



Welcome to Northeastern Oklahoma A&M College

I would like to welcome you to NEO! If you ever need anything, feel free to reach out to me at hollie.snyder@neo.edu, my office number is 918-540-6219, or I'm located in the Library Administration Building in the Business Office. My office hours are usually 7:30 am-4:30 pm, lunch from 11:00 am-12:00 pm.

Complete the new hire packet below, with blue or black ink, to the best of your knowledge. If you are unsure, leave it blank and we can go over it together. Once you have completed the following paperwork you will need to send it back to us. You may email a copy, but we require originals to be mailed or brought into us with signatures.

Mailing address: Human Resources, 200 "I" ST NE, Miami, OK 74354.

You'll need to provide acceptable documents with the new hire packet. The list of acceptable documents is within this packet. We typically see a valid (non-expired) driver's license or state ID and signed social security card. You must submit social security card to receive payment from NEO. International employees require other documentation for their work permit approval. Human Resources can assistance if needed.

Faculty/Staff will begin an onboarding process once packet is completed.

Monthly and bi-weekly pay schedules are posted on NEO's website,
<https://neo.edu/faculty-staff/human-resources/>

Do not start working without being notified first. This is extremely important.

Our Mission:

Northeastern Oklahoma A&M College is dedicated to providing opportunities that promote excellence in learning, service and leadership in a global society.

FORM MUST BE COMPLETED IN FULL

Personal Information

Northeastern Oklahoma A&M College
 Complete form and send to NEO Human Resources
 200 "I" ST NE, Miami, OK 74354.

Employee ID :

Citizenship Status: Citizen International
 Biweekly Monthly Permanent Resident

Section 1: All Employees Complete

Prefix	Last Name (incl suffix, e.g. Jr, Sr, III)	First Name	Middle Name	Check if Name Change & attach a copy of your new social security card. <input type="checkbox"/>
--------	---	------------	-------------	--

Section 2: All NEW Employees Complete - Current Employees, Enter only fields that need updated

Marital Status	Gender	Hispanic?	Birth Date (MMDDYYYY)	<input type="checkbox"/>	White	<input type="checkbox"/>	Black
				<input type="checkbox"/>	Asian	<input type="checkbox"/>	Amer Indian / Alaskan Natv
				<input type="checkbox"/>	Native Hawaiian or Pacific Islander		

Permanent Home Address (within USA to mail W-2)

Address Line 1	Telephone Number (w/ AC)	
Address Line 2		
City	State	Zip Code

Personal Email Account:

Emergency Contact

Contact Name	Contact Relationship
Contact Address (Street Address, City, State, Zip Code)	Contact Work Phone (w/ AC)
	Contact Home Phone (w/ AC)

Section 3: All Faculty and Regular Staff Employees Must Complete

Educational Background ** List your HIGHEST degree or diploma first ******

Degree	Year Rec'd	Institution Name and Location	Field of Study

This form only changes the basic employee demographic information in Banner and does not update benefits or beneficiary information.

_____	_____	_____
Employee Signature	Telephone Number	Date

NORTHEASTERN OKLAHOMA A&M COLLEGE (NEO)

Name of State Agency, Authority, Commission, Department or Institution

200 I STREET NE - MIAMI, OK - 74354

Address, City and Zip Code Agency, Authority, Commission, Department or Institution

Print Name of State officer or Employee (Affiant)

LOYALTY OATH
(51 O.S., 36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am

AN EMPLOYEE OF NEO A&M COLLEGE

(Here put **name of office**, or, if an employee, insert "An Employee of ____ " followed by the **complete designation** of the employing officer, agency, authority, commission, department or institution.)

Signature of Affiant

State of OKLAHOMA

County of OTTAWA

Signed and sworn to (or affirmed) before me on this _____ day of

_____, _____ by _____
Print name of person taking the oath

Signature of Notary Public, or other officer
authorized to administer oaths or
affirmations.

(Seal, if any)

HR GENERALIST

Title and Rank (if other than a Notary Public)

My Commission Expires: 07/21/2028

Commission Number: 20008710



Oklahoma Teachers' Retirement System Notification Form

Oklahoma Teachers' Retirement System (OTRS) regulations state that employees participating in OTRS through their full-time employer must also participate through their part-time employer. (Example: an adjunct employee hired to teach 3 hours at NEO and who is a full-time employee, participating in OTRS at OSU would mark "YES" in the first section below. An NEO faculty member teaching an overload at NEO does NOT need to complete this form, but they would need to notify OSU if they teach adjunct at NEO).

Regulations also require NEO to remit employer-paid contributions for any employee who is retired and currently receiving OTRS retirement income. **If you are one of these retirees, answer "YES" you are retired through OTRS.**

If you do NOT participate in OTRS, mark "NO."

If you are unsure if you are a current participating member of OTRS, please contact OTRS at (877) 738- 6365.

For the above reasons, if you have a job or status change that could affect contributions to OTRS, please contact Human Resources to fill out another form.

- YES, I participate in OTRS through my current or previous full-time employer.

The name of the institution is: _____

- NO, I am NOT a participating member of OTRS through a full-time employer.
 YES, I am an OTRS retiree, and currently receive a monthly retirement check from OTRS.

Print Name	Date of Birth	Employee ID
------------	---------------	-------------

Signature	Date
-----------	------

RETURN ORIGINAL FORM TO OSU BENEFITS, 106 WHITEHURST, STILLWATER, OK 74078

FOR OFFICE USE ONLY. EFFECTIVE DATE: _____

- TRN, if current OTRS participant with another institution
 TRX, if retired from OTRS
 No action, if not a participant or retired with OTRS

Employee's Name: _____ Campus-Wide ID: _____

State of Oklahoma Outstanding Wages Beneficiary Designation

In accordance with Title 40, O.S., Section 165.3a, Oklahoma State University (OSU) offers its employees the option of designating a beneficiary to receive the employee's final check in the event of an employee's death while an employee of OSU.

If you elect to name a beneficiary, you must complete the section below, *Outstanding Wages Beneficiary Designation Form*, and submit to OSU Benefits, 106 Whitehurst. Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to OSU Benefits, another *Outstanding Wages Beneficiary Designation Form*. For example, if you name your spouse and are later divorced, you may want to complete a new form.

Primary Beneficiary: Receives priority distribution upon the employee's death. **Contingent Beneficiary:** Receives distribution only if the primary beneficiary(ies) are deceased at the time of the employee's death.

If an employee does not elect to name a beneficiary, OSU's payroll office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, in accordance with Title 40, O.S., Section 165.3a, Payment of wages to surviving spouse and children. Please be advised that if your final check is processed without the naming of a beneficiary, your surviving spouse, or if there is no surviving spouse, your dependent children, or their guardians or the conservators of their estates, will receive in equal shares a total up to the maximum \$3,000 allowed by law. Any remaining payment would go into the estate and go through probate. Please be advised that access to the funds processed to an estate may be delayed due to the probate process.

Primary Beneficiary	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

Beneficiary: Primary: _____ OR Contingent: _____	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

Beneficiary: Primary: _____ OR Contingent: _____	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

Beneficiary: Primary: _____ OR Contingent: _____	Relationship: _____		
Full Name: _____	DOB: (mm/dd/yyyy): _____		
	Social Security Number: _____		
Address: _____			
Street	City	State	Zip Code

PRINT EMPLOYEE FULL NAME

SIGNATURE OF EMPLOYEE

DATE

Return original, signed form to OSU Benefits, 106 Whitehurst, and retain a copy for your records. Please keep all beneficiary information current.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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
<p>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.</p>		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)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

<p>Certification: 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.</p>		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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

U.S. Citizens and Resident Non-Citizens Federal & State Withholding Forms

Federal Tax Withholding Form – U.S. Citizens and Resident Non-Citizens

U.S. Citizens and Resident Non-Citizens Federal withholding will default to Single marital status and no deductions. A different marital status can be set up online via self-service as follows:

1. Log in to Employee Self Service
2. Select Tax Forms
3. Select Federal W-4 Tax Withholding
4. It is strongly suggested that employees use the IRS Tax Withholding Estimator, which can be accessed by clicking on the “Vendor Web Site” link at the bottom right of the screen, to help estimate whether the amount withheld is sufficient.
5. Select Update (at the bottom of the screen)
6. Enter the date you want the change to be effective (subject to limitations based on the payroll processing schedule).
7. Use the dropdown box labeled “filing status” to indicate your filing status.
8. The “Under Age 17 Amount” is a dollar amount based on \$2000 per dependent claimed. Do not enter the number of dependents (1, 2, 3, etc).
9. The “Above Age 17 Amount” is a dollar amount based on \$500 per dependent claimed. Do not enter the number of dependents (1, 2, 3, etc).
10. Dependent Amount – it is critical that the total of the “Under Age 17 Amount” and the “Above Age 17 Amount” be correctly entered here. If the total isn’t entered by the user, there won’t be an adjustment.
11. Users are responsible for entering accurate information. Oklahoma State University is not responsible for any taxes owed or fines that might be incurred due to inaccurate information.

State Tax Withholding Forms U.S. Citizens and Resident Non-Citizens – Job Location in Oklahoma

U.S. Citizens and Resident Non-Citizens will default to Oklahoma state tax withholding, Single marital status and 0 allowances.

All Statuses Other Than Exempt –

A different marital status other than exempt status can be set up online via self-service as follows:

1. Log in to Employee Self Service
2. Select Tax Forms
3. Select Oklahoma W-4 Tax Withholding
4. Enter the date you want the change to be effective (subject to limitations based on the payroll processing schedule). NOTE: The settings effective on the last day of a pay period are the settings used for the entire pay period.
5. Use the dropdown box labeled “filing status” to indicate your filing status.
6. Enter the number of exemptions claimed in the box next to “Exemptions”.

7. Users are responsible for entering accurate information. Oklahoma State University is not responsible for any taxes owed or fines that might be incurred due to inaccurate information.

Filing Exempt - To change the filing status to exempt, complete the [Oklahoma Employee's Withholding Allowance Certificate form](#). This form is on the Payroll Services website under Payroll Tax Withholding Forms (OSU website).

Print, sign and e-mail (encrypted) the completed form to NEO Payroll (neopayroll@neo.edu) or deliver/mail the form to NEO Human Resource Office, 200 I ST NE Miami, OK 74354.

State Tax Withholding Forms – Job Location outside of Oklahoma

If you work and live outside of Oklahoma (wages are earned outside Oklahoma), complete withholding forms required by the job location state. The [OSU Out of State Job Location State Tax Withholding List](#) can be useful in linking to the state withholding form or site. This list is on the Payroll Services website under Payroll Tax Withholding Forms (OSU website).

If your state does not assess taxes on wages, complete the [OSU Out of State Job Location Non-Assessment State Form](#). This list is on the Payroll Services website under Payroll Tax Withholding Forms (OSU website). No taxes are withheld if your state does not assess taxes on wages.

Print, sign and e-mail (Social Security Number is not on this form so it does not need to be sent encrypted) the completed form to NEO Payroll (neopayroll@neo.edu)

Nonresident Non-Citizens Federal & State Withholding Forms

All Nonresident Aliens must make an appointment with the ISS Office on the Stillwater campus to complete your withholding and Work Permit forms

Contact the Office of International Students and Scholars, 309 Wes Watkins Center, 405.744.8117 or email iss.okstate.edu



EMPLOYEE MANUAL ACKNOWLEDGEMENT

This form letter is be signed by employee to indicate he/she has been informed the employee handbook can be found on the NEO website. I have been directed to the NEO website for the Staff Handbook and/or the Faculty Handbook. It is my responsibility to read and understand the matters set forth in this Manual. It is a guide to firm policies and procedures. I understand that no statement contained in this Manual creates any guarantee of continued employment or creates any obligation, contractual, or otherwise, on the part of the college. I will rely on any promises, statements, or representations to the contrary only if they are in writing and signed by an authorized member of the college. I understand and acknowledge that the college has the right, without prior notice, to modify, amend or terminate policies, practices, benefit plans, and other institutional programs within the limits and requirements imposed by law.

CONFIDENTIALITY STATEMENT

As a Northeastern Oklahoma A&M College employee working in the Office's on campus, you may have access to private, confidential, or sensitive information including, but not limited to student records, private communications, academic records, and payroll information. Accessing, using and/or disclosing such information for any reason other than the legitimate pursuit your employment duties, using another person’s sign-on identification and password for accessing electronic or computerized records, leaving secured paper work unattended while signed on or attempting to access a secured application without proper authorization, constitutes misuses. Any misuse or unauthorized release of information, either during your employment at NEO A&M College or subsequent to the conclusion of your employment at NEO A&M College may be grounds for discipline, up to termination and/or the initiation of legal actions against you.

ETHICS

The foundations of ethical behavior are a commitment to respecting the rights and dignity of all persons and a commitment to discharging our obligations to others in a fair and honest manner. Each person in the A&M system plays an important role in keeping these commitments by demonstrating integrity and respect in his or her daily activities of all faculty, staff, students, and individuals acting on behalf of the college which can be found in 3.10 of the Regents Ethics Policy. I understand that NEO A&M College adopted the OSU/A&M Board of Regents Ethics Policy 3.10 & 3.11. Policy 3.11 is a non-retaliation statement that states retaliation and/or discrimination will not be tolerated at NEO A&M College in response to filling a complaint in good faith. I am aware that policy text as well as additional information regarding the EthicsPoint confidential reporting system or filling a report telephonically (1-866-294-8692) or online can be found by accessing the Human Resource section of the NEO website. I have also been provided an opportunity to ask questions regarding the Ethics policy and/or the EthicsPoint reporting system.

I have read, understand and agree to comply with these stipulations.

Print Name

Signature

Date