

ROWAN UNIVERSITY
201 Mullica Hill Road
Glassboro, NJ 08028

Application for Appointment

It is the policy of Rowan University to afford equal opportunity to qualified individuals regardless of race, color, religion, national origin, age, sex or physical handicap, and to conform to applicable laws and regulations. This policy of equal opportunity also includes all aspects of employment.

Name: _____
Last First Middle Initial

Address: _____
Street

_____ City State Zip Code

Social Security Number: _____

Phone Numbers: _____
Home

_____ Work

_____ Cell

Email Address: _____

Position Desired: _____

Status: () Full-Time () Part-Time

Person to notify in case of emergency:

NAME: _____

ADDRESS: _____

Phone Number: _____
Home Work Cell

Email Address: _____

COMPLETE AS APPLICABLE

Note: Additional information to any question should be placed on a separate page.

What is your academic discipline (e.g., Art) _____

Please list, in order of priority, four courses within your subject matter specialty which you prefer to teach and for which you are qualified.

1. _____ 3. _____

2. _____ 4. _____

Criminal convictions: () Yes () No If yes, please explain.

Have you had prior New Jersey State Service () Yes () No

Dates _____ Title: _____

Department _____ Location _____

Education:

Baccalaureate degree:

Degree _____ Conferring Institution _____

Date of Degree _____ Major _____

Master's degree:

Degree _____ Conferring Institution _____

Date of Degree _____ Major field(s) _____

Doctorate:

Degree _____ Conferring Institution _____

Date of Degree _____ Major field(s) _____

Special field(s) _____

For candidates who do not hold the earned doctorate:

Have you been admitted to a doctoral program () Yes () No

Where _____

Major Field _____ Special Field(s) _____

When did you first start work on your doctorate _____

Number of credit hours beyond the master's _____

When do you anticipate completing the doctorate _____

Honors and Awards Received _____

Professional Organization _____

Professional Publications _____

Research Projects Completed _____

Current Employment Information

Name _____

Address _____ Zip Code _____

Office Phone Number _____

Is your employer aware of this application () Yes () No

May Rowan University contact your employer () Yes () No

Name of supervisor to contact _____ Title _____

Earliest date you would be available for appointment _____

Please give two additional references who may be contacted by Rowan University regarding your candidacy for appointment

NAME: _____

ADDRESS: _____

Phone Number: _____
Home Work

Name: _____

Address: _____

Phone Number: _____
Home Work

Please provide a chronological listing of all activities since graduation from high school whether employment, education, or military service. Make certain there are no periods for which you have not given account.

<u>Institution or type of activity</u>	<u>City & State</u>	<u>Position</u>	<u>Date (Month & Year)</u>
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Have you ever been accorded tenure in any of the above positions ()Yes ()No
If yes, state institution(s) and year(s)

Recapitulation For All Employment

Total years college teaching experience _____

Total years other teaching experience _____

Elementary Levels _____

Secondary Levels _____

Total years collegiate administrative experience _____

Total years other experience (i.e., business, industry, government, other)

I herewith make application for appointment at Rowan University. In making this application, I acknowledge that I am responsible to have forwarded to Rowan University copies of official transcripts for both undergraduate degree(s) and all graduate work. In addition, I shall submit a clear copy of my social security card should appointment be extended to me at some future date. Further, I certify that all information contained in this application and all appended information is true and accurate.

Signature

Date

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 web site <http://www.rowan.edu/safety/>

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.**

2021

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> 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 estimator at www.irs.gov/W4App, 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 2021 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 total 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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

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 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.



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. This step 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 2021 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). 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
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

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)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 769	\$ 11.54 + 3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000	\$ 35,000	\$ 40,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.29 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000	\$ 40,000	\$ 75,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$ 56.35 + 7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00 + 7.0%	\$ 75,000	\$ 75,000	\$ 500,000	\$ 5,000,000	\$ 32,680.00 + 9.9%	\$ 500,000
\$ 9,615	\$ 96,154	\$ 628.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 478,180.00 + 15.6%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 5,000,000	\$ 478,180.00 + 15.6%	\$ 5,000,000
\$ 96,154		\$ 9,195.77 + 15.6%	\$ 96,154	\$ 5,000,000			\$ 5,000,000		\$ 5,000,000			\$ 5,000,000
RATE "B"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 385	\$ 962	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000	
\$ 962	\$ 1,346	\$ 17.31 + 2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000	
\$ 1,346	\$ 1,538	\$ 27.69 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000	
\$ 1,538	\$ 2,885	\$ 35.19 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000	
\$ 2,885	\$ 9,615	\$ 117.31 + 7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00 + 7.0%	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,100.00 + 7.0%	\$ 150,000	
\$ 9,615	\$ 96,154	\$ 588.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,600.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 30,600.00 + 9.9%	\$ 500,000	
\$ 96,154		\$ 9,155.77 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 476,100.00 + 15.6%	\$ 5,000,000		\$ 5,000,000		\$ 5,000,000	
RATE "C"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 385	\$ 769	\$ 5.77 + 2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000	
\$ 769	\$ 962	\$ 14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000	
\$ 962	\$ 1,154	\$ 20.00 + 3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040 + 3.5%	\$ 50,000	\$ 50,000	\$ 60,000	\$ 1,040 + 3.5%	\$ 50,000	
\$ 1,154	\$ 2,885	\$ 26.73 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000	
\$ 2,885	\$ 9,615	\$ 123.65 + 6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00 + 6.6%	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,430.00 + 6.6%	\$ 150,000	
\$ 9,615	\$ 96,154	\$ 567.88 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,530.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 29,530.00 + 9.9%	\$ 500,000	
\$ 96,154		\$ 9,135.19 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 475,030.00 + 15.6%	\$ 5,000,000		\$ 5,000,000		\$ 5,000,000	
RATE "D"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 385	\$ 769	\$ 5.77 + 2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000	
\$ 769	\$ 962	\$ 16.15 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000	
\$ 962	\$ 1,154	\$ 22.69 + 4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000	
\$ 1,154	\$ 2,885	\$ 30.96 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000	
\$ 2,885	\$ 9,615	\$ 127.88 + 6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00 + 6.5%	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,650.00 + 6.5%	\$ 150,000	
\$ 9,615	\$ 96,154	\$ 565.38 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,400.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 29,400.00 + 9.9%	\$ 500,000	
\$ 96,154		\$ 9,132.69 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 474,900.00 + 15.6%	\$ 5,000,000		\$ 5,000,000		\$ 5,000,000	
RATE "E"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	
\$ 673	\$ 1,923	\$ 11.54 + 5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000	
\$ 1,923	\$ 9,615	\$ 84.04 + 6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00 + 6.5%	\$ 100,000	\$ 100,000	\$ 500,000	\$ 4,370.00 + 6.5%	\$ 100,000	
\$ 9,615	\$ 96,154	\$ 584.04 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,370.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 30,370.00 + 9.9%	\$ 500,000	
\$ 96,154		\$ 9,151.35 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 475,870.00 + 15.6%	\$ 5,000,000		\$ 5,000,000		\$ 5,000,000	



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 Pension/Investment
Employer _____ 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 <input type="checkbox"/> New <input type="checkbox"/> Add/ Change <input type="checkbox"/> Cancel	Bank Routing Number (9 digits) -----	Bank Account Number (up to 17 characters) -----	Deposit Type <input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percentage _____ % <input type="checkbox"/> Balance	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name, City, and State				
Action <input type="checkbox"/> New <input type="checkbox"/> Add/ Change <input type="checkbox"/> Cancel	Bank Routing Number (9 digits) -----	Bank Account Number (up to 17 characters) -----	Deposit Type <input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percentage _____ % <input type="checkbox"/> Balance	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> 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 _____



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 Bachelor's Degree Other
 Advanced Vocational, Technical, Business, or Special Training beyond High School Master's Degree Ph.D./Ed.D. J.D. Doctor of Medicine
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)

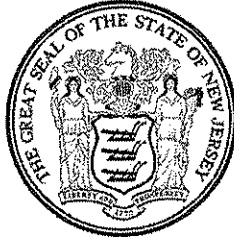
Disability Yes No

Emergency Contact Information

Name: _____ Relation: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____



***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.

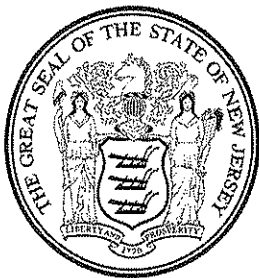
X. ADMINISTRATIVE AND/OR DISCIPLINARY ACTION

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.

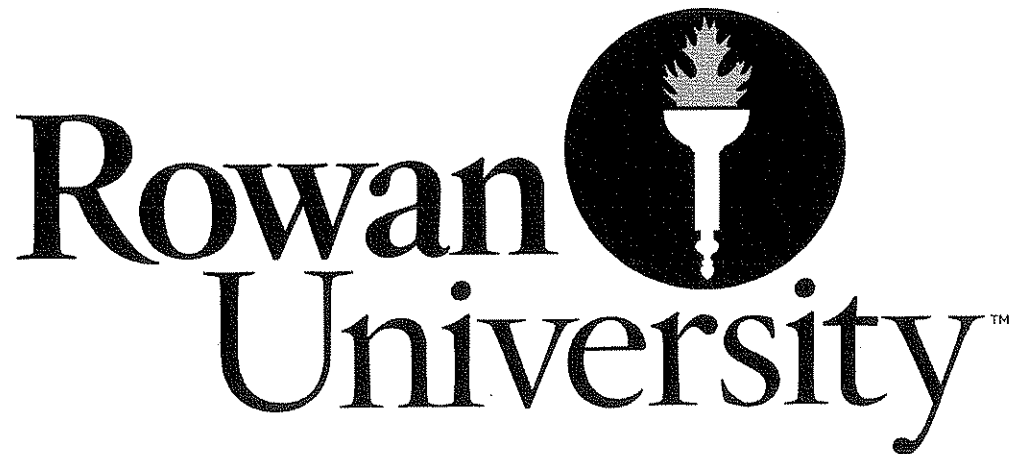
Please sign this Acknowledgement of Receipt form to confirm receipt of the updated State Policy and Model Procedures. Failure to sign this form does not relieve an employee of the responsibility to understand and adhere to the provisions of the *State Policy* and *Model Procedures*.

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 expeditiously 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, skin 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.



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

