

# NORTHWESTERN STATE UNIVERSITY

## New Hire Packet for "NON-CREDIT PRESENTERS"

**NAME:** \_\_\_\_\_

**Employee must provide a copy of valid driver's license or picture ID and Social Security card**

In compliance with State and Federal policies, procedures, and regulations, the following university forms **MUST** be completed by each employee: *(Complete each form in its entirety)*

- Employee Orientation Checklist
- Personnel Record
- Voluntary Self-Identification of Disability Form
- Louisiana Second Injury Fund (E-2)
- Declaration of Selective Service Registration
- Direct Deposit Agreement Form
- Appointment Affidavit
- W-4 - Federal Tax Withholding Form
- L-4 - LA State Tax Withholding Form
- Retirement Information Form
- TRSL - Enrollment Application/Employment Notification
- TRSL - Application for Optional Retirement Plan or Change of Carrier
- TRSL - Forfeiture of Retirement Benefits
- TRSL - Return to Work (RTW)
- Form I-9 - Employment Eligibility Verification & Instructions
- Taxable Compensation, Supplemental Compensation or Benefits from Nonpublic Sources and Drug Prevention Program Certification
- Memorandum - Immigration Reform and Control Act of 1986, University Employee Debt, & Recoupment of Overpayments to Employees
- Safety Policy Statement, New Employee Safety and Environmental Orientation, and New Employee Policy Receipt
- Credit Union for NSU Employees
- Fraud and Illegal Acts
- Viewing your Check Stub Information
- Our Commitment to a Drug-Free Campus

-Information needed for payroll purposes;  
dependent information needed for retirement,  
Group Insurance and to comply with nepotism laws.  
-Required by LA RS 42:33

-Required by LA RS 42:52

-Required by IRS

-Required by LA Dept. of Revenue & Taxation

-Required by LA RS Title 11 & FICA Laws

-Required by Immigration & Naturalization Service

-Div. Of Administration Policy & Procedures  
Memorandum (PPM)73

-Public Law 101-226

-AG Opinion 92-152 -R.S. 42:460

## **Instructions for ALL New Hires**

1. You **must provide** the university a copy of your current driver's license, or picture ID and a copy of your social security card. **Social Security card is required for Federal Tax reporting purposes.** Your information cannot be entered in our payroll and your payroll check may be delayed without these identification materials.
2. If you are a male between the ages of 18 and 25 **you must include** a copy of your proof of Selective Service Registration. If you do not have a copy of your registration card, follow the instructions on the Selective Service Registration form for obtaining on-line proof of registration.
3. If your new hire packet includes an Employee Authorization for Direct Deposit Form, **you must attach a voided blank check to the form.** It is the employee's responsibility to inform our payroll department, in writing, if you are changing bank accounts. A new Employee Authorization for Direct Deposit form and a voided blank check must accompany this notification.
4. **All the documents** included in this packet **must be completed** and you must sign any pages that require an employee signature.
5. After completing all your paperwork, please send the entire packet and all copies of required identification and verifications to the Human Resources Department for further processing and signatures.
6. If you are a member of, or a retiree of, a State of Louisiana Retirement system, you will be mailed any necessary application/notification forms. You are then required to complete and return these forms to the Human Resources Office.
7. Once you have received your Campus Wide Identification (CWID) number, you must bring an official government ID (Driver's License, Passport, etc.) to the One Card Office to receive your NSU ID.

**NORTHWESTERN STATE UNIVERSITY  
EMPLOYEE ORIENTATION CHECKLIST**

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Budget Unit Head: \_\_\_\_\_

The purpose of this form is to provide an outline to follow in welcoming and processing new employees. When it has been fully completed, it should be filed in the employee's personnel file in Business Affairs - Human Resources Section.

**BUDGET UNIT HEAD SECTION**

Check each item to be sure that your orientation is complete and all applicable information is given to an employee.

- \_\_\_\_\_ Give employee job description.
- \_\_\_\_\_ Organizational and functional structure of Division/Department explained to employee.
- \_\_\_\_\_ Employee's position in Division/Department or Section explained to employee.
- \_\_\_\_\_ Promotion policy and possibilities for advancement explained to employee.
- \_\_\_\_\_ Leave system explained to employee.
- \_\_\_\_\_ Attendance requirements and records discussed including work hours, rest periods, etc.
- \_\_\_\_\_ Appropriate Faculty or Staff employee handbook, manuals, and other materials furnished to employee.
- \_\_\_\_\_ General procedures explained.
- \_\_\_\_\_ Explain parking regulations, parking permit and parking place, etc.
- \_\_\_\_\_ Discuss with and have new employee complete Outside Employment and Compensation disclosure forms.
- \_\_\_\_\_ Use of telephone system.
- \_\_\_\_\_ Office etiquette, telephone etiquette, proper dress explained.
- \_\_\_\_\_ Proper conduct when assisting/working with students/faculty/staff.
- \_\_\_\_\_ Work space and equipment inventory assigned to employee.
- \_\_\_\_\_ Use of the University library.
- \_\_\_\_\_ General lay-out of office work station, building, campus, etc. explained to employee.
- \_\_\_\_\_ Wash rooms, water fountains, eating facilities, etc. pointed out to employee.
- \_\_\_\_\_ Building and office keys issued.
- \_\_\_\_\_ Employee's supervisor, subordinates and co-workers introduced to employee.
- \_\_\_\_\_ Addressed questions from new employee.
- \_\_\_\_\_ Submittal of the appropriate Time Entry Documents.
- \_\_\_\_\_ Statement on Fraud and Illegal Acts
- \_\_\_\_\_ Office of Risk Management LA Second Injury Fund
- \_\_\_\_\_ Other \_\_\_\_\_

This is to verify that the items above have been discussed with

\_\_\_\_\_  
(Print or Type Employee Name)

\_\_\_\_\_  
Budget Unit Head

\_\_\_\_\_  
Date

This is to certify that the information listed on the previous page has been explained, and I fully understand my responsibilities. I also certify that all outside employment, compensation and University Taxable Compensation has been disclosed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Specific questions regarding retirement, insurance, and payroll matters are to be referred to Business Affairs - Human Resource Section.

### **BUSINESS AFFAIRS - HUMAN RESOURCE SECTION**

- \_\_\_\_ Appointment Affidavit (SF-13)
- \_\_\_\_ Disclosure of Outside Employment completed
- \_\_\_\_ Disclosure of Taxable Compensation, i.e. Campus Housing/Lodging, Meals, Transportation, Parking, etc. completed
- \_\_\_\_ Work Schedule
- \_\_\_\_ Declaration of Selective Service Registration

#### **EMPLOYEE ADVISED ON:**

- \_\_\_\_ Insurance and Hospitalization Plans
- \_\_\_\_ Cafeteria Plan
- \_\_\_\_ Statement Concerning Employment Not Covered by Social Security
- \_\_\_\_ Retirement \_\_\_\_ Teachers \_\_\_\_ Employees \_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_ Tax deductions
- \_\_\_\_ Other payroll deductions available
- \_\_\_\_ Leave policy, rules and laws
- \_\_\_\_ Office Hours
- \_\_\_\_ Pay Days
- \_\_\_\_ Employee furnished applicable explanatory material and pamphlets
- \_\_\_\_ Probationary Period, if applicable
- \_\_\_\_ Prior State Service, if applicable
- \_\_\_\_ Importance of timely submittal of Time Entry Documents.
- \_\_\_\_ Importance of timely completion and submittal of all required personnel file information
- \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
By/For Business Affairs - Human Resource Section

\_\_\_\_\_  
Date

This is to certify that the above listed information has been explained, and I fully understand my responsibilities.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

PRINT OR TYPE

**Northwestern State University  
Personnel Record**

Last Name	First Name	Middle Name	Maiden Name
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Social Security #	Birth Date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Response
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<b>Home Address:</b>  _____ _____ _____	<b>Mailing Address:</b> <i>(if different from home address)</i>  _____ _____ _____
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**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

Marital Status:	Ethnicity:	
<input type="checkbox"/> Single (S)	<input type="checkbox"/> Caucasian (1)	<input type="checkbox"/> Asian or Pacific Islander (4)
<input type="checkbox"/> Married (M)	<input type="checkbox"/> African-American (2)	<input type="checkbox"/> Native Hawaiian (4A)
<input type="checkbox"/> Widowed (W)	<input type="checkbox"/> Hispanic-Other (3)	<input type="checkbox"/> American Indian/Alaskan Native (5)
<input type="checkbox"/> Divorced (D)	<input type="checkbox"/> Puerto Rican (3A)	<input type="checkbox"/> Other (6)
<input type="checkbox"/> Separated (P)	<input type="checkbox"/> Mexican (3B)	<input type="checkbox"/> Foreign (F)
<input type="checkbox"/> Companion/Partner (C)	<input type="checkbox"/> Cuban (3C)	<input type="checkbox"/> Prefer not to respond (X)
<input type="checkbox"/> Domestic Partner (N)		

Veteran:	Race:
<input type="checkbox"/> None	<input type="checkbox"/> American Indian or Native Alaskan (1)
<input type="checkbox"/> Other Protected Veteran Only	<input type="checkbox"/> Asian (2)
<input type="checkbox"/> Vietnam Veteran Only	<input type="checkbox"/> Black or African-American (3)
<input type="checkbox"/> Both Vietnam/Other Eligible Veteran	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (4)
<input type="checkbox"/> Prefer not to respond	<input type="checkbox"/> White (5)
	<input type="checkbox"/> Prefer not to respond (D)

**Email Address:** \_\_\_\_\_

<b>Emergency Contact:</b>	Relationship:	_____
	Full Name:	_____
	Address:	_____
		_____
		_____
	Phone Number:	_____

PRINT OR TYPE

**Spouse Information:** Full Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Dependents:**

**Children** (*living at home, never married*):

Last, First, Middle Name	Birth Date	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Dependents:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Educational Institutes Attended:**

**High School Information:**

High School Name	City/State	Date Graduated	Highest Grade Completed
_____			
_____			

**Undergraduate & Graduate Study**

Institution & Graduate	Dates Attended	Degree Conferred Date*	Degree Earned
_____			
_____			
_____			

Do you have any hours beyond the highest degree listed above: \_\_\_\_\_ Yes \_\_\_\_\_ No If so how many? \_\_\_\_\_

**Other Formal Education** (*Business – Voc Tech, etc.*)

Schools Attended/Location	Dates Attended	Date Graduated	Course/Diploma/Certificate/License
_____			
_____			
_____			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Office of the State Americans with Disabilities Act Coordinator (OSADAC)  
**VOLUNTARY SELF-IDENTIFICATION OF DISABILITY FORM**

Employee Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

**Why are you being asked to complete this form?**

As an executive branch state agency, the \_\_\_\_\_ is required by La. R.S. 46:2597 to establish annual strategies and goals related to employment of individuals with disabilities. In order to effectively measure and report our progress to this end, La. R.S. 46:2597 requires us to ask employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five (5) years.

Identifying yourself as an individual with a disability is **voluntary**, and we hope that you will choose to do so (if applicable). Your answer will be maintained confidentially and will not be seen by hiring officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way. For more information about this form or the Americans with Disabilities Act, visit the Office of the State Americans with Disabilities Act (ADA) Coordinator's website at <https://www.doa.la.gov/doa/office-of-state-ada-coordinator/>.

**How do you know if you have a disability?**

You are considered to have a disability if you have a physical or mental impairment that substantially limits a major life activity, or if you have a history or record of such an impairment. Disabilities include, but are not limited, to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition, for example, migraine headaches, Parkinson's disease or Multiple Sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, Post Traumatic Stress Disorder (PTSD) or major depression

**Please check ONE of the boxes below:**

☐ **YES**, I have a disability      ☐ **NO**, I do not have a disability      ☐ I do not wish to answer

You are encouraged to carefully review our agency's policy specific to the Americans with Disabilities Act and/or Disability Rights, and to request workplace accommodations as may be needed for your disability.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LOUISIANA WORKERS' COMPENSATION SECOND INJURY BOARD  
POST-HIRE/CONDITIONAL JOB OFFER KNOWLEDGE QUESTIONNAIRE**

**EMPLOYEE:** The intent of this questionnaire is to provide your employer with knowledge about any pre-existing medical condition or disability which may entitle your employer to reimbursement from the Louisiana Workers' Compensation Second Injury Board in the event you suffer an on-the-job injury.<sup>1</sup> This reimbursement in no way affects the benefits owed to you by your employer or its insurance company under the Louisiana Workers' Compensation Act. La. R.S. 23:1021-1361. However, your failure to answer truthfully and/or correctly to any of the question on this questionnaire may result in a forfeiture of your workers' compensation benefits.

In order for your employer to be considered for reimbursement from the Second Injury Board, it has to show that it knowingly hired or retained you with a pre-existing medical condition or disability. To establish its knowledge, your employer is requesting that this questionnaire be completed.

**INSTRUCTIONS:** Please answer ALL questions completely. If a response requires an explanation, please provide a brief description on the Explanation Page. If you have any questions or need help in answering the questions on this form, please ask for assistance from the Employer Representative signing this form.

**NOTE:** Since this questionnaire contains medical information, you can request that the form be kept CONFIDENTIAL and not made part of your personnel file. Please let your employer know that you want the completed questionnaire placed in a sealed folder for confidentiality purposes.

**EMPLOYEE WARNING**

**FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY  
RESULT IN A FORFEITURE OF YOUR WORKERS' COMPENSATION BENEFITS UNDER La. R.S. 23:1208.1.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Male:          Female:

Soc. Sec. # (last 4 digits only): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_

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<sup>1</sup> Under La. R.S. 23:1371(A), the purpose of the Second Injury Board is to encourage the employment, re-employment, or retention of employees who have a permanent partial disability.



**Disease and Other Medical Conditions you currently have or have ever had.**

For all conditions that you check yes, write a brief explanation on the Explanation Page.

[Please check the appropriate box next to each. Every illness/injury requires a Yes (Y) or No (N) answer.]

Y N	Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> <input type="checkbox"/> Arthritis	<input type="checkbox"/> <input type="checkbox"/> Heart Disease/Heart Attack
<input type="checkbox"/> <input type="checkbox"/> Silicosis	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Parkinson's	<input type="checkbox"/> <input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> <input type="checkbox"/> Varicose Veins	<input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> <input type="checkbox"/> Brain Damage	<input type="checkbox"/> <input type="checkbox"/> Vision Loss, one or both eyes
<input type="checkbox"/> <input type="checkbox"/> Asbestosis	<input type="checkbox"/> <input type="checkbox"/> Post Traumatic Stress	<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Disability from Polio
<input type="checkbox"/> <input type="checkbox"/> Hyperinsulinism	<input type="checkbox"/> <input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> <input type="checkbox"/> Dementia	<input type="checkbox"/> <input type="checkbox"/> Psychoneurotic Disability
<input type="checkbox"/> <input type="checkbox"/> Alzheimer's	<input type="checkbox"/> <input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> <input type="checkbox"/> Thrombophlebitis	<input type="checkbox"/> <input type="checkbox"/> Ruptured or Herniated Disc
<input type="checkbox"/> <input type="checkbox"/> Emphysema	<input type="checkbox"/> <input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> <input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> <input type="checkbox"/> Ankylosis or Joint Stiffening
<input type="checkbox"/> <input type="checkbox"/> Hearing Loss	<input type="checkbox"/> <input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> <input type="checkbox"/> Hodgkin's	<input type="checkbox"/> <input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> <input type="checkbox"/> COPD	<input type="checkbox"/> <input type="checkbox"/> Mental Retardation	<input type="checkbox"/> <input type="checkbox"/> Cancer	<input type="checkbox"/> <input type="checkbox"/> Carpal Tunnel Syndrome
<input type="checkbox"/> <input type="checkbox"/> Hypertension	<input type="checkbox"/> <input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> <input type="checkbox"/> Double Vision	<input type="checkbox"/> <input type="checkbox"/> Compressed Air Sequelae
<input type="checkbox"/> <input type="checkbox"/> Head Injury	<input type="checkbox"/> <input type="checkbox"/> Loss of Use of Limb	<input type="checkbox"/> <input type="checkbox"/> Mental Disorders	<input type="checkbox"/> <input type="checkbox"/> Disease of the Lung
<input type="checkbox"/> <input type="checkbox"/> Epilepsy	<input type="checkbox"/> <input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> <input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Coronary Artery Disease
<input type="checkbox"/> <input type="checkbox"/> Stroke	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> <input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> <input type="checkbox"/> Heavy Metal Poisoning

**Surgical Treatment** [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.] For each Yes (Y) answer, please complete the information corresponding to the surgery on the right. Additional information can be provided on the Explanation Page, if necessary.

**Y N**

Spinal Disc Surgery	Year (approximate if unsure) _____
Spinal Fusion Surgery	Year (approximate if unsure) _____
Amputated Foot	Left      Right      Year (approx. if unsure) _____
Amputated Leg	Left      Right      Year (approx. if unsure) _____
Amputated Arm	Left      Right      Year (approx. if unsure) _____
Amputated Hand	Left      Right      Year (approx. if unsure) _____
Knee Replacement	Left      Right      Year (approx. if unsure) _____
Hip Replacement	Left      Right      Year (approx. if unsure) _____
Other Joint Replacement	Joint _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____
Other Surgical Procedure	Procedure _____ Year _____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## EXPLANATION PAGE

Please use the space below to explain the illnesses and/or conditions that you checked a Yes (Y) or any other medical conditions that may not be listed on this form. Ask your employer for additional copies of this page if needed.

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions.

1. Has any doctor ever restricted your activities? Yes No

If "Yes," please list the restrictions: \_\_\_\_\_

Were the restrictions: Permanent Temporary

Are your activities currently restricted? Yes No

What is the medical condition for which you have restrictions? \_\_\_\_\_

2. Are you presently treating with a doctor, chiropractor, psychiatrist, psychologist or other health-care provider? Yes No

Please list the medical condition being treated: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

3. If you are currently taking prescription medication other than those listed on the Explanation Page, please complete the requested information below.

Medication: \_\_\_\_\_ Prescribing Doctor: \_\_\_\_\_

Medication: \_\_\_\_\_ Prescribing Doctor: \_\_\_\_\_

4. Have you ever had an on the job accident? Yes No

If you answered "YES," please provide the date for each injury and the nature of the injury:

\_\_\_\_\_

How long were you on compensation? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

5. Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including but not limited to knee, hip or shoulder replacement? Yes No

If you answered YES, please provide:

Recommended surgery: \_\_\_\_\_

Approximate date of recommendation: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE WARNING**

**FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF ANY AND ALL WORKERS COMPENSATION BENEFITS UNDER La. R.S. 23:1208.1.**

I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in loss of my workers compensation benefits should I become injured on the job.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

EMPLOYER WARNING

PURSUANT TO La. R.S. 23:1208 OF THE LOUISIANA WORKERS' COMPENSATION ACT, IT SHALL BE UNLAWFUL FOR A PERSON, FOR THE PURPOSE OF OBTAINING OR DEFEATING ANY BENEFIT PAYMENT UNDER THE PROVISIONS OF THIS CHAPTER, EITHER FOR HIMSELF OR FOR ANY OTHER PERSON, TO WILLFULLY MAKE A FALSE STATEMENT OR REPRESENTATION. PENALTIES FOR VIOLATIONS INCLUDE IMPRISONMENT, FINES, AND/OR THE FORFEITURE OF BENEFITS.

You must certify the following:

1. That I am an authorized representative of the employer designated to obtain and review the information provided by the employee on this questionnaire;
2. That I have provided the employee with as many copies of the Explanation Page as needed and have confirmed the number of and labeled the pages of this questionnaire;
3. That I have provided assistance to the employee (if requested) in responding to the questions on this questionnaire;
4. That the information sought by this authorization is made on an applicant for employment only after a conditional job offer has been made and accepted, or on a current employee; and
5. That the information obtained in the authorization will **NOT** be used to discriminate in any manner against the individual who is the subject of this authorization on any basis, in violation of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, *et seq.*, or any other state or federal law;
6. That if requested, a photocopy of this fully completed and signed form will be provided to the employee.

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## DECLARATION OF SELECTIVE SERVICE REGISTRATION

### Selective Service System Registration for Classified & Unclassified Positions

In accordance with La. Revised Statute 42:33 (Acts 1987, No. 581, Section 1) an individual shall be ineligible for employment or appointment in a classified/unclassified civil service position (faculty or staff) with the Board or institutions within the University of Louisiana System if he is between the ages of 18 and 25 at the time of request for appointment, and is not registered with the Selective Service System.

The **SELECTIVE SERVICE SYSTEM Registration Form** is available at all U.S. Post Offices (University Post Office does not have these forms). If you have previously registered, you should have received a registration acknowledgment. If you cannot locate your Selective Service Registration card, please go to the following website [www.sss.gov/RegVer/wfVerification1.aspx](http://www.sss.gov/RegVer/wfVerification1.aspx) and print a copy of your registration to attach to your new hire packet. If you need to register and have not done so previously, you can either register on line at the above website or go to your local post office and register. They will be able to provide you with a date-stamped receipt. This acknowledgment or receipt will have to be provided as proof of registration.

Note: This form must be completed and signed by all male employees for whom an appointment is being requested. This form should be completed and returned with all other required "New Hire Packet" information. Until such acknowledgment is received, you are ineligible for employment or an appointment with Northwestern.

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box) (City, State, Zip)

Age at time of completion of this form \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*\*Check and sign the appropriate response:

\_\_\_\_\_ I am currently between the ages of 18 and 25 and have completed the required Selective Service System Registration. Acknowledgment and/or receipt of registration is attached.

\_\_\_\_\_ I am currently over the age of 25 and not required to register.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **NORTHWESTERN STATE** **Direct Deposit Authorization Form**

**Employee Name** (Please Print): \_\_\_\_\_ **CWID or SSN:** \_\_\_\_\_

## ACCOUNT # 1 – NET DEPOSIT

☐ New    ☐ Change    ☐ Cancel

Bank Name \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:    ☐ Checking    ☐ Savings

## ACCOUNT # 2 – PARTIAL DEPOSIT

☐ New    ☐ Change    ☐ Cancel

Bank Name \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:    ☐ Checking    ☐ Savings

\*Amount:        \$ \_\_\_\_\_

## AUTHORIZATION AGREEMENT

I hereby authorize Northwestern State University to initiate automatic deposits to my account at the financial institution named above. I also authorize Northwestern State University to make withdrawals from this account in the event that a credit entry is made in error.

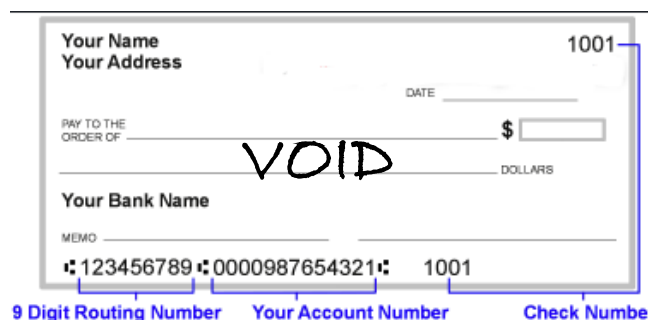
Further, I agree not to hold Northwestern State University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Northwestern State University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**\*\*Please attach a voided check or some type of bank account verification and return with this form to the Payroll Department.**



HR Received with New Hire Packet \_\_\_\_\_

**APPOINTMENT AFFIDAVITS**

**IMPORTANT:** Please read the following appointment affidavits. Before swearing to these affidavits, make sure you understand the fully. It is the responsibility of the employing agency to determine any change in employment status since the applicant filed the original pre-employment application.

<b>APPOINTEE</b>		<b>AGENCY /DIVISION</b>	
<b>PRESENT STREET ADDRESS</b>		<b>PLACE OF EMPLOYMENT</b>	
<b>CITY/ STATE/ZIP</b>		<b>DATE OF BIRTH</b>	
<b>A. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU BEEN INDICTED OR CONVICTED OF ANY LAW VIOLATION (excludes minor traffic violations)?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> IF YES, GIVE DETAILS:			
<b>DATE</b>	<b>LOCATION</b>	<b>CHARGE</b>	
<b>DISPOSITION</b>			
<b>B. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU RESIGNED OR BEEN DISCHARGED AS A RESULT OF MISCONDUCT?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> IF YES, GIVE DETAILS:			
<b>C. DO YOU NOW HOLD OR ARE YOU A CANDIDATE FOR AN ELECTIVE PUBLIC OFFICE?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
<b>D. AS REQUIRED BY LOUISIANA REVISED STATUE 42:52</b>			
Do you solemnly swear (or affirm) to support the Constitution and laws of the United States and Constitution and laws of this State, and faithfully and impartially discharge and perform all of the duties incumbent upon you as a State employee according to the best of your ability and understanding? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
<b>DATE</b>	<b>SIGNATURE OF APPOINTEE</b>		<b>SOCIAL SECURITY NO.</b>



**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2025****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$

**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

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2025 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 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 . . . . . **2** \$ \_\_\_\_\_
- 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-" . . . . . **3** \$ \_\_\_\_\_
- 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 . . . . . **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 territories 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 Surviving Spouse**

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



## Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

**Note to Employer:** Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

### Block A

- Enter "0" to claim neither yourself nor your spouse. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household.
- Enter "2" to claim yourself and your spouse.

A.

### Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.



Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**Louisiana  
Department of  
Revenue

## Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature

Date

### The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
--------------------------------	---

# **NORTHWESTERN STATE UNIVERSITY RETIREMENT INFORMATION FORM**

(Completion of this form is required for compliance with LA Revised Statutes 11:416, 11:443, 11:707 & 11:737)

\_\_\_\_\_  
(Name of Employee)

\_\_\_\_\_  
(Social Security Number)

## **ARE YOU A MEMBER OF ANY LOUISIANA STATE RETIREMENT SYSTEM?**

☐ YES ☐ NO

IF YOU ANSWERED YES, PLEASE COMPLETE THE FOLLOWING:

I am currently a member of the following retirement system:

- ☐ Teacher's Retirement of Louisiana System
- ☐ Louisiana Employee's Retirement System (LASERS)
- ☐ Social Security
- ☐ Other (Please specify) \_\_\_\_\_

## **ARE YOU A RETIREE OF ANY LOUISIANA STATE RETIREMENT SYSTEM?**

☐ YES ☐ NO

1. I am a retiree of the \_\_\_\_\_ system.
2. I was in the DROP Program prior to retiring. ☐ Yes ☐ No
3. I am currently a member of DROP. Date DROP began: \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# Enrollment Application/Enrollment Notification (Form 2)

00-2  
rev. 02/21

## HOW TO SUBMIT:

### DROP OFF or MAIL IN

8401 United Plaza Blvd, Ste 300  
Baton Rouge LA 70809

### EMAIL

[web.master@trsl.org](mailto:web.master@trsl.org)

### FAX

(225) 925-4779

If unable to enroll online, please print in ink or type all entries except signatures. For assistance on TRSL eligibility requirements, please refer to Index 2.0 of the Employer Procedures Manual.

### Section 1 — Member information (to be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number (Attach copy of card)
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Alternate telephone (include area code)	Primary email address
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what type of visa do you possess? _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Section 2 — Previous employment (to be completed by applicant)

Have you ever contributed to a Louisiana public retirement system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of system _____
Did you withdraw your contributions when you left previous employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate the position(s) you previously held:

Position	Years employed	Employer
<input type="checkbox"/> Teacher, professor, instructor	From _____ to _____	_____
<input type="checkbox"/> Custodian, school bus driver	From _____ to _____	_____
<input type="checkbox"/> School food service worker	From _____ to _____	_____

If you withdrew retirement contributions before 1978, provide TRSL membership number if known: \_\_\_\_\_

If you contributed to another Louisiana public retirement system and you are interested in combining all of your service into TRSL, please complete Form 8 to establish a reciprocal recognition agreement or Form 8A for an actuarial transfer of service credit. These forms are available on our website at [www.TRSL.org](http://www.TRSL.org).

Applicant's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
--	--------------------------

### Section 3 — Employer information (to be completed by employer)

Name of employer	TRSL agency number (####)
Name of school	Title of position
Employment status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unclassified (if applicable) Full-time equals _____ hours per day.	Date of employment (mm/dd/yyyy)
Annual full-time earnings \$ _____ This employee will work _____ hours per week	
Applicant is being enrolled in: <input type="checkbox"/> Regular Plan <input type="checkbox"/> Plan B	Basis of employment: <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months

### Check the appropriate box for each statement below:

<input type="checkbox"/> YES <input type="checkbox"/> NO	The applicant's first employment (making him/her eligible for membership in a Louisiana public retirement system) began on or after January 1, 2013.
<input type="checkbox"/> YES <input type="checkbox"/> NO	The applicant was employed in a position eligible for membership in a Louisiana public retirement system prior to January 1, 2013, but he/she terminated service prior to January 1, 2013. Through re-employment on or after January 1, 2013, the applicant is again eligible for membership in a Louisiana public retirement system.
<input type="checkbox"/> YES <input type="checkbox"/> NO	The applicant assumed an elective office on or after January 1, 2013, and by virtue of that service or previous public service, he/she is eligible for membership in a Louisiana public retirement system.

\*\* If the answer to any question in Section 3 is YES, you must complete Section 4 (Forfeiture of benefits) below. \*\*

### Section 4 — Forfeiture of benefits / Employee attestation (to be completed by employer) - Check the appropriate box below.

<input type="checkbox"/> YES, employee has signed Form 2FRB	I hereby certify that this employee has received and executed TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (Form 2FRB), and that this form will be permanently maintained in the personnel records of this employer.	
<input type="checkbox"/> NO, employee has not yet signed Form 2FRB	State law requires that this employee receive and execute TRSL's <i>Forfeiture of Retirement Benefits - Attestation of Understanding</i> (Form 2FRB). La. R.S.-11:293 (The enrollment of this employee cannot be completed until Form 2FRB is properly executed in compliance with state law.)	
Signature of employer's authorized representative (DO NOT PRINT OR TYPE)	Title	Date signed (mm/dd/yyyy)



# Application for Optional Retirement Plan or Change of Carrier (Form 16)

00-16

rev. 07/21

**HOW TO  
SUBMIT:****DROP OFF or MAIL**8401 United Plaza Blvd, Ste 300  
Baton Rouge LA 70809**Submit ORIGINAL form ONLY.  
No copies, faxes, or scans accepted.**

**Print in ink or type all entries except signatures.** Incomplete forms will be returned. This is a multipurpose form to be used by individuals joining the Optional Retirement Plan (ORP) or by ORP participants changing carriers. The reverse side of this form contains important information about the ORP. To complete the enrollment process, please submit this form to your Human Resources office.

**Section 1 — Applicant information**

Name: Last, first, MI, suffix (Jr., III, etc.)		Date of birth (mm/dd/yyyy)	Social Security number (###-##-####)
Street address / PO box		City, state, zip	
Daytime telephone (include area code)		Email address	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of visa: _____	

**To be completed only by current members of the Teachers' Retirement System of Louisiana (TRSL): CHOOSE ONE**

- ☐ I elect to transfer my accumulated TRSL contributions to the ORP carrier I have designated below.
- ☐ I elect NOT to transfer my accumulated TRSL contributions to the ORP carrier I have designated below.

**Section 2 — Carrier designation**

<input type="checkbox"/> New enrollment	Name of ORP carrier <input type="checkbox"/> VOYA Financial (formerly ING Life Insurance and Annuity Company) <input type="checkbox"/> Teachers Insurance and Annuity Association - TIAA (formerly TIAA-CREF) <input type="checkbox"/> AIG Retirement Services (formerly VALIC)	ORP carrier code <table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>01 VOYA</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>02 TIAA</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>03 AIG-RS</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	01 VOYA	<input type="checkbox"/>	<input type="checkbox"/>	02 TIAA	<input type="checkbox"/>	<input type="checkbox"/>	03 AIG-RS
<input type="checkbox"/>			<input type="checkbox"/>	01 VOYA							
<input type="checkbox"/>			<input type="checkbox"/>	02 TIAA							
<input type="checkbox"/>	<input type="checkbox"/>	03 AIG-RS									
<input type="checkbox"/> Change of ORP carrier											
<input type="checkbox"/> Existing ORP participant											

**Section 3 — Applicant's signature**

I hereby make irrevocable application for the Optional Retirement Plan (ORP) in accordance with LSA-R.S. 11:921-931. I understand that future employee contributions, less any administrative fee adopted in accordance with law, and the employer transfer amount will be forwarded to the ORP carrier designated above. **I have read the back of this form. I understand that (1) I can never again become a contributing member of the TRSL Regular Plan (defined benefit plan); (2) the benefits payable under the ORP are not the obligation of the State of Louisiana or TRSL, but are solely the liability and responsibility of the designated ORP carrier; (3) I hereby expressly waive my rights set forth in Louisiana Constitution Article X Sec. 29 (A) and (B), which are printed on the back of this form; and (4) no lump-sum payout of the entire account can be made from the ORP carrier directly to me during my lifetime.**

Applicant's signature (DO NOT TYPE OR PRINT) ▶	Date signed (mm/dd/yyyy)
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**Section 4 — Agency certification (to be completed by employer)**

Agency name	TRSL agency number (####)
Effective date of ORP election — date of employment for new employees _____ (mm/dd/yyyy)	
Effective date for change of carrier (or when this form is received by TRSL, whichever is later). Contributions withheld for this period and thereafter will be transferred to the carrier designated in Section 2 above. _____ (mm/dd/yyyy)	
I certify that this employee is eligible to participate in the ORP according to LSA-R.S. 11:925 and that he or she has signed a contract with the carrier designated above.	
Signature of authorized representative of agency (DO NOT TYPE OR PRINT) ▶	Date signed (mm/dd/yyyy)
Name of authorized representative	Title

**See reverse side for important information**



## What is the Optional Retirement Plan (ORP)?

The ORP is a defined contribution plan. ORP retirement benefits are based solely on the balance in the ORP account at the time of retirement. There is no state or other governmental guarantee of benefits. By participating in the ORP, the participant expressly waives his or her rights set forth in Louisiana Constitutional Article X Sec. 29(A) and (B), which provide as follows:

Section 29.(A) Public School Employees. The legislature shall provide for retirement of teachers and other employees of the public educational system through establishment of one or more retirement systems. Membership in such a retirement system shall be a contractual relationship between employee and employer, and the state shall guarantee benefits payable to a member or retiree or to his lawful beneficiary upon his death.

(B) Other Officials and Employees. The legislature shall enact laws providing for retirement of officials and employees of the state, its agencies, and its political subdivisions, including persons employed jointly by state and federal agencies other than those in military service, through the establishment of one or more retirement systems. Membership in any retirement system of the state or of a political subdivision thereof shall be a contractual relationship between employee and employer, and the state shall guarantee benefits payable to a member of a state retirement system or retiree or to his lawful beneficiary upon his death.

No separate disability or survivor benefits are payable. At the participant's death, the ORP account is payable to beneficiary(ies) as a lump sum or otherwise. An ORP participant can choose to retire and receive benefits at any time after termination of all employment in public education in Louisiana. Benefits payable to ORP participants or their beneficiaries are the sole liability and responsibility of the ORP carrier except in the case of the third option given below when a direct rollover is chosen by the ORP participant. After termination of all Louisiana public education employment, the ORP participant can choose at any time to:

1. Receive a lifetime (or joint and survivor lifetime) benefit. These payments must be based on the entire balance in the ORP account at the time the payments begin, or
2. Receive an initial benefit of up to 36 months worth of the maximum lifetime benefit payable in (1) above and then receive a reduced monthly benefit for life (or joint and survivor lives), or
3. Rollover all or a portion of the ORP account balance to an Individual Retirement Account (IRA) or qualified retirement plan. These rollovers may be made to several IRAs at one time and/or over a period of years.

*The second and third options given above became possible on July 1, 1999, and July 13, 1999, respectively. LSA-R.S. 11:929(B).*

## Who can participate?

The ORP is available **only** to (1) academic or unclassified employees of public institutions of higher education and their respective management boards; or (2) certain non-higher education employees who have prior ORP participation.

**In accordance with LSA-R.S. 11:921–931 and guidelines established by the TRSL Board of Trustees, the ORP is further described as follows:**

1. The decision to participate in the ORP is **irrevocable**.
2. **An ORP participant may NEVER again be a contributing member of the TRSL Regular Plan (defined benefit plan), regardless of changes in employment.**
3. An eligible new employee must make a decision to become or to remain a member of the TRSL Regular Plan or participate in the ORP within 60 days of employment. If no decision is made within 60 days, the new employee must be placed in TRSL. (See #5.)
4. An ORP participant waives all rights to membership, retirement, survivor, and/or disability benefits from TRSL. However, a TRSL member with at least 5 years of service credit and who elects participation in the ORP but chooses not to transfer his prior accumulated employee contributions will have retirement, survivor, and/or disability rights and benefits provided by the TRSL Regular Plan, if otherwise eligible, and only with regard to service credit earned in the TRSL Regular Plan prior to joining the ORP.
5. An active contributing member of the regular retirement plan of TRSL who has less than five years of creditable service in TRSL can make an irrevocable election to participate in the ORP and transfer his or her accumulated employee contributions to the ORP under the provisions of LSA-R.S. 11:925(B) and 926(A). No prior employer contributions will be transferred.
6. A higher education academic or unclassified employee who is not eligible for membership in TRSL because of part-time, seasonal, or temporary employment status is eligible to participate in the ORP.
7. An ORP participant who changes employment to a TRSL employer not in the field of higher education must remain in the ORP.
8. **Employee contributions:** The ORP participant will contribute monthly to the ORP the same amount which he or she would be required to contribute under the TRSL Regular Plan. A monthly fee of 0.05% of salary to cover the cost of administration and maintenance of the ORP will be deducted from the participant's contributions. The balance will be remitted to the appropriate carrier on behalf of the participant.

**Employer Transfer Rate (employer contributions to participant accounts) for higher education employers:** The minimum employer contribution rate to a participant's ORP account is 6.2%. However, higher education boards created by Article VIII of the Louisiana Constitution can establish such rate above 6.2% by board resolution. Any rate established by board resolution is applicable to each board's employees and the employees of each institution and agency under its supervision and control, including laboratory schools. Resolutions establishing the employer contribution rate in excess of 6.2% must be received by TRSL by June 1 prior to the fiscal year for which the rate is being set.

**Employer Transfer Rate (employer contributions to participant accounts) for non-higher education employers:** The employer contribution rate must be the greater of the employer normal cost contribution for the TRSL Regular Plan, or 6.2%.

Only the Employer Transfer Rate portion of the employer contributions remitted to TRSL will be forwarded to the appropriate carrier on behalf of the participant. The balance will be retained by TRSL to apply to the unfunded accrued liability of TRSL.

9. ORP participants can change carriers throughout the year. To change carriers, the participant must complete an *Application for Optional Retirement Plan or Change of Carrier* (Form 16). Carrier changes for ongoing contributions become effective beginning with the effective date for change in carrier provided in Section 4 of Form 16 or when received by TRSL, whichever is later.
10. Account statements for ORP participants will be provided by the carriers.
11. If you are also eligible for Social Security benefits from your spouse's (ex-spouse's) employment or from your own Social Security-covered employment, your Social Security benefit may be reduced according to federal regulations.
12. If you plan to reside outside of the United States after your employment ends, please contact your ORP carrier to discuss your plans. Due to federal laws, you must set up an IRA or other account to accept your LA ORP funds prior to leaving the country.



# Employee's Acknowledgment That Employment Is **NOT** Covered By Social Security (Form 2SS)

**00-2SS**

rev. 01/25

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-4779

Employee name: Last, first, MI, suffix (Jr., III, etc.)	Employee Social Security number (###-##-####)
Employer name	TRSL agency number (####)

**I certify that I have received TRSL Form 2SS and understand that the earnings for this job are not covered under Social Security. I further understand that I will not pay into Social Security or earn Social Security credits while employed in this job.**

Signature of employee ( <i>DO NOT PRINT OR TYPE</i> ) 	Date signed (mm/dd/yyyy)
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**ABOUT THIS FORM:** The Social Security Protection Act of 2004 requires state and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security.

**Employers must take the following actions:** 1) Give the statement to the employee before the start of employment; 2) Obtain the employee's signature on the form; and 3) Submit a copy of the signed form to TRSL. Copies of TRSL Form 2SS, Employee's Acknowledgment That Employment Is Not Covered By Social Security, are available online at [www.TRSL.org](http://www.TRSL.org).

**Please use TRSL Form 2SS for all TRSL-covered employees. For additional information, refer to Index 2.0 of the Employer Procedures Manual.**

**More information:** Social Security publications and additional information are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You can also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.



# Forfeiture of Benefits — Attestation of Understanding (Form 2FRB)

00-2FRB

rev. 02/21

*All individuals employed on or after January 1, 2013, are required to read and sign this attestation form. **This form will be permanently maintained in the employee's personnel record with their employer.***

La. R.S. 11:293 provides for the forfeiture of retirement benefits by a public employee or elected official (hired or beginning service on or after January 1, 2013) convicted of a "public corruption crime." This law defines "public corruption crime" as a state or federal felony committed on or after January 1, 2013, in which the sentencing judge finds that the public servant acted willfully and in the course and scope of his official capacity and that any of the following apply:

1. The public servant realized or attempted to realize a financial gain for himself or for a third party.
2. The public servant committed any criminal sexual act with or upon the person of a minor, and there was a direct association between the public servant and the minor related to the public servant's employment.

The complete statutory text of La. R.S. 11:293, setting forth the provisions of law governing forfeiture of benefits, is contained in Section 3 of this form. You are required to read its contents.

## Section 1 — Member information

Name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number (###-##-####)

## Section 2 — Attestation (see full statute in Section 3)

I, \_\_\_\_\_, have read this form, *Forfeiture of Retirement Benefits – Attestation of Understanding*, including the full statute contained in Section 3, and understand its contents.

Applicant's signature (DO NOT PRINT OR TYPE)

Date signed (mm/dd/yyyy)



**\*\* Full statute on reverse \*\***

**Section 3 — La. R. S. 11:293. Forfeiture of retirement benefits; public corruption crimes**

A. As used in this Section, the following words or phrases shall have the following meanings:

- (1) "Conviction" or "convicted" means a criminal conviction, guilty plea, or plea of nolo contendere that is final, and all appellate review of the original trial court proceedings is exhausted.
- (2) "Public corruption crime" means a state or federal felony committed on or after January 1, 2013, in which the sentencing judge finds the public servant acted willfully and in the course and scope of his official capacity and the evidence establishes either of the following:
  - (a) The public servant realized or attempted to realize a financial profit or a financial gain for himself or for a third party.
  - (b) The public servant committed any criminal sexual act with or upon the person of a minor, and there was a direct association between the public servant and the minor related to the public servant's employment.
- (3) "Public retirement system" means any state, statewide, or any local public retirement system, plan, or fund.
- (4) "Public servant" means a public employee or an elected official as defined in R. S. 42:1102 who is a member, former member, deferred retirement option plan participant, or retiree under the provisions of any public retirement system and who meets any of the following criteria:
  - (a) His first employment making him eligible for membership in a public retirement system began on or after January 1, 2013.
  - (b) He was employed in a position making him eligible for membership in a public retirement system prior to January 1, 2013, but he terminated his service prior to that date and is reemployed in such a position on or after that date.
  - (c) He assumes an elective office on or after January 1, 2013, and by virtue of that service or previous public service he is eligible for membership in a public retirement system.

B. (1) Following the conviction of a public corruption crime, the sentencing court shall determine if the conviction warrants forfeiture as provided in this Subsection or garnishment as provided in R. S. 11:292. In order to determine the appropriate remedy the sentencing court shall review the following factors:

- (a) The nature of the offense.
- (b) The prior service of the public servant and the appropriateness of any mitigating factors.
- (2) (a) If the court determines that forfeiture is appropriate, the court may order the forfeiture of the public servant's right to receive any benefit or payment of any kind under this Title except a return of the amount contributed by the public servant to the retirement system without interest, subject to Subparagraph (b) of this Paragraph.
- (b) If the court orders the public servant to make restitution to the state or any political subdivision of the state for monetary loss incurred as a result of the public corruption crime for which he is convicted, the court may order restitution to be paid from the amount contributed by the public servant to the retirement system.
- (c) Subject to the requirements of Paragraph (3) of this Subsection, the court may award to the member's spouse, dependent, or former spouse, as an alternate payee, some or all of the amount that, but for the order of forfeiture under Subparagraph (a) of this Paragraph, may otherwise be payable. Upon order of the court, the retirement system shall provide information concerning the member's membership that the court considers relevant to the determination of the amount of an award under this Subparagraph. The system shall also calculate the spousal share of the public servant's benefit for the sentencing court in accordance with existing community property law. Any dependent's share shall be calculated in the same manner as a spousal share. In determining the award, the court shall consider the totality of the circumstances, including but not limited to:
  - (i) The role, if any, of the member's spouse, dependent, or former spouse in connection with the crime.
  - (ii) The degree of knowledge, if any, possessed by the member's spouse, dependent, or former spouse in connection with the crime.
- (3) An award ordered under Subparagraph (2)(c) of this Subsection may not require the retirement system to:
  - (a) Provide a type or form of benefit or an option not otherwise provided by the retirement system.
  - (b) Provide increased benefits determined on the basis of actuarial value.
  - (c) Take an action contrary to the system's governing laws or plan provisions other than the direct payment of the benefit awarded to the spouse, dependent, or former spouse.
- (4) All of the convicted public servant's service credit attributable to employer contributions and interest on those contributions that are not otherwise assigned pursuant to Subparagraph (2)(c) of this Subsection shall be forfeited, and any dollar amount of such employer contributions and interest, together with any funds in the individual's deferred retirement option plan account, shall be applied to reducing the balance of the unfunded accrued liability of the system in a manner determined by the system's board of trustees. If the system has no unfunded accrued liability, the employer contributions and interest shall revert to the system's trust.

C. Notwithstanding the provisions of Subsection B of this Section, survivor benefits being received by the surviving unmarried spouse, the surviving minor child, or the surviving physically or mentally handicapped child who is entitled to a survivor benefit of a deceased public servant convicted of a public corruption crime shall be based solely on the amount of the public servant's benefit forfeited to the retirement system and shall not be based on any amount remitted to the public servant.

D. No provision of this Section shall impinge on any judicially recognized community property interest of a current or former spouse.

E. Each public retirement system shall create an attestation form explaining the provisions of this Section and shall provide such attestation form to each employing agency. Each employing agency shall provide every public servant with such attestation form and such public servant shall be required to sign the form indicating that he has read it and understands the contents thereof.

F. (1) A parish prosecutor shall inform the secretary of the Department of Public Safety and Corrections in writing when a conviction for a state public corruption crime is entered against a person who the prosecutor knows, or has reason to believe, is a member of a public retirement system and who is subject to the provisions of this Section. The secretary shall compile such information and transmit it to the appropriate public retirement system.

- (2) The secretary of state, upon being notified by a United States attorney of a felony conviction for a federal public corruption crime, whether or not such conviction qualifies as a conviction as defined by this Section, shall promptly transmit to each public retirement system information pertaining to such conviction.

G. The provisions of this Section shall apply only to benefits earned on or after January 1, 2013.





# Return-to-Work (RTW) of TRSL Retiree – La. R.S. 11:710.1 RTW 2020 Group (Form 15ELEC)

07-15ELEC

rev. 12/20

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-4779

Effective August 1, 2020, retirees of the Teachers' Retirement System of Louisiana (TRSL) who return to work in a position eligible for TRSL membership are subject to one of the following two laws governing their return to work.

- 2010 RTW LAW:** For retirees who retired on or before June 30, 2010 **or** who returned to work before July 1, 2020. These retirees are subject to La. R.S. 11:710, enacted in 2010.
- 2020 RTW LAW:** For retirees who returned to work **for the first time** on or after July 1, 2020 **or** retirees who have made an **irrevocable election** to be subject to the 2020 RTW Law. These retirees are subject to La. R.S. 11:710.1, enacted in 2020.

**HOW TO COMPLETE THIS FORM:** Print in ink or type all entries except signature. Please read this form carefully before signing. Employers should maintain this form in their records and MAIL or FAX a copy to TRSL.

**Retirees subject to 2010 RTW LAW:**

- If you are making an **irrevocable election** to be subject to the 2020 RTW Law: Complete Sections 2 through 5. Complete this form **ONLY** if you are making an **irrevocable election** to be subject to the 2020 RTW Law.

**Retirees subject to 2020 RTW LAW:**

- If you are subject to the 2020 RTW Law by virtue of when you return to work: Complete Sections 2, 4, and 5 upon re-employment to select one of the RTW options available under the 2020 RTW Law.
- If you are subject to the 2020 RTW Law by making an **irrevocable election**: Complete Sections 2 through 5.

**Section 1 - Employment information (to be completed by employer)**

Agency name	Agency ID
Position title of RTW employee	Rehire date (mm/dd/yyyy)
Employment status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Is retiree directly employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

- If "Yes," retiree should complete all sections below based on the elections being made.
- If "No," retiree should be enrolled under **710.1-CONTRACT-SUSP** in EMIS and should complete Section 2 and sign Section 5 of this form acknowledging that (1) retirees employed by contract or corporate contract are not eligible to select a RTW option below, and (2) that their benefit will be suspended for the duration of this employment. (See reverse side for additional information.)

**Section 2 - Retiree information**

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Street address / PO box	Date of birth (mm/dd/yyyy)
City, state, zip	Daytime telephone (include area code)

**Section 3 - Members retired on/before June 30, 2010 or retired and returned to work before July 1, 2020**

TRSL retirees who retired on or before June 30, 2010, or returned to work before July 1, 2020, are covered by La. R.S. 11:710 (2010 RTW Law). However, a retiree falling under the 2010 RTW Law can make a **one-time irrevocable election** to instead be covered by La. R.S. 11:710.1 (2020 RTW Law). Retirees choosing to make this **irrevocable election**, must sign the attestation below, then complete Sections 4 through 6.

I am a TRSL retiree who either retired on or before June 30, 2010, or returned to work before July 1, 2020. I hereby make a **one-time irrevocable election** to be subject to La. R.S. 11:710.1 (2020 RTW Law), allowing me to choose RTW Option 1 or RTW Option 2 as listed on the following page. I acknowledge that I am making an **irrevocable election** in accordance with La. R.S. 11:710.1(B). I further acknowledge that this election will make me subject to La. R.S. 11:710.1, whereby I can avail myself of the RTW options listed on the following page. I understand that I can never avail myself of any provisions contained in La. R.S. 11:710 (2010 RTW Law), and forever waive all rights connected to my irrevocable decision. I hereby hold TRSL harmless for my decision to make this **one-time irrevocable election**, and I acknowledge that additional information relating to La. R.S. 11:710 and La. R.S. 11:710.1 is available to me on the following page.

Retiree's signature ▶	Date (mm/dd/yyyy)
--------------------------	-------------------

**Complete the remainder of the form on the next page, if necessary.**

**Section 4 - Selection of re-employment option**

I hereby elect the following option during the period of my re-employment after retirement in accordance with La. R.S. 11:710.1. I understand that this option is **irrevocable** for the full period of re-employment, unless otherwise indicated below. I further understand that if I return to service within 12 months from the effective date of my retirement, my benefit will be suspended for the duration of a 12-month period from the effective date of my retirement, regardless of the option selected below.

☐ **RTW OPTION 1:** (Available to all part-time and full-time direct employment positions) I elect to limit my earnings during each fiscal year to 25% of my original final average compensation (FAC). I understand that my employer and I will make contributions to TRSL during my re-employment and that my RTW Option 1 employee contributions will be refundable to me upon application and termination of all employment. It is my responsibility to monitor my actual earnings during the fiscal year to ensure that the earnings limit is not exceeded. I understand that if my earnings exceed the earnings limit, my retirement benefit may be suspended and my future retirement benefit will be reduced by the amount that exceeds the earnings limit. **I further understand that if I am a full-time employee, I may prospectively exercise RTW Option 2 below any time prior to or after reaching my 25% earnings limit by executing a new Form 15ELEC — Return-to-Work (RTW) of TRSL Retiree.** If I make such change from RTW Option 1 to RTW Option 2, I understand that I will receive a refund of my RTW Option 1 employee contributions after termination of all employment, unless I have exceeded my 25% earnings limit, in which case my refund could be reduced by the amount of earnings in excess of the 25% limit.

☐ **RTW OPTION 2:** (Available to all full-time direct employment positions) I elect to have my benefits suspended for the duration of my re-employment. I understand that once elected, all subsequent full-time employment will be under RTW Option 2; that I will become an active member of TRSL; that my employer and I will make contributions to TRSL during my re-employment; and that I will accrue a supplemental benefit. I further understand that my supplemental benefit will be calculated using the same formula used to determine my original benefit, utilizing service credit earned during re-employment. The final average compensation (FAC) will be determined as follows: if I am re-employed for at least 36 months, the FAC used in the formula will be the higher of my original FAC or my FAC since re-employment or if I am re-employed for less than 36 months, the FAC used in the formula will be my original FAC.

**Section 5 - Retiree signature**

- I hereby certify that I have read this form (including all sections) and understand its contents.
- I further certify that the employment information stated above is correct to the best of my knowledge.
- I understand that this choice is **irrevocable** for the full term of re-employment, unless otherwise indicated above.
- I further understand that I should contact a financial advisor if I have any questions regarding what option is best for me.

Retiree's signature

Date (mm/dd/yyyy)

**Section 6 - Agency certification (to be completed by employer)**

I certify that this retiree is employed in a TRSL-covered position and is eligible to make the elections contained herein.

**I further certify that this retiree will be enrolled in TRSL through EMIS by a representative of this agency.**

Authorized signature

Date (mm/dd/yyyy)

Title

**Additional information**

- **Direct employment and employment by contract or corporate contract:** Direct employment is when a retiree is hired directly (generally issued a W-2 IRS form) by a TRSL-reporting employer. Generally, a retiree is employed by "contract or corporate contract" in the following situations:
  - » When hired as an independent contractor (generally issued a 1099 IRS form) by a TRSL-reporting employer to provide services to that TRSL employer; or
  - » When hired and paid by a separate company that is performing services to a TRSL-reporting employer pursuant to a contract between that company and the TRSL employer.

State law provides that if a retiree's re-employment is based on a "contract or corporate contract," the retiree shall have their benefit suspended for the duration of re-employment. Furthermore, the retiree and his employer shall not make contributions to the system during such time, and the retiree shall receive no additional service credit and shall not accrue any additional retirement benefits.

La. R.S. 11:710.1(C)(3). If you have any questions as to whether you are a direct employee of a TRSL-reporting employer, you should contact your employer to confirm your status.

- **Online resources:** For more information about the 2010 RTW Law (La. R.S. 11:710) and the 2020 RTW Law (La. R.S. 11:710.1), please refer to TRSL's online brochure, *Returning to Work After Retirement*, as well as the Louisiana Legislature website for La. R.S. 11:710 and La. R.S. 11:710.1 (Act 337 of 2020).



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047  
Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
			<input type="checkbox"/> 1. A citizen of the United States			
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
			<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
					<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.





**Supplement A,  
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security  
U.S. Citizenship and Immigration Services**

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027**

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

**NORTHWESTERN STATE UNIVERSITY**  
**TAXABLE COMPENSATION, SUPPLEMENTAL COMPENSATION OR BENEFITS FROM NONPUBLIC**  
**SOURCES AND DRUG PREVENTION PROGRAM CERTIFICATION**

I, \_\_\_\_\_ (Print/Type Name) have reviewed the procedure on Taxable Compensation, Supplemental Compensation or Benefits From Nonpublic Sources and Drug Prevention Program (X-29) in the Business Affairs Policy and Procedure User Guides and certify the following:

1. Yes\_\_\_\_\_No\_\_\_\_\_ Have you received any compensation from the University other than salary or wages?
2. Yes\_\_\_\_\_No\_\_\_\_\_ Have you received any supplemental compensation or benefits from nonpublic sources?
3. If you answered "Yes" to item 1 or 2, please complete the ***Taxable Compensation and Supplemental Compensation or Benefits From Nonpublic Sources Disclosure*** form disclosing the nature of the compensation. Route the ***Taxable Compensation and Supplemental Compensation or Benefits From Nonpublic Sources and Drug Prevention Program Certification*** to your Budget Unit Head for submission to Business Affairs – Accounting and Reporting Section along with the ***Taxable Compensation and Supplemental Compensation or Benefits From Nonpublic Sources Disclosure*** form.

If you answered "No" to items 1 and 2, route only this certification form.

4. I certify that I have read the University's Drug Prevention Program available at <http://businessaffairs.nsula.edu/human-resources/> entitled "Our Commitment to a Drug Free Campus".

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Wide ID Number

☐ Employee

☐ Student

I have reviewed the procedure on Taxable Compensation and Supplemental Compensation or Benefits From Nonpublic Sources (X-29) in the Business Policy and Procedure User Guides and certify the following:

1. Yes\_\_\_\_\_No\_\_\_\_\_ Is the above named employee who is under your supervision receiving any compensation Other than salary or wages?
2. Yes\_\_\_\_\_No\_\_\_\_\_ Is the above named employee who is under your supervision receiving any supplemental Compensation or benefits from nonpublic sources?
3. If you or the employee answered "Yes" to item 1 or 2, please complete the ***Taxable Compensation and Supplemental Compensation or Benefits From Nonpublic Sources Disclosure*** form and forward this certification along with the ***Taxable Compensation and Supplemental Compensation or Benefits From Nonpublic Sources Disclosure*** form to the appropriate Vice President of President for approval and submission to Business Affairs - Accounting and Reporting Section.

If you answered "No" to items 1 and 2, route only this certification form.

\_\_\_\_\_  
Budget Unit Head

\_\_\_\_\_  
Date

\*\*\*\*\*

**ASSIGNMENT, APPROVALS, ROUTING**

\_\_\_\_\_  
Budget Unit/Department Assigned To:

\_\_\_\_\_  
Budget Unit/Department Index No.

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President or President

\_\_\_\_\_  
Date

***From Employee to Budget Unit Head to Dean to Applicable Vice President or President. Approved copy to Employee and Business Affairs from Vice President***

**NORTHWESTERN STATE UNIVERSITY**  
**TAXABLE COMPENSATION AND SUPPLEMENTAL COMPENSATION OR BENEFITS FROM**  
**NONPUBLIC SOURCES DISCLOSURE**

**TAXABLE COMPENSATION**

Under the provisions of PPM 73, the university is required to submit a plan for delineating those conditions under which an employee shall receive any compensation other than salary and wages.

Payments to employees in accordance with General Travel Regulations-PPM No. 49 for reimbursement of actual business travel expenses shall be treated as a noncompensation item and should not be reported.

Employer provided parking in a public parking facility valued up to \$155 per month may be excluded from taxable income.

The general valuation rule will be Fair Market Value.

Please indicate if you received any of the following during the period January 1 – December 31 of the previous year.

1. **Meals:** (Do not include meals provided or reimbursed under travel regulations)

Description of meals provided: \_\_\_\_\_

Value of the meals: \_\_\_\_\_

Valuation Method: \_\_\_\_\_

Reason meals are partially or fully nontaxable: \_\_\_\_\_

2. **Lodging:** (See evaluation tests for exclusion from taxable compensation)

Description of lodging: \_\_\_\_\_

Value of the lodging: \_\_\_\_\_

Valuation Method: \_\_\_\_\_

Reason lodging is partially or fully nontaxable: \_\_\_\_\_

3. **Transportation:** (Personal use of state vehicle)

Description of transportation: \_\_\_\_\_

Value of transportation: \_\_\_\_\_

Valuation Method: \_\_\_\_\_

Reason transportation is partially or fully nontaxable: \_\_\_\_\_

4. **Taxable Parking:**

Description of parking: \_\_\_\_\_

Value of parking: \_\_\_\_\_

Valuation Method: \_\_\_\_\_

Reason parking is partially or fully nontaxable: \_\_\_\_\_

5. **Uniforms:**

Description of uniforms: \_\_\_\_\_

Value of uniforms: \_\_\_\_\_

Valuation Method: \_\_\_\_\_

Are your uniforms required by the university? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your uniforms distinctive with emblems, etc., which make them not a substitution for street clothes? Yes \_\_\_\_\_ No \_\_\_\_\_

Do the uniforms remain with the employee or are they turned in to the university upon separation of employment or when they are worn out, etc.?  
Please explain. \_\_\_\_\_

Reason uniforms are partially or fully nontaxable: \_\_\_\_\_

6.

**Other:**

Type of compensation: \_\_\_\_\_

Value of compensation: \_\_\_\_\_

Valuation Method: \_\_\_\_\_

Reason other compensation is partially or fully nontaxable: \_\_\_\_\_

I certify that I have disclosed all taxable compensation other than salary and wages that was received by me during the period January 1 - December 31 of the previous year.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Wide ID Number

**SUPPLEMENTAL COMPENSATION OR BENEFITS FROM NONPUBLIC SOURCES**

Under the provisions of Act 359 of the 1986 Regular Session of the Louisiana Legislature, supplementary compensation or benefits from nonpublic sources may be received by an employee of a higher education institution, board or system but only "as approved by the appropriate policy or management board."

Each and every supplemental benefit or supplementary compensation received by an employee must be approved.

Please list each and every supplemental benefit or supplementary compensation you received during the period January 1 – December 31 of the previous year.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have disclosed all supplementary compensation or benefits from nonpublic sources that was received by me during the period January 1 – December 31 of the previous year.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Wide ID Number

\*\*\*\*\*

**ASSIGNMENT, APPROVALS, ROUTING**

\_\_\_\_\_  
Budget Unit /Department Assigned To:

\_\_\_\_\_  
Budget Unit/Department Index No.

\_\_\_\_\_  
Budget Unit Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President or President

\_\_\_\_\_  
Date

*From Employee to Budget Unit Head to Dean to Applicable Vice President or President. Approved copy to Employee and Business Affairs from Vice President*

## MEMORANDUM

**TO:** All New Employees

**FROM:** Director of Human Resources

**SUBJECT: IMMIGRATION REFORM AND CONTROL ACT OF 1986**

Congress passed and the President signed into law the Immigration Reform and Control Act of 1986. As a result this University now must have the proper identification for verifying American Citizens and aliens who are authorized to work in the United States. Attached is Form I-9 (Employment Eligibility Verification) in which Section 1 must be completed and submitted to Human Resources for each new employee. Section 2 of this form is the Employer Review and Verification. You must provide one document used for verification from List A or one each from List B and C. (Please refer to the reverse side of Form I-9 for lists.)

If you should have any questions, please contact the Human Resource Office at 6152.

**SUBJECT: UNIVERSITY EMPLOYEE DEBT - NSU Fiscal Policy & Procedure (X-37)  
Attorney General Opinion 92-152**

The University can withhold wages from an employee's paycheck for nonpayment of fines or other monies owed the University with the consent of the employee. If no such consent is given by an employee then the University policy addresses the withholding of payment of fines or other obligations due the University on an involuntary basis.

Check one: \_\_\_\_\_ Yes, I give my consent \_\_\_\_\_ No, I do not give my consent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBJECT: RECOUPMENT OF OVERPAYMENTS - NSU Fiscal Policy & Procedure (X-38)  
Division of Administration Office of State Uniform Payroll (LAC 4:III, Chapter 7)**

The University in accordance with R.S. 42:460, regarding recoupment of overpayments to state employees is now a policy for Northwestern State University to recoup overpayment to an employee through payroll deduction. This policy includes recoupment of overpayment from Active Employees, Employees Transferring to Another State Agency and Separated Employees. I agree to the payroll deduction for overpayment of any monies owed the University.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NORTHWESTERN STATE

*Office of Environmental Health and Safety*

July 16, 2018

To: New Northwestern State University Employees

From: Chelsea Eddington

Environmental Health & Safety

RE: Policy Statement

Northwestern State University proposes to provide a safe and efficient work environment for NSU employees. The full support of each employee is essential for the effectiveness of this safety program. Each employee has an obligation to cooperate fully by helping to protect himself/herself, as well as their fellow employees. This can only be achieved through safe and efficient practices. It is imperative that work place hazards be identified, appropriately evaluated, and effectively controlled.

It is Northwestern State's objective to follow federal, state, and local codes, in addition to our own policies in order to maintain safe and healthy conditions in the workplace. This objective is possible when our employees accept responsibility for their own safety and well-being. Safe work habits are an important aspect of great job performance. Individual employees are responsible for immediately reporting potentially unsafe conditions and work practices to his/her immediate supervisor.

Supervisors are accountable for training their employees to report unsafe actions, incidents and accidents immediately. Supervisors are also responsible for reporting all accidents and/or incidents to University Police, **AS WELL AS** the Environmental Health & Safety Office **IMMEDIATELY** (day, night, holidays and weekends). Contact information for the EHS Office will be listed below.

The EHS Office at Northwestern State University will continuously work to provide training, establish guidelines, and provide supervision, in order to maintain a successful safety program and minimize hazards when possible.

EHS Contact Information:

Chelsea Eddington  
Environmental Health & Safety  
318-663-0441  
[csmith062@nsula.edu](mailto:csmith062@nsula.edu)  
Fax: 318-357-4348

DEDICATED TO ONE GOAL. **YOURS.™**

**Northwestern State University**  
**New Employee Safety and Environmental Orientation (7-2016)**

**All blanks must be completed.**

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

(Print- Last, First, Middle Initial)

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ (Building/Room #)

NSU E-mail \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Welcome to Northwestern State University. Your safety is a personal resource that is developed and maintained by cooperative efforts with other employees through training, hazard prevention and recognition, and safe work procedures.

Discuss with your Supervisor department-specific procedures as listed below, and return the completed form to the Environmental Health & Safety Department. All policies listed below have a brief description attached to this cover document. Full policies can be found on the Environmental Health & Safety website: <http://ehs.nsula.edu/policies/>.

**All trainings must be complete within 90 days of employment start date.**

1. Safety Policy Statement from the President
2. Reporting hazards.
3. Accident Report and Instructions
4. Driving on state business. (Driver's Safety Program/State Travel Policy)-DA-2054
5. Vehicle Accidents on State Business (Instructions and DA-2041)
6. How to respond to different types of emergencies. (Emergency Preparedness)
7. Hazard Communication Policy. Inventory of chemicals in area employee will be working must be provided by supervisor. SDS must be available on all chemicals present-ensured by Department Head.
8. Employee Safety Responsibilities.
9. General Safety Rules for the University.
10. Our Commitment to a Drug –Free Campus • Drug & Alcohol Testing (Distributed to employees every 5 years or upon policy updating.)
11. Key Policy.
12. Blood Borne Pathogens Policy—Low risk policy/LEO Training. High Risk policy/Face-to-Face .
13. Fire Drill / Building Evacuation Policy
14. Smoking Policy
15. Work Order (Request) Procedures
16. Lock Out-Tag Out, Elevator Emergencies/Malfunctions and PPE
17. Louisiana State Civil Service
18. Employee Training
19. Transitional Return to Work Policy

**Reviewed with:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Printed Name

**I have read and understand the policies within the New Employee Orientation packet. I agree to abide by all policies listed above, and acknowledge that if I do not adhere to the policies, that I am subject to disciplinary action up to and including termination. I also acknowledge that I have received a copy of all listed policies for Northwestern State University. I acknowledge by signing the New Employee Orientation Paperwork that this information has been presented to me, as a new Northwestern State University employee.**

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please **be sure all blanks above are completely filled in and return the cover page only** to:

**Environmental Health & Safety (EHS), Facility Services Building,  
Room 101, Natchitoches, LA 71497**



Full policies are also available on the web at <http://ehs.nsula.edu/>

Below is a brief description of each required policy.

#### Policy Descriptions:

##### 1. Safety Policy Statement from the President

This is a statement from the President indicating the safety mission of the University.

##### 2. Reporting hazards

The new employee should understand how to report hazards that he/she may come across during their day's work. In reporting hazards, the employee should provide their supervisor with details of the location and description of hazard, and any thoughts they may have to reduce or eliminate the hazard. The employee should understand the need to isolate or barricade hazards that have immediate safety consequences (immediately dangerous). The employee should understand their responsibility for their personal safety along with the safety of their fellow employees and the campus population. It is important that they **not create** any situations, which create a hazard for others in the area.

How to report hazards:

- a) Report to Supervisor, or,
- b) Report to building coordinator, or
- c) Contact the Physical Plant- (work control center) 4519, or
- d) Contact University Police at 318-357-5431

##### 3. Reporting Injuries - ALL

The new employee should know that injuries should be reported immediately to the supervisor. The treatment of emergency injuries is handled according to the severity. In major life threatening injuries, call 911. From a University phone, this call is directed to University Police. They will dispatch emergency medical personnel. If 911 is dialed from a cell phone, it will be directed to the Natchitoches Parish Sheriff's Office.

Health Services does not respond to any student, faculty, staff or visitor emergency, per policy of Student Health Services.

##### ○ Employee Accident Policy, Photos and Report • DA-2000 • Post Accident Drug Testing

All accidents require an Office of Risk Management Report. Employee accidents require a DA-2000 and Employee Supplemental Report. These reports can be located on the EHS website, but are also distributed quarterly via quarterly safety meetings. These reports must be filled out for each accident that occurs in the course and scope of employment with the University. University Police should also be called to the accident scene so that a report can be completed and photos taken to document the accident scene.

Post-Accident Drug Testing: Employees are required to be drug tested after an on-the-job accident if: 1-There is reasonable suspicion, 2-There is a chemical or hazardous material release, 3-There are serious injuries requiring medical attention, or there is a death involved, and 4-there is damage to state property. The drug test will occur no matter the date of the accident or the reporting date. This is an Office of Risk Management requirement.

##### ○ Student/Visitor Accident Policy, Photos and Report • DA-3000

All accidents require an Office of Risk Management Report, a DA-3000 for students or University visitors. These reports can be located on the EHS website. These reports must be filled out for each accident that occurs on University Property. University Police should also be called to the accident scene so that a report can be completed and photos taken to document the accident scene.

##### 4. Driving on state business-Driver's Safety Policy • DA-2054

Employees will not be allowed to routinely drive on state business unless they receive authorization from the Driver Safety Coordinator. The following are required to be an authorized driver:

- The Driver's Safety Course must be taken within 90 days of employment, and the refresher course every 3 years.
- Each employee must complete, and submit a DA-2054, Driver Authorization Form.
- Official Driving Record must be obtained. Louisiana Driver's Licenses will be obtained by the Driver Safety Coordinator. Employees with out-of-state driver's license must obtain an official driving record

from the state that issues their license. Only after successful completion of the Driver's Safety Program and proper authorization, are employees allowed to drive on State vehicles or personal vehicles on state business.

- Employees are to know and obey all traffic laws.
- Vehicle accidents require immediate reporting to the local police, University Police (318-357-5431) and their immediate supervisor.

## **5. Vehicle Accidents on State Business**

If an employee is involved in an accident while on State Business, whether in a University vehicle or your personal vehicle, the accident must be reported to University Police at 318-357-5431 as soon as possible after the accident. Also, a DA-2041 must be completed within 24 hours of the accident. A drug screen may be required for any employee that has a vehicle accident on University business. Please see the guidelines related to Post Accident Drug Testing.

## **6. How to respond to different types of emergencies**

**"911"**- Dialed from University telephones goes to the NSU Police Department which is operated 24 hours, seven days a week. NSU Police can dispatch fire, ambulance and police personnel to the location. All fires and emergency situations should be reported to the NSU police department immediately. In the event of a fire, all personnel should evacuate the building and remain outside until University Police issue an "All Clear".

**Purple Alert**--This is information on the rapid emergency messaging system, Purple Alert, and how to register yourself to receive alerts.

## **7. Hazard Communication Policy**

If there are hazardous materials used in the employee's job, review locations of the material and how to find the SDS (Safety Data Sheet) for the material. Proper labeling, handling and disposal methods should also be discussed. Hazardous wastes should be disposed of according to University regulations which are found in the Hazard Communication Policy. Review methods of obtaining Safety Data Sheets for hazardous materials.

- a. All containers should be labeled with the name of the contents
- b. Review the material safety data sheets for the materials used by the employees
- c. To ensure understanding, employees should be knowledgeable in the signs and symptoms of exposure to the Hazardous material.
- d. The employee should know how to access all material safety data sheets if he/she has any further questions.

## **8. Employee Safety Responsibilities**

This is a list of safety responsibilities for each classification of employee, to include all employees. These are not all inclusive responsibilities, as the situation warrants, responsibilities may be changed or added to.

## **9. General Safety Rules for the University and Department.**

General Safety Rules are for all University Employees.

### **○ General Safety rules for the Department.**

Discuss with the employee any specific safety rules within the department, along with how the employee will receive training. A general tour of the department is essential for the new employee. The employee should be shown the locations of:

- a. **Fire extinguishers** and the P-A-S-S method of use. P-pull the pin,  
A-aim the nozzle at the base of the flame, S-squeeze the handle at the top of the extinguisher,  
S-sweep the flame from side-to-side
- b. **First Aid Certified** persons-detailed listing of persons should be in the Departmental Office
- c. **First aid kits**-locations-departments are responsible for their own first aid kits.
- d. **Fire emergency pull stations**-Employees should note the locations of emergency pull stations within their building.
- e. **Proper exits** from the building during an emergency, and assembly location

#### **10. Our Commitment to a Drug-Free Campus• Drug and Alcohol Testing Policy and Receipt**

This contains the Policy statement regarding drugs and alcohol from the President. It also includes University Policy and Sanctions, as well as information regarding the Employee Assistance Program. Testing Policy relates to Drug and Alcohol Testing and for employees.

#### **11. Key Policy and Forms, Building Access**

Discuss with employee how they will access the building along with standard opening and closing times. In addition, discuss how employee will gain access to the building (if it is allowed) during the off-hours. Complete paperwork for keys to be issued. Complete paperwork for NSU identification cards. Ensure that employee signs for the Key Policy.

Re-enforce with employee the need to maintain and not compromise security systems by duplicating or "loaning" their personal keys and codes, and to notify Campus Police (911) for any emergency situation including theft, fire and medical emergency.

#### **12. Blood Borne Pathogens**

A discussion of blood borne diseases should be conducted with all new employees to ensure their understanding.

The O.S.H.A. blood borne disease standard requires that "only trained personnel clean and disinfect body fluid contamination." All other personnel should barricade the area until these personnel arrive. If an individual is exposed to bloody body fluids, wash with soap and water immediately, report to the supervisor, and the employee should be referred to the University Police Department to complete a report of the incident. In all cases, treat spilled body fluids as if they were a hazardous material and refrain from touching or spreading the material until proper personnel arrive to decontaminate and remove. Specific staff are trained to clean blood borne pathogens spills.

#### **13. Fire Drill / Building Evacuation Policy**

This is the information that will be needed should a fire drill or building evacuation is needed in any building on campus. Fire Drills occur in administrative, athletic and academic buildings on an annual basis. Fire Drills in on-campus housing occur each semester. Please participate in all drills, so that you will know what to do when an actual emergency happens.

#### **14. Tobacco Free Policy**

NSU is a Tobacco Free University. Smoking is prohibited by state in accordance with Act No. 211 of the 2013 State Legislative Session and Louisiana Revised Statute 40:1300.263. All public post-secondary institutions shall be smoke free and nothing shall prohibit a public post-secondary institution from developing a tobacco free policy on its campus. The tobacco free university includes all property, and vehicles owned or leased by Northwestern State University, and all indoor and outdoor athletic facilities.

#### **15. Work Order Request Procedures.** All requests for maintenance should be submitted online through the Physical Plant website at <http://www.nsula.edu/physicalplant/> then click the Submit Maintenance Request Here button.

#### **16. Lock out Tag out, Elevator, and PPE.** If you see pad locks, zip-ties, and tags on electrical equipment, please do not touch. This means that the equipment is locked out so that work can be done. Please do not touch or remove any locks on any electrical equipment. Elevator-see link: <https://www.nsula.edu/documentprovider/docs/387/Elevators-Fire-Service-Key-Policy.pdf>. Personnel Protective Equipment required on the job typically, in an office environment, no special personnel protective equipment required. If the job requirements or procedures dictate, use safety glasses, goggles, gloves, or respirators as specified. The supervisor should review the uses and limitations of personal protective equipment.

#### **17. Louisiana State CivilService**

Applications for employment with the State of Louisiana are only accepted online at <https://jobs.civilservice.louisiana.gov>. All applications are reviewed by Louisiana State Civil Services for qualifications and experience.

#### **18. Training.** Employees of Northwestern State University will receive on-the-job training related to their duties and responsibilities.

## 19. Transitional Return to Work Policy

Effective Date: July 1, 2018 with *revisions on February 26, 2020*

Responsible Office: Human Resources

Program Purpose: As the health, well-being, and safety of all employees at Northwestern State University (from this point forward referred to as the *University*) are primary goals, the *University* has developed, in compliance with R.S. 39:1547, a *Transitional Return to Work (TRW) Policy*. This plan has been designed with the following objectives in mind:

- To provide the earliest possible safe return to work after an occupational injury or illness;
- To provide employees more options in returning to work, as opposed to waiting for a full duty release;
- To retain qualified, tenured employees; thereby using their expertise and training;
- To facilitate a safer work environment by assuming more responsibility for injured workers; and
- To reduce medical costs of worker's compensation claims due to extended work absences.

Program Framework: To qualify for the program, in addition to being off work due to a work-related injury or illness, the employee must be receiving worker's compensation and have their attending physician's approval to return to transitional duties/work. If the employee meets these criteria, the University will make reasonable efforts to place the returning employee in a meaningful assignment while on temporary limited/light duty. Placement is NOT guaranteed, as the University is not obligated to offer, create, or encumber a position for the sole purpose of placement. Final placement decisions are made by the University's appointing authorities.

If a transitional duty is offered until the employee can return to full duty, it must be offered for the length certified by the attending physician/other provider but for no longer than one (1) year. Also, the physician/provider must delineate the physical restrictions and job duty constraints. Once this information has been obtained, the first priority for placement is within the employee's unit. The second priority, obviously, is in another unit of the University.

Should a program-eligible employee refuse an accommodation or reassignment, the University is not obligated to provide another alternative. This refusal must be made in writing by the employee and submitted to the Environmental Health & Safety Officer, who will communicate with the Office of Risk Management (ORM) for appropriate action. This action may include termination.

Additionally, the *TRW Policy* is not meant to interfere with Americans with Disabilities Act (ADA). Supervisors of those employees requesting a reasonable accommodation should contact:

Veronica M. Biscoe  
Executive Director, Institutional Effectiveness & Human Resources  
Northwestern State University  
Natchitoches, LA 71497  
318-357-6359  
[ramirezv@nsula.edu](mailto:ramirezv@nsula.edu)

Program Responsibilities: A team approach for the *TRW Policy* is expected for both the employee and the University to benefit and be successful. The Transitional Return to Work Team (Team) consists of representatives from Human Resources, Environmental Health & Safety, and the affected departmental supervisor. This group also will work with the Office of Risk Management-Workers' Compensation Division to determine which employees on worker's compensation might be eligible for the program. The intent of the Team is to review all cases of employees who are off duty as a result of a work-related injury or illness with the goal of returning said employee to productive work as soon as possible.

The Team will be responsible for developing a tracking system in order to determine the effectiveness of the program. A report including number of work-related injured/ill employees, along with the number of associated lost time (days) will be reported monthly to the Office of Risk Management.

Below are the responsibilities of those involved in this process.

#### Employee

- Immediately report job-related injury or illness to supervisor
- Complete the *State Employee Incident/Accident Investigation Form* found at: <http://ehs.nsula.edu/assets/2016/PDF-Files/Employee-Accident-Incident-Report-2016.pdf>
- Additional information regarding accidents can be found on the Environmental Health & Safety Office web page: <http://ehs.nsula.edu/accidents-and-incidents/>
- Comply with University attendance/leave procedures
- Maintain biweekly communication with supervisor and Human Resources
- Provide physician with job description and Physician's Certification
- Comply with medical treatment and all appointments
- Return to duty (transitional or full) when requested
- Collaborate with the Team in the development of the transitional duties

### Employee's Supervisor

- Share any employee updates received with Human Resources
- If necessary, work with Team to develop a TRW plan
- Monitor employee progress during transitional duties
- Maintain confidentiality

### Human Resources (HR) (HR Director)

- Process personnel actions related to transitional duty
- Maintain confidentiality

### Environmental Health & Safety (EHS) Officer

- Investigate the accident
- Provide assistance in completion of the *State Employee Incident/Accident Investigation Form*
- Report the accident to the Office of Risk Management via the online claims system
- Point of contact with ORM Workers' Compensation representative
- Process claim information.
- Receive from HR Analyst C Workers Compensation all information requested by ORM Workers Compensation; Employee job description, E-2: Prior Injury Form, Leave slips and Time sheets, Questionnaire's from Workers' Compensation representative

### Transitional Return to Work Coordinator (HR Director)

- Coordinate Team and meetings
- Facilitate and monitor TRW Program
- As needed, collaborate with ADA Coordinator to develop and facilitate accommodations
- Monitor employee progress
- Maintain confidentiality
- Responsible for reports related to TRW Program

### Transitional Return to Work Team (includes all the above individuals)

- Review employee job duties
- Review Physical Capabilities Worksheet
- Assist with defining transitional work duties and plan
- Reevaluate plan every 30 days
- If necessary, work with ORM and Workers' Compensation
- Participate in all TRW-related meetings
- Maintain confidentiality

### Forms Used in this Policy

- DA WC4000: Transitional Return To Work Audit Form
- Physicians Modified Work Information Sheet\*

**\*A review of worker's compensation cases made evident the difficulty associated with the employee trying to get their physician to complete this form. In lieu of this form, the University will accept information regarding employee restrictions and how long they should last, if that document provides the physician's signature.**

## FITNESS FOR DUTY FORM

Employee's Name: \_\_\_\_\_ Injury/Illness Date: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Employee's Release for Duty Status:  
 \_\_\_ Full, unrestricted duty effective date: \_\_\_\_\_  
 \_\_\_ Modified duty effective date: \_\_\_\_\_ Next evaluation date: \_\_\_\_\_  
 \_\_\_ Not released for any type of duty. Next evaluation date: \_\_\_\_\_

### To All Employees:

Please return this completed report directly to your supervisor within 5 business days of your injury or illness, and prior to the start of your next scheduled work shift. If your injury is ongoing, please return this form to your supervisor within 5 business days of receipt.

### Attending Physician:

The State of Louisiana, Office of Risk Management is committed to a modified/alternate duty work program to accommodate the timely return to productive, beneficial work that facilitates recovery. In order for the return to work to be successful, it is important that the accommodation fits the appropriate restriction(s) and limitation(s) that the employee should be observing. To assist us in identifying suitable duties, please indicate your patient's work capabilities and any other comments you may have. The State of Louisiana has the ability to provide duties that accommodate almost all restrictions.

Please check the employee's current capabilities for modified duty.

	1 to 2 lbs	3 to 5 lbs	6 to 10 lbs	11 to 20 lbs	21 to 30 lbs	31 to 40 lbs	41 + lbs
Lifting							
Carrying							
Push/pull							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 hrs
Sitting								
Standing								
Walking								
Kneeling								

	YES	NO
Squatting/Stooping		
Bend/Twist at Waist		
Reaching		
Work above Shoulder		
Operate a Motor Vehicle		
Repetitive Movement		

	Explanation
If medication has been prescribed, would it impair the employee's ability to safely perform essential job duties? Yes No	

Please list any other restrictions not listed above.

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## TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000

Please submit this form to the Office of Environmental Health & Safety no later than the 5<sup>th</sup> of each month.

Month of Report \_\_\_\_\_ Location code \_\_\_\_\_

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

### REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the past month: \_\_\_\_\_
  2. Number of employees returned to work on transitional duty: \_\_\_\_\_
  3. Number of employees returned to work full duty: \_\_\_\_\_
  4. Number of employees on workers' compensation at month's end: \_\_\_\_\_
  5. Number of employees who are separated from the agency and still receiving workers' compensation: \_\_\_\_\_
- A job task list is on file for each workers' compensation claim this month: \_\_ yes\_\_ no
  - The RTW committee has met and reviewed all W/C\_\_yes\_\_no

1. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
2. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
3. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
4. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
5. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
6. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
7. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
8. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
9. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
10. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
11. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_
12. Employee \_\_\_\_\_ days missed \_\_\_\_\_ day pay rate \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

(Retain for your records/No need to return)

## **CREDIT UNION FOR NORTHWESTERN STATE UNIVERSITY EMPLOYEES**

In the Spring of 1972 the Faculty Senate voted to endorse the Louisiana Capitol Federal Credit Union, a non-profit organization established for Louisiana State Employees. The Credit Union has been in existence for over 50 years.

Northwestern State University provides the service of payroll deduction for employees who want to repay a loan or save by this method. No indication is made on the payroll deduction form whether the deduction is for savings or loans, thus providing confidentiality.

Requests for information about membership in the Credit Union should be directed to:

**La Capitol Federal Credit Union, Natchitoches Branch Office, 311 Keyser Avenue,  
Natchitoches, LA 71457 or call 318-357-3103.**

## FRAUD AND ILLEGAL ACTS

Northwestern State University has written policies and procedures and other actions in place that addresses fraud and illegal acts. Fraud encompasses an array of irregularities and illegal acts characterized by intentional deception, deceit, concealment of material facts, false suggestions, suppression of the truth, or other unfair means which can be committed by individuals which could benefit themselves and/or others. Fraud is illegal and can be very expensive in terms of monetary losses, loss of public trust, negative publicity, and potential litigation. It is imperative that all employees strive toward the prevention of fraud at the University.

The statement of Auditing Standards (SAS) No. 99 identifies risk factors and conditions that will place employees in a better position to recognize situations which are associated with the commission of fraudulent acts. The commission of a fraudulent act is typically associated with a pressure to commit the act, a perceived opportunity to get away with the act, and an attitude that rationalizes the act.

While no organization is exempt from fraud, steps can be taken to deter the occurrence of fraud and mitigate loss. Northwestern State University is committed to making their employees aware of fraud and illegal acts by properly educating employees about fraud, fraud awareness, and consequences of fraud. Employees must become aware of what constitutes fraud and be able to identify risk factors and/or conditions associated with fraud. Properly educating employees on misconceptions associated with fraud will go far in the prevention and detection of fraud. University employees who commit fraud acts are subject to consequences and disciplinary actions being taken against them.

Information on fraud and illegal acts can be found as follows:

Internal Auditor website:

<http://www.nsula.edu/internalaudit/>

NSU Faculty Handbook

NSU Staff Handbook

University Policy and Procedures:

Purchasing Policy and Procedure User Guides

Employment Outside of the University Setting

Taxable Compensation, Supplemental

Compensation or Benefits From Non-Public

Sources and Drug Prevention Policy

Professional Services Policy and Procedure User Guides

Classified Employee Prohibited Activities

Extra Services Employment Activities

Banner Departmental Time and Attendance

Grants, Contracts and Other External Funded Agreements

Continuing Education CEU Activities and Self Generating Activities

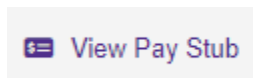
Reporting of Incidents Involving Fraud

# Viewing Your Pay Stub

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To view your pay stub,

1. You will access your pay stub via your myNSU account at <https://my.nsula.edu/>.  
\*You may be prompted to login with your employee username and password.
2. Click 'View Pay Stub' via the Quick Links menu.



3. Choose the appropriate Pay Stub Year and click 'Display'.

## Pay Stub

 Choose a year and then select Display.

**Pay Stub Year:**

4. Click on the date of the pay stub you would like to view.

# *Our Commitment To A Drug-Free Campus*

Dr. Marcus Jones, President

## NORTHWESTERN STATE UNIVERSITY

### **Policy Statement Regarding Alcohol and Drugs**

*"Northwestern State University conforms to all local, state and federal laws regarding the illegal use of alcohol and other drugs on the campus. Northwestern is a member of the Network to Promote Drug-Free Colleges and Universities and abides by their standards regarding policies, athletic programs, educational programs, enforcement and assessment. Students and employees who fail to abide by university policies regarding alcohol and other drugs will be subject to disciplinary action according to established university policies and procedures which conform to local, state and federal laws."*

--- Dr. Marcus Jones, President  
Northwestern State University

### **University Policy**

Students and employees of Northwestern State University of Louisiana are hereby informed that the unlawful manufacture, distribution, dispensing, possession or use of controlled substances is prohibited on university property. Students and employees of the University found to be illegally manufacturing, distributing, dispensing, possessing or using controlled dangerous substances on university property shall be subject to disciplinary action in accordance with applicable policies of the State of Louisiana, University of Louisiana Board of Trustees, and Northwestern State University. In addition to university disciplinary action, students and employees found to be illegally manufacturing, distributing, dispensing, possessing or using controlled substances shall also be subject to criminal prosecution.

The term "**controlled dangerous substance**" means a drug, substance or immediate precursor in Schedule I through V of Louisiana RS 40:964.

Students and employees are also advised that the possession and consumption of alcoholic beverages on university property or during any trip sponsored by the University or university affiliated organization except as provided in University policy is forbidden.

University policy requires prior approval for any event at which alcohol is served. Local and state ordinances governing the sale, possession and/or consumption of alcoholic beverages shall be observed. A copy of the University policy is available in the Office of Student Activities and Organizations on the University campus.

### **Legal Sanctions**

Students and employees are reminded that local, state, and federal laws provide for various legal sanctions and

penalties for the unlawful possession or distribution of illicit drugs and alcohol. These sanctions include, but are not limited to, incarceration and monetary fines.

**The Federal Controlled Substance Act** provides penalties of up to fifteen years imprisonment and fines for unlawful distribution or possession with intent to distribute narcotics. For unlawful possession of a controlled substance, a person is subject to up to one year of imprisonment and fines up to \$5,000. Any person who unlawfully distributes a controlled substance to a person under twenty-one years of age may be punished by up to twice the term of imprisonment and fine otherwise authorized by law.

**Louisiana Uniform Controlled Dangerous Substance Law** provides that any person who violated the criminal statutes by manufacturing and distributing opiates such as cocaine and heroin is subject to imprisonment for life without benefit of probation and/or parole and a fine of \$15,000. A person illegally manufacturing stimulants and depressants is subject to imprisonment up to thirty years and a fine of \$15,000. Illegal manufacture of and distribution of hallucinogens such as LSD and marijuana is punishable by imprisonment of up to ten years and a fine of \$15,000.

A person possessing opiates illegally is subject to a prison term of ten years and a \$15,000 fine. Possession of hallucinogens, stimulants and depressants is punishable by imprisonment up to five years and a \$5,000 fine.

**The State of Louisiana Criminal Code RS 14:91** provides for punishments ranging from up to six months imprisonment and fines of up to \$3,000 for violation of statutes relating to the possession and sale of alcohol.

The local ordinances of Natchitoches, Shreveport, Alexandria, and Leesville also provide prohibitions relating to illicit drugs and alcohol. Generally, these local ordinances are similar in content to state law.

Further information on these local ordinances, state and federal statutes are maintained by University Police. Students and employees are encouraged to obtain copies of this information.

### **University Sanctions**

In accordance with the policies of Northwestern State University of Louisiana, employees found in violation of University policies governing alcohol and illicit drugs on University property may be subject to penalties up to and including termination.

Students who violate University policy will be afforded due process as prescribed in the *University Code of*

*Student Conduct.* The Code is found in the *Student Handbook*, available in the Dean of Students Office. Sanctions for policy violation include reprimand, probation, suspension, and expulsion. Students may also be referred for counseling and/or referral for individual assessment as a condition of any sanction.

The following types of conduct are prohibited by Article IV, and individuals or groups found to have committed such infractions by the procedures set forth in the *Code of Student Conduct* shall be subject to sanctions, those of suspension or expulsion from the University.

#### **Sec. 9.0 SUBSTANCE INFRACTIONS**

- 9.1 Possession or consumption of alcoholic beverages on University property or during any trip sponsored by the University or University affiliated organization, except as provided in University policy.
- 9.2 Unauthorized or illegal possession, use, sale, manufacture, or transportation of narcotics, stimulants, depressants, hallucinogens, or other controlled substances as defined by state statute.
- 9.3 Public intoxication and/or operation of a motor vehicle or water craft while intoxicated.

### **Health Risks Associated With the Use of Illicit Drugs and Abuse of Alcohol**

#### **Alcohol**

**Beer, Wine, Gin, Vodka, Bourbon, Whiskey, Liquors, Brandy, Champagne, rum, Sherry, Port, Coolers**

Booze, Ethyl Alcohol, Liquor, Drinks, Cocktails, Highballs, Nightcaps, Moonshine, White Lightning, Mountain Dew, Firewater, Home Brew  
*Disorientation; lack of coordination; impaired memory, judgment, and perception; high blood pressure; liver damage; impairs kidney functions; damages the pancreas; interferes with male sexual performance; disrupts menstrual cycle; affects electrolyte balance; causes birth defects; alters hormone balance; impairs immune system; organ damage; heart disease; gastrointestinal irritations; possible irreversible brain and nervous system damage.*

*Physical and psychological tolerance can develop.*

#### **Anabolic Steroids**

##### **Steroids**

*Cholesterol increase; gallstones; heart disease; kidney disease; kidney stones; liver disease; menstrual irregularities; testicular atrophy; unusual bleeding; urination problems; high blood pressure; bone pain; fetal damage; hypercalcemia; prostate enlargement; cancer; possible death.*

#### **Cannabis**

##### **Marijuana**

THC, Tetrahydrocannabinol, Blunt, Pot, Grass, Reefer, Joint, Weed, Mary Jane, Rope, Smoke, Ganja, Bud

##### **Hashish**

Hash, Hash Oil

*Loss of coordination; possible confusion; stimulated appetite; distortion of reality; lowered body temperature; possible depression; possible hallucinations; paranoia;*

*lung problems, chronic lung disease (bronchitis and emphysema); possible lung cancer; disrupts short-term memory; dulled thinking; calculation skills; reasoning and comprehension; dulled reaction time; hormonal changes-drop in blood levels of testosterone, problems in ovulation and menstruation- moderate tolerance; psychological dependence can develop\**

#### **Cocaine**

Coke, Snow, “C”, Blow.

*Causes heart palpitations, which can lead to a heart attack and possibly death; increases pulse rate and blood pressure; chronic fatigue and exhaustion, chronic nausea and vomiting; causes epileptic seizures; brings about suicidal tendencies; causes sexual problems; causes chronic nosebleeds and runny nose, which can possibly lead to large ulcers which are followed by loss of septum-causes sinus problems/headaches; smoking may cause lesions in lungs; causes depression, paranoia and irritability; loss of weight and vitamin deficiencies; risk of hepatitis or AIDS by using contaminated needles; overdoes-death-Physical and psychological tolerance can develop*

#### **Crack (a form of Cocaine)**

Rock

*Health risks for Crack are virtually the same as Cocaine, except possibly at a greater intensity- highly potent and extremely addictive. Users have reported becoming addicted after smoking Crack just a few times.*

#### **Depressants**

##### **Barbiturates**

**Seconal, Nembutal, Amytal, Butisol, Tuinol, Phenobarbital**

Downers, Barbs, Candy, Goofballs, Reds, Yellows, Blues, Yellow Jackets, Nimbles, Pinks, Devils, Christmas Trees, Phennies, Peanuts

##### **Benzodiazepines**

Valium, Librium, Serax, Tranxene, Ativan, Dalmane  
Tranquilizers

##### **Chloral Hydrate**

Nectec

Mickey Finn, Knock-out Drops (with alcohol)

##### **Others**

**Equanil, Miltown, Noludat, Placidyl, Valmid, Deridem**

*Slowed heart rate and breathing; lowered blood pressure; slowed reactions; confusion; loss of coordination; respiratory arrest; convulsions; overdose; possible coma/death; possible death-Physical and psychological tolerance can develop\**

#### **Hallucinogens**

##### **Lysergic Acid**

##### **Diethylamide**

LSD, Acid, Pearly Gates, Wedding Bells, Microdot, Heavenly Blue, Royal Blue, Windowpane, Trip, Sid “A”

##### **Phencyclidine**

PCP, Angel Dust, Hog

##### **Methylenedioxy-methamphetamine**

Roll, XTC, “M”, “E”, “X”, MDMA, Ecstasy, Love Drug, Adam, M&M

##### **Dimethoxymeth-amphetamine**

STP, Serenity and Peace

**Dimethyltryptamine**  
DMT, Businessman's Trip

**Peyote Cactus**  
Mescaline, Mescal Buttons, Mescal Beans, Huatari

**Psilocybe**

**Mushrooms**  
Psilocybin, "Shrooms", Sacred Mushrooms, Magic Mushrooms  
*Loss of concentration; impaired judgment; unpredictable behavior; depression; possible suicidal behavior; possible psychosis; liver damage; increase of birth defects; permanent brain damage; permanent memory loss; overdose: possible convulsions, coma, and death-Tolerance develops\**

**Inhalants**

**Solvents/Aerosols**  
Volatile, Hydrocarbons, Airplane Glue, Nail Polish Remover, Lighter fluid, Gasoline, Thinner, Paints, Hairsprays, Cleaning fluids

**Anesthetics**  
Nitrous Oxide, Halothane, Laughing Gas

**Nitrites**  
Amyl Nitrite, Butyl Nitrite, Snappers, Poppers, Locker Room, Rush, Room Deodorizer  
*Weight loss; electrolyte imbalance; fatigue; memory problems; loss of self-control; violent behavior; black-outs; damage to liver, kidneys, blood and bone marrow; heart failure-instant death; loss of consciousness; possible coma, suffocation-death; brain damage-Tolerance develops*  
*Long term use of nitrites; possible impairments of the immune system, may allow development of a form of cancer (often seen in AIDS victims); glaucoma; blood cell damage\**

**Narcotics**

**Heroin**  
**Diacetylmorphine**  
Snow, Stuff, Harry, H, White Horse, Hard Stuff, White Stuff, Joy Powder, Scag, Junk, Smack

**Morphine**  
**Morphine Sulfate**  
Morpho, Miss Emma, Unkie, Hocus, M

**Opium**  
**Dover's Powder, Paregoric, Parepectolin**

**Codeine**  
**Empirin, Compound with Codeine, Robitussin A-C,**

**Cough syrups with codeine**  
Schoolboy

**Hydromorphone**  
**Dilaudid**  
Lords

**Meperidine**  
**Demerol, Mepergan, Pethadol**  
Doctors

**Methadone**  
**Dolophine Methadone, Methadose**  
Dollies

**Others**

**Percodan, Talwin, Lomotil, Darvon**

*Malnutrition; reduced libido, hunger, thirst; anemia; rapid heartbeat; hallucinations; respiratory arrest; shock; lack of coordination; loss of ability to concentrate; loss of judgment and self control; cardiac arrest; infection; painful withdrawal; overdose; possible convulsions, coma; possible death; possible risk of hepatitis or AIDS-Physical and psychological dependence can develop\**

**Stimulants**

**Amphetamines**

**Destroamphetamine, Methamphetamine, Biphphetamine, Dexedrine, Desoxyn**

Speed, Uppers, Pep Pills, Wake-ups, Bennies, Eye-Openers, Co-Pilots, Coast to Coast, Cartwheels, Sky Rockets, Bombidos, Jelly Beans, Sweets, A's, Black Beauties

**Phenmetrazine**

**Preludin, Preludes**

**Methylphenidate**

**Ritalin**

**Others**

**Ionamin, Tenuate, Teanil, Sanorex, Plegine, Cylert**

**Crystal**

Methamphetamines, Speed, Tweak

**Ice**

Speed, Smoke, Fire

**Crank**

Street Speed

*Severe anxiety; vitamin deficiencies; malnutrition; high blood pressure; chronic sleeplessness; infections; rapid and irregular heartbeat; loss of coordination; suicidal depression; possible cerebral hemorrhage; skin disorders; damage to organ systems (lungs, liver, kidneys); brain damage; amphetamine psychosis (hallucinations, paranoid delusions, compulsive/bizarre behavior); overdose; possible convulsions, coma and/or death-Psychological and sometimes physical dependence can develop\**

*Crystal, Ice, and Crank-Greater intensity of health risks than of other stimulants; tolerance builds quickly; toxic psychosis; overdose; death*

**Tobacco**

**Nicotine**

Cigarettes (nicotine)

Chewing Tobacco, Snuff, Chew

*Shrinks blood vessels in the skin; raises blood pressure; lowers body temperature; increases chance of blood clots; increases blood sugar-decreases appetite; nutrition deficiencies; increases heartbeat; increases chances of lung cancer, respiratory disease; heart disease and lung disease (emphysema and bronchitis); may cause low birth-weight in infants; may retard or slow down growth in unborn babies; death may result due to infections, disease, cancer-Tolerance to nicotine develops quickly.*

Key\* These are general health risks for the specific drug category (i.e. depressants, narcotics, etc.)

## **ALCOHOL AND DRUG COUNSELING, TREATMENT OR REHABILITATION PROGRAMS**

This collection of resources includes both “on” and “off” campus programs available to students, faculty and staff at all Northwestern State University of Louisiana campuses (areas included are Natchitoches, Alexandria-Pineville, Bossier-Shreveport and Leesville).\*\*

### **ON-CAMPUS**

#### **NORTHWESTERN STATE UNIVERSITY COUNSELING AND CAREER SERVICES**

Room 305, Friedman Student Union  
Natchitoches, Louisiana 71497

(318) 357-5621

Hours: 8:00 AM - 4:30 PM Monday-Thursday  
8:00 AM – 12:30 PM Friday

Emergencies/crises-after hours/weekends- contact University Police (318) 357-5431

*Free counseling/educational services available to currently enrolled students, as well as, campus faculty and staff.*

*Referrals made to psychiatrist or community programs if necessary. Confidential services.*

#### **NORTHWESTERN STATE UNIVERSITY STUDENT HEALTH SERVICES**

Infirmery Building

Natchitoches, Louisiana 71497

(318) 357-5351

Hours: 7:30 AM - 4:00 PM Monday - Thursday  
7:30 AM - 12:00 PM Friday

Emergencies/crises-after hours/weekends- go to Natchitoches Parish Hospital Emergency Room

*Free health counseling services available to currently enrolled students. Referrals made. Confidential services.*

### **NATCHITOCHES AREA**

#### **NORTHWEST COUNSELING SERVICE**

111 E. 5th Street

Natchitoches, Louisiana 71457

(318) 652-1051

Contact Person: Amy Bienvenu LCSW

#### **PSYCHOLOGICAL SERVICES**

116 Hwy 1 South, Suite 209

Natchitoches, Louisiana 71457

(318) 352-1022

Contact Person: Catherine E. Hansen, PhD.

#### **NATCHITOCHES BEHAVIORAL HEALTH CLINIC**

210 Medical Drive

Natchitoches, Louisiana 71457

(318) 357-3122

Hours: 8:00 AM - 4:30 PM Monday - Friday

*Individualized counseling-outpatient services. State agency.*

*Sliding fee scale depending on income and dependents.*

*Insurance, Medicare and Medicaid accepted. Referrals made as needed to private and state programs. Confidential services.*

*Self and court appointed clients. Outpatient services. State agency. Individual and group therapy. Day treatment program. Sliding fee scale depending on income and*

*dependents. Insurance accepted. Referrals made as needed to private and state programs. Confidential services.*

*\*Serves a three parish area: Natchitoches, Sabine, Winn*

*Outreach clinics:* **Many Mental Health Clinic**  
265 Highland Drive, Many, LA

### **ALEXANDRIA AREA**

#### **LONGLEAF HOSPITAL**

44 Versailles Blvd

Alexandria, Louisiana 71303

318-445-5111

### **SHREVEPORT AREA**

#### **WILLIS KNIGHTON**

2600 Greenwood Road

Shreveport, Louisiana

1-800-332-9562

#### **BRENTWOOD HOSPITAL**

1006 Highland Ave

Shreveport, Louisiana 71101

877- 678-7500

**\*\*This is not an all-inclusive list-an attempt was made to compile as many resources as possible to assist our students, faculty and staff at Northwestern State University of Louisiana.**

This document was developed to assure compliance with Public Law 101-226. Through the efforts of Northwestern State University's Office of Counseling, Office of Student Affairs, & Office of Business Affairs, this document was made possible