing a complaint, providing information for an investigation, or testifying in any proceeding under this policy shall be subjected to adverse employment consequences based upon such involvement or be the subject of other retaliation.

Following are examples of prohibited actions taken against an employee because the employee has engaged in activity protected by this subsection:

- Termination of an employee;
- Failing to promote an employee;
- Altering an employee's work assignment for reasons other than legitimate business reasons;
- Imposing or threatening to impose disciplinary action on an employee for reasons other than legitimate business reasons; or
- Ostracizing an employee (for example, excluding an employee from an activity or privilege offered or provided to all other employees).

VIII. FALSE ACCUSATIONS AND INFORMATION

An employee who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to administrative and/or disciplinary action, up to and including termination of employment. Complaints made in good faith, however, even if found to be unsubstantiated, shall not be considered a false accusation.

IX. CONFIDENTIALITY

All complaints and investigations shall be handled, to the extent possible, in a manner that will protect the privacy interests of those involved. To the extent practical and appropriate under the circumstances, confidentiality shall be maintained throughout the investigatory process. In the course of an investigation, it may be necessary to discuss the claims with the person(s) against whom the complaint was filed and other persons who may have relevant knowledge or who have a legitimate need to know about the matter. All persons interviewed, including witnesses, shall be directed not to discuss any aspect of the investigation with others in light of the important privacy interests of all concerned. Failure to comply with this confidentiality directive may result in administrative and/or disciplinary action, up to and including termination of employment.

X. ADMINISTRATIVE AND/OR DISCIPLINARY ACTION

Any employee found to have violated any portion or portions of this policy may be subject to appropriate administrative and/or disciplinary action which may include, but which shall not be limited to: referral for training, referral for counseling, written or verbal reprimand, suspension, reassignment, demotion or termination of employment. Referral to another appropriate authority for review for possible violation of State and Federal statutes may also be appropriate.

XI. TRAINING

All State agencies shall provide all new employees with training on the policy and procedures set forth in this section within a reasonable period of time after each new employee's appointment date. Refresher training shall be provided to all employees, including supervisors, within a reasonable period of time. All State agencies shall also provide supervisors with training on a regular basis regarding their obligations and duties under the policy and regarding procedures set forth in this section.

Issued: December 16, 1999
Revised: June 3, 2005
Revised: August 20, 2007
See N.J.A.C. 4A:7-3.1

New Jersey State Policy Prohibiting Discrimination in the Workplace and Model Procedures for Internal Complaints Alleging Discrimination in the Workplace

Acknowledgement of Receipt

The State of New Jersey is committed to providing every employee with a workplace free from prohibited discrimination.

Every employee is required to read and become familiar with the ***New Jersey State Policy Prohibiting Discrimination in the Workplace***" (*State Policy*) and the ***Model Procedures for Internal Complaints Alleging Discrimination in the Workplace*** (*Model Procedures*).

Any questions you may have about the *State Policy* or *Model Procedures* should be directed to the Office of Employee Equity, 856-256-5494.

Please sign this Acknowledgement of Receipt form to confirm receipt of the updated State Policy and Model Procedures. Failure to sign this form does not relieve an employee of the responsibility to understand and adhere to the provisions of the *State Policy* and *Model Procedures*.

Documentation of your acknowledgment will be kept on file.

_____

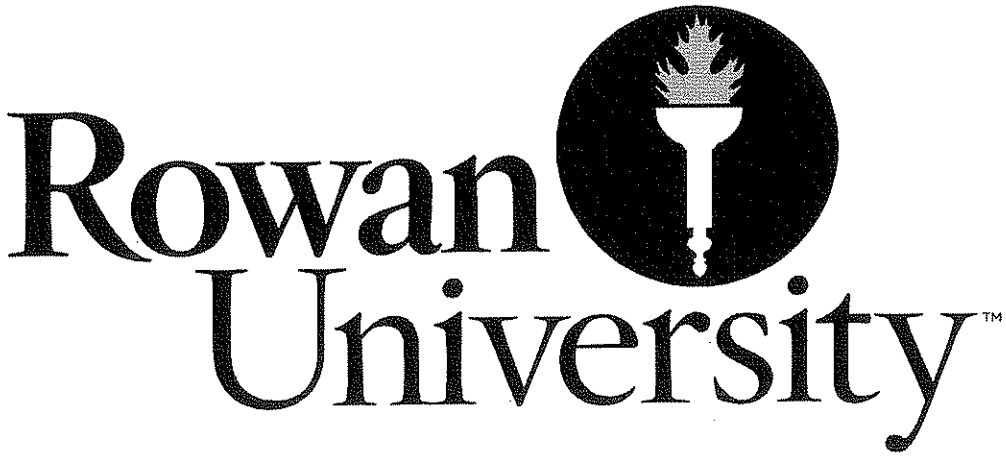
Employee's Name (Please Print)

_____

Employee's Signature

_____

Date



American with Disabilities Act (ADA) ACCOMMODATION POLICY AND PROCESS

Office of Employee Equity

Oak Hall, Rowan University

201 Mullica Hill Road

Glassboro, NJ 08028

ADA – Office of Employee Equity, Oak Hall, Rowan University, 856-256-5494

The Americans with Disabilities Act gives civil rights protection to individuals with disabilities and guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance.*

Rowan University complies with the American Disabilities Act and section 504 of the Rehabilitation Act. In order to do so, Rowan has established a process to ensure equal treatment of all employees and candidates with disabilities. Please contact the Office of Employee Equity if you have any questions.

*Taken from the US Department of Justice Civil Rights Division

DOCUMENTATION REQUIRED:

Employee must submit a Request for Services form and a completed Medical Inquiry Form for an ADA Accommodation Request. All forms and policy can be found at www.rowan.edu/equity

Employee Accommodation Policy

The Office of Employee Equity is the first contact for employees and/or potential employees requiring assistance. Upon receipt of a Request for Accommodations, the verification process will begin. Once all required information is received, a determination of eligibility will be made. If eligible, a representative will contact the employee or candidate to review and verify the information and to develop an accommodation plan. The interactive process may include electronic and paper correspondence as well as in person and phone conversations.

Each accommodation is determined on a case by case basis. In sensitive cases, documents are reviewed by the Office of Employee Equity. In some cases consultation with the requestor's supervisor may be necessary. Copies of the accommodation plan will be given to the employee and to the appropriate department head, as well as a copy placed in the ADA file. Any changes to the accommodation plan may require additional documentation and must be processed through the Office of Employee Equity.

Accommodation costs are generally covered by the employee's department and may be subject to internal review by the university. Rowan University will make all reasonable attempts to make the determination as expediently as possible.

Appeals Process for Non-Worker's Compensation Requests

If the employee is found to be ineligible under ADA, an appeal may be submitted to the Office of Employee Equity within 10 days of the date of denial letter. The appeal and all medical documentation on file will be forwarded to the Chief of Staff for review. The appeal cannot include additional information not presented at the time of accommodation request. The result of the appeal will be made within 15 days from the date of receipt of the appeal letter.

(For requests of ADA due to Worker's Compensation please contact Office of Employee Equity)

Temporary Accommodations under ADA

The Americans with Disabilities Act does not cover temporary disabilities, however, Rowan University allows for accommodations for employees that have need for them during temporary circumstances such as, recovery when returning from sick leave, undergoing treatment, or while recovering from an injury. Paperwork must be submitted if accommodations include room changes or any assistive equipment or technology.

Grievance Process

Once an accommodation plan has been approved, it should be followed as established. If for any reason this should not happen, the employee may file a grievance with the Office of Employee Equity. After review, Office of Employee Equity will direct all parties as to any changes to an approved plan. Rowan University will make all reasonable attempts to make the determination as expediently as possible.

Definition of a Disability as Per ADA/504

A person with a disability is defined as an individual with a physical or mental impairment that limits one or more major life activities. A person is considered to be a person with a disability if he/she has the disability, has a record of the disability, or is regarded as having the disability. **Inherent in this definition is the concept that an impairment itself is not a disability. The impact of the impairment itself in conjunction with the demands of the environment create a disability.**

- "Physical Impairment" is defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skill and endocrine.
- "Mental Impairment" is defined as any psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disorders.
- An impairment is considered to "limit" when it renders an individual unable to perform a major life activity, or a significant restriction as to the condition, manner, or duration under which a major life activity can be performed, in comparison to the average person or to most people; the availability of some mitigating factor (such as a hearing aid for a person with hearing loss that brings hearing acuity within normal limits) is **not** considered when determining if the disability substantially limits the individual.

"Major Life Activities" are the basic activities that the average person can perform with little or no difficulty. Some examples are caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, reproductive. "Major Life Activities" also include operations of an individual organ within a body system, such as the operation of kidney, liver, or pancreas.

Right to be Free of Gender Inequity
or Bias in Pay, Compensation, Benefits
or Other Terms and Conditions of Employment

New Jersey and federal laws prohibit employers from discriminating against an individual with respect to his/her pay, compensation, benefits, or terms, conditions or privileges of employment because of the individual's sex.

FEDERAL LAW

Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on, among other things, an individual's sex. Title VII claims must be filed with the United States Equal Employment Opportunity Commission (EEOC) before they can be brought in court. Remedies under Title VII may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

The Equal Pay Act of 1963 (EPA) prohibits discrimination in compensation based on sex. EPA claims can be filed either with the EEOC or directly with the court. Remedies under the EPA may include the amount of the salary or wages due from the employer, plus an additional equal amount as liquidated damages.

Please be mindful that in order for a disparity in compensation based on sex to be actionable under the EPA, it must be for equal work on jobs the performance of which requires equal skill, effort, and responsibility, and which are performed under similar working conditions.

There are strict time limits for filing charges of employment discrimination. For further information, contact the EEOC at 800-669-4000 or at www.eeoc.gov.

NEW JERSEY LAW

The New Jersey Law Against Discrimination (LAD) prohibits employment discrimination based on, among other things, an individual's sex. LAD claims can be filed with the New Jersey Division on Civil Rights (NJDCR) or directly in court. Remedies under the LAD may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

Another State law, N.J.S.A. 34:11-56.1 et seq., prohibits discrimination in the rate or method of payment of wages to an employee because of his or her sex. Claims under this wage discrimination law may be filed with the New Jersey Department of Labor and Workforce Development (NJDLWD) or directly in court. Remedies under this law may include the full amount of the salary or wages owed, plus an additional equal amount as liquidated damages.

Please be mindful that under the State wage discrimination law a differential in pay between employees based on a reasonable factor or factors other than sex shall not constitute discrimination.

There are strict time limits for filing charges of employment discrimination. For more information regarding LAD claims, contact the NJDCR at 609-292-4605 or at www.njcivilrights.gov. For information concerning N.J.S.A. 34:11-56.1 et seq., contact the Division of Wage and Hour Compliance within the NJDLWD at 609-292-2305 or at http://lwd.state.nj.us.

This notice must be conspicuously displayed.

NEW JERSEY DEPARTMENT OF
LWD
LABOR AND WORKFORCE DEVELOPMENT
nj.gov/labor

Acknowledgment of Receipt of Gender Equity Notification

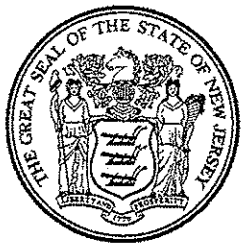
I received a copy of the gender equity notification on the date listed below.
I have read it and I understand it.

_____ _____

Name (signature) Name (print)

_____

Date



NEW JERSEY DEPARTMENT OF

LWD

LABOR AND WORKFORCE DEVELOPMENT

nj.gov/labor

New Jersey Department of Labor and Workforce Development

New Jersey Earned Sick Leave

Notice of Employee Rights

Under New Jersey's Earned Sick Leave Law, most employees have a right to accrue up to 40 hours of earned sick leave per year. Go to *nj.gov/labor* to learn which employees are covered by the law.

New employees must receive this written notice from their employer when they begin employment, and existing employees must receive it by November 29, 2018. Employers must also post this notice in a conspicuous and accessible place at all work sites, and provide copies to employees upon request.

YOU HAVE A RIGHT TO EARNED SICK LEAVE.

Amount of Earned Sick Leave

Your employer must provide up to a total of 40 hours of earned sick leave every benefit year. Your employer's benefit year is:

Start of Benefit Year: _____ End of Benefit Year: _____

Rate of Accrual

You accrue earned sick leave at the rate of 1 hour for every 30 hours worked, up to a maximum of 40 hours of leave per benefit year. Alternatively, your employer can provide you with 40 hours of earned sick leave up front.

Date Accrual Begins

You begin to accrue earned sick leave on October 29, 2018, or on your first day of employment, whichever is later.

Exception: If you are covered by a collective bargaining agreement that was in effect on October 29, 2018, you begin to accrue earned sick leave under this law beginning on the date that the agreement expires.

Date Earned Sick Leave is Available for Use

You can begin using earned sick leave accrued under this law 120 days after you begin employment.

Acceptable Reasons to Use Earned Sick Leave

You can use earned sick leave to take time off from work when:

- **You** need diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or you need preventive medical care.
- You need to care for a **family member** during diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or your family member needs preventive medical care.
- You or a family member **have been the victim of domestic violence or sexual violence** and need time for treatment, counseling, or to prepare for legal proceedings.
- You need to attend **school-related conferences, meetings, or events** regarding your child's education; or to attend a school-related meeting regarding your child's health.
- Your employer's business **closes due to a public health emergency** or you need to care for a child whose school or child care provider closed due to a public health emergency.

Family Members

The law recognizes the following individuals as "family members:"

- Child (biological, adopted, or foster child; stepchild; legal ward; child of a domestic partner or civil union partner)
- Grandchild
- Sibling
- Spouse
- Domestic partner or civil union partner
- Parent
- Grandparent
- Spouse, domestic partner, or civil union partner of an employee's parent or grandparent
- Sibling of an employee's spouse, domestic partner, or civil union partner
- Any other individual related by blood to the employee
- Any individual whose close association with the employee is the equivalent of family

Advance Notice

If your need for earned sick leave is foreseeable (can be planned in advance), your employer can require up to 7 days' advance notice of your intention to use earned sick leave. If your need for earned sick leave is unforeseeable (cannot be planned in advance), your employer may require you to give notice as soon as it is practical.

Documentation

Your employer can require reasonable documentation if you use earned sick leave on 3 or more consecutive work days, or on certain dates specified by the employer. The law prohibits employers from requiring your health care provider to specify the medical reason for your leave.

Unused Sick Leave

Up to 40 hours of unused earned sick leave can be carried over into the next benefit year. However, your employer is only required to let you use up to 40 hours of leave per benefit year. Alternatively, your employer can offer to purchase your unused earned sick leave at the end of the benefit year.

You Have a Right to be Free from Retaliation for Using Earned Sick Leave

Your employer cannot retaliate against you for:

- Requesting and using earned sick leave
- Filing a complaint for alleged violations of the law
- Communicating with any person, including co-workers, about any violation of the law
- Participating in an investigation regarding an alleged violation of the law, and
- Informing another person of that person's potential rights under the law.

Retaliation includes any threat, discipline, discharge, demotion, suspension, or reduction in hours, or any other adverse employment action against you for exercising or attempting to exercise any right guaranteed under the law.

You Have a Right to File a Complaint

You can file a complaint with the New Jersey Department of Labor and Workforce Development
online at *nj.gov/labor/wagehour/complnt/filing_wage_claim.html*
or by calling 609-292-2305 between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday.

Keep a copy of this notice and all documents that show your amount of sick leave accrual and usage.

You have a right to be given this notice in English and, if available, your primary language.

For more information visit the website of the Department of Labor and Workforce Development: *nj.gov/labor*.

Enforced by: NJ Department of Labor and Workforce Development
Division of Wage and Hour Compliance, PO Box 389, Trenton, NJ 08625-0389 • 609-292-2305

This and other required employer posters are available free online at ***nj.gov/labor***, or from the Office of Constituent Relations, PO Box 110, Trenton, NJ 08625-0110 • 609-777-3200.

If you need this document in Braille or large print, call 609-292-2305. TTY users can contact this department through the New Jersey Relay: 7-1-1.

NEW JERSEY DEPARTMENT OF
LWD
LABOR AND WORKFORCE DEVELOPMENT
nj.gov/labor

Display this poster in a conspicuous place

MW-565 (9/18)