

# Creighton UNIVERSITY

## Background Investigation Acknowledgement and Authorization

In connection with my application for employment, I understand that a background investigation will be conducted which will include, but may not be limited to, a combination of the following screenings:

- County Criminal Record Search (Required)
- Alias Name Search (Required)
- Found Wants and Warrants (Required)
- Found Protection Orders (Required)
- Residential History Search (Required)
- Social Security Number Search (Required)
- Federal Criminal Record Search
- Office of the Inspector General (OIG) Cumulative Sanction Report (**Required for employees involved in Health Care**)
- Credit Report
- Driving Record
- Education and/or License Verification
- Employment or Personal Reference Check
- Sex Offender Registry
- State of Nebraska Adult and Child Abuse Registry

I authorize Creighton University to conduct the required background investigation used in connection with consideration of my application for employment. I release Creighton University and its partners, officers, directors, agents, employees, affiliates, and its agent **HireRight** from any and all liability for any damages which may arise from or relate to any consumer report and/or investigative consumer report and/or other background investigation requested, obtained or used by Creighton University with my application for employment. **Special note to internal candidates (current employees): The result of this investigation may adversely impact your current employment with the University.**

### Section I - Candidate (Please Print)

Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Prior Address: \_\_\_\_\_  
Street City State Zip Code

### Section II - Final Candidate (Not to be completed by candidate until an offer of employment is made)

\_\_\_\_\_ Date of Birth (Month, Day, Year) Gender Social Security Number

\_\_\_\_\_ Driver's License Number and State of Issuance (Only if position requires driving record check)

I understand that if adverse information is revealed, I will be notified in writing by the Human Resources Department. I will have seven business days, from the date on the written notice, to contact the Human Resources Department to discuss the adverse information. I further understand that I must also notify **HireRight** to contest the results of the background check within seven business days from the date of the written notice to me. Failure to complete any part of this process in described time frames will automatically result in disqualification from the hiring process.

If not a US Citizen, what type of Employment Eligibility documentation do you hold? \_\_\_\_\_

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

# NEBRASKA

Good Life. Great Mission.

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**DEPT. OF HEALTH AND HUMAN SERVICES**

As part of the hiring process, CREIGHTON UNIVERSITY invites you to complete an online Central Registry Check. You will receive an email invitation from [DHHS.CFSCR@nebraska.gov](mailto:DHHS.CFSCR@nebraska.gov) with a unique URL to log in and complete your form. Once you are logged in, the on-screen instructions will guide you through the background check process.

Please provide the information below:

First Name:

Last Name:

Email Address:

# Creighton

## UNIVERSITY

### NAME AND SOCIAL SECURITY NUMBER

Please enter *Last, First, and Middle* Names as it appears on Social Security Card

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Professional Name: \_\_\_\_\_

Preferred/Nick Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  MALE

Mr.  Mrs.  Ms.  Dr.  FEMALE

### BIRTH INFORMATION AND MARITAL STATUS

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Town of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

#### Marital Status:

- Single  Widowed  
 Married \*See below  Legally Separated  
 Divorced

\*If married, is your spouse a current Creighton Employee?

- Yes\*  No

\*If yes, spouse's full name

\_\_\_\_\_

### ETHNIC ORIGIN

Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino  
 No, I am not Hispanic or Latino

No matter what you selected above, please continue to answer the following question. What is your Race?

(If applicable, select one or more)

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

TODAY'S DATE: \_\_\_\_\_

### RELIGION

- Greek Orthodox  Jewish  
 Hindu  Protestant  
 Islam  Roman Catholic  
 Buddhist  Sikh  
 Other \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY CREIGHTON UNIVERSITY?  YES  NO

If so, dates of employment \_\_\_\_\_

### CITIZENSHIP

Citizenship: United States?  Yes  No \*See below

\* If NO, country of citizenship: \_\_\_\_\_

### ADDRESS

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

PO Box/Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate/Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone # 2: \_\_\_\_\_

### EDUCATION

High School Graduate or GED:  Yes  No

Technical or Trade School:  Yes  No

Certifications/Licenses: \_\_\_\_\_

College/University: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REHABILITATION ACT OF 1973**

Creighton University is a government contractor and, as such, is subject to Section 503 of the Rehabilitation Act of 1973 and to Section 402 of the Vietnam Era Veterans' Readjustment Act of 1973. We are required to take affirmative action to employ and advance in employment qualified handicapped individuals, disabled veterans, and veterans of the Vietnam Era.

A handicapped individual is any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

**Disabled Veteran**

A veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

**Other Protected Veteran**

A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense. For a list of qualifying events, please visit [www.opm.gov/staffingPortal/vgmedal2.asp](http://www.opm.gov/staffingPortal/vgmedal2.asp).

**Recently Separated Veteran**

A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.

**Armed Forces Service Medal Veteran**

A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.

**I understand that this information is voluntary and shall be kept confidential except that supervisors, managers, first aid and safety personnel may be informed as is appropriate. Government officials investing compliance with the Act shall also be informed.**

**VETERAN STATUS:**

Not a Veteran	Disabled Veteran	Disabled Vietnam Veteran
Vietnam Veteran	Other Protected Veteran	Other Protected Disabled Veteran
		Armed Forces Service Medal Veteran

Discharge date (if within three years): \_\_\_\_\_

**DISABILITY STATUS:**

Fully Disabled	Partially Disabled
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**TYPE OF DISABILITY:** Please check applicable box(es).

Use Wheelchair	Emotionally Impaired	Visually Impaired	Blind
Use Crutches	Speech Impaired	Hearing Impaired	Deaf

Lifting Restrictions # of lbs. \_\_\_\_\_

Please state necessary accommodation(s): \_\_\_\_\_

**No disability and/or do not consider me under the above-mentioned status categories.**

Signature

Date



**CONFIDENTIALITY AND ELECTRONIC ACCESS AGREEMENT**

**Acknowledgment of Receipt for all Creighton University Faculty and Staff**

As an employee (such as Faculty, Staff, and Student) of Creighton University, you will have access to what this agreement refers to as "confidential information." This agreement will help you understand your responsibilities regarding confidential information and electronic access.

Confidential information includes patient, faculty, staff, student, financial information, electronic access, or any other information relating to Creighton University, or information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through your employment activities.

Confidential information is sensitive and is protected by law and by strict Creighton University policies. The intent of these laws and policies is to assure that confidential information will remain confidential and will be used only as necessary to accomplish the University's mission. As an employee, you are required to conduct yourself in strict conformance to applicable laws and University policies governing confidential information. Your obligations in this area are explained below. The violation of any confidential information can and will be subject to corrective action up to and including termination of employment.

As an employee, you understand that you will have access to confidential information which may include, but not limited to:

- Patient (such as records, conversations, admittance information, patient/member financial information, etc.),
- Faculty, Staff, Students, Alumni, Donors and Prospective Donors (such as employment records, performance evaluations, payroll information, corrective actions, educational records, etc.),
- Creighton University and/or Creighton University Medical Center information (such as financial information, faculty research information, strategic plans, internal reports, secure technical system design, payroll information, contracts, communications, fund raising campaigns, proprietary computer programs and technology, etc.), and
- Third party information (such as computer programs, client and vendor proprietary information source code, proprietary technology, etc.).

All confidential information is and remains the property of Creighton University. I understand that accessing, using and/or disclosing confidential information for any reason other than to perform my assigned job duties constitutes misuse. I agree to the following:

- Access and use confidential information only with proper authorization and as necessary to perform assigned job duties.
- Not make any personal copies of any confidential information
- I will not access confidential information that I do not need to perform assigned job duties.
- I will not disclose confidential information to third parties or use confidential information for my own purposes.
- I will not destroy or alter any confidential information
- I will not share my ID access cards or my NET ID, or any other means by which I am able to access confidential information with any third person, other than my manager or supervisor.
- I will become familiar with, and will periodically review, Creighton's Fair, Responsible, and Acceptable Use Policy for Electronic Resources ([www.creighton.edu/hr](http://www.creighton.edu/hr), Resources, Guide to Policies, #2.1.15), and any Creighton policies regarding health or medical record information, if applicable.
- If I do not understand what is required of me under this acknowledgment or under any Creighton policy, I will ask my manager for further clarification.

I understand and agree that misusing confidential information, or failing to follow the terms of this Confidentiality and Electronic Access Agreement may result in corrective action, up to and including termination of my employment. I also understand that disclosing or using any confidential information in violation of this Agreement, will result in irreparable injury to Creighton, and that money damages would not be an adequate remedy. Therefore, I agree that in the event of a breach or a threatened breach of confidentiality and/or this Agreement, Creighton shall be entitled to obtain an injunction against me prohibiting me from breaching this Agreement. I understand that an injunction shall be in addition to and not instead of any other additional relief by way of money damages.

I understand that this Agreement will not be construed as a contract of employment. I acknowledge by signing below that I have read and understand the Confidentiality and Electronic Access Agreement, and that I will honor the terms.

I also understand that my obligations under this Agreement will continue even if I am no longer employed at Creighton University.

\_\_\_\_\_  
Employee Name (Print First & Last Name)

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

\_\_\_\_\_  
Date

# Form W-4 (2019)

**Future developments.** For the latest information about any future 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.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
<b>▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
8 Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>	<b>D</b>	<u>      </u>
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	<u>      </u>
<b>F</b>	<p><b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	<u>      </u>
<b>G</b>	<p><b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .</p>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<u>      </u>

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ <u>      </u>
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>2</b>	\$ <u>      </u>
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ <u>      </u>
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ <u>      </u>
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ <u>      </u>
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ <u>      </u>
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ <u>      </u>
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	<u>      </u>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	<u>      </u>
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	<u>      </u>



**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . **2** \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
  - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## How to Add a Direct Deposit

As you complete your onboarding tasks it is important for you to know that you can continue to update and make changes to your personal information through myHR employee self-service. As a Creighton University employee, we encourage you to access myHR self-service frequently to ensure your information remains current. To access this system, you will need your net ID and BLUE password.

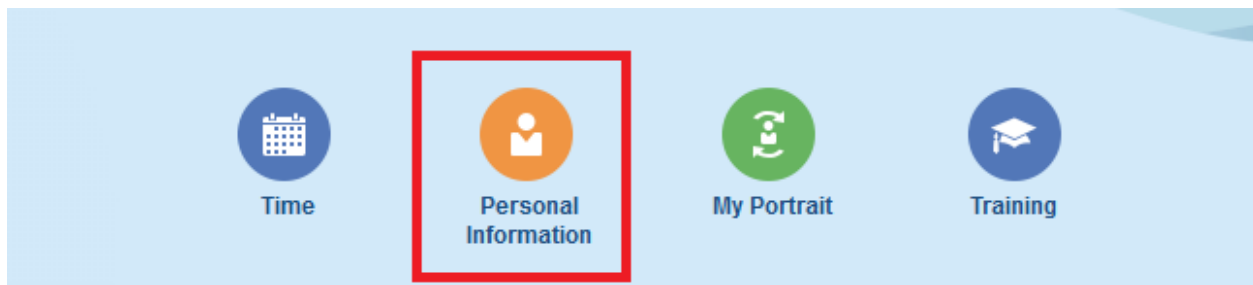
**You will need to set up your Direct Deposit to receive your paycheck. To begin the process of adding your direct deposit information, log into myHR with your net ID and BLUE credentials. Click the “Personal Information” icon, and then click on the “Payroll” icon in the top, left corner. From there, click “Manage” and enter your account and routing number information.**

Within the myHR system, you will:

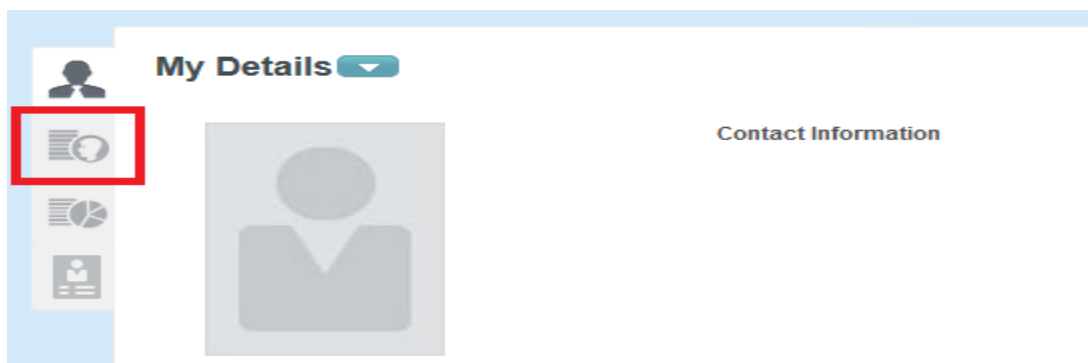
- Complete Direct Deposit information
- Complete Emergency Contact information
- View pay slips
- Update personal information
- Report time and absences
- Update W-4

For additional myHR resources please visit: <https://www.creighton.edu/hr/myhr/>

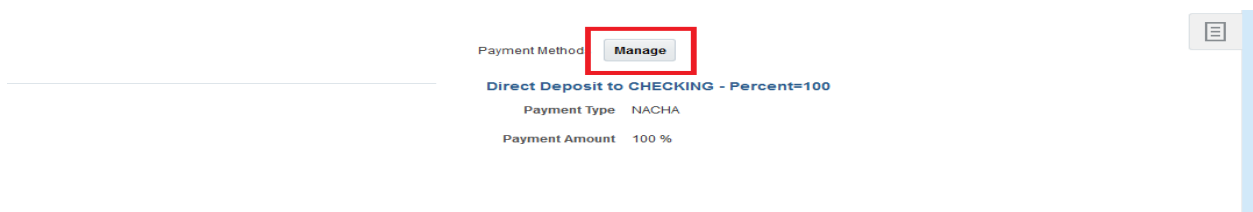
1. Select **Personal Information** Icon



2. On left hand side, select **Payroll** tab



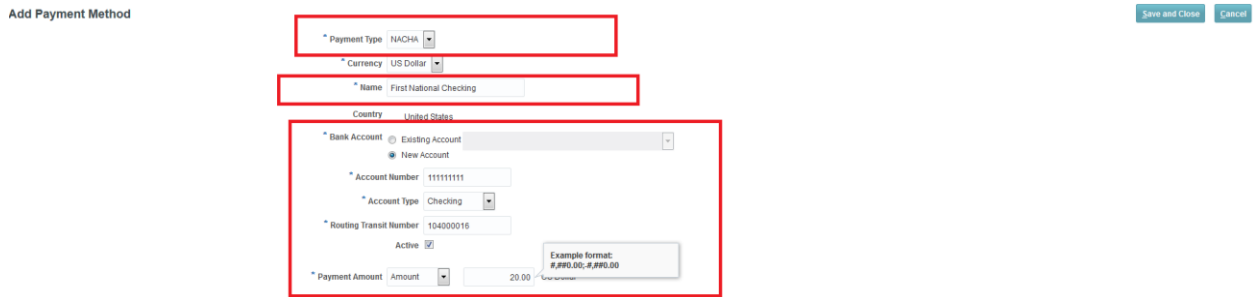
3. On right hand side, select the **Manage** button



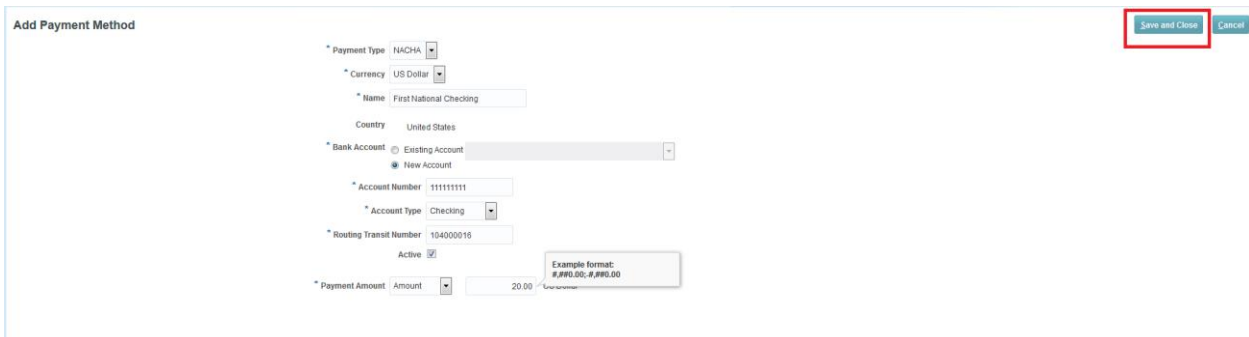
4. Select the **Add** button



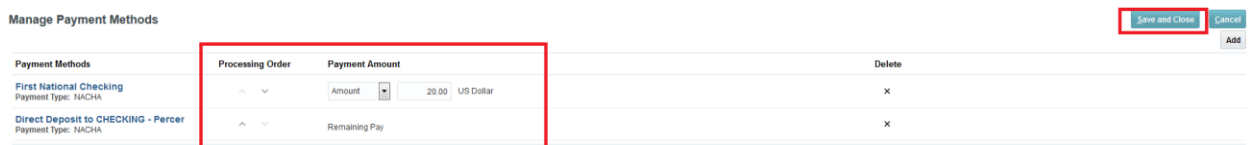
5. Enter your account and routing information. For helpful hints on Direct Deposit, click [here](#)
- a. **Payment Type:** Select NACHA (This indicates Direct Deposit)
  - b. **Currency:** Will populate to US Dollar
  - c. **Name:** Give your account an identifier
  - d. **Country:** Will populate to United States
  - e. **Bank Account:** Select New Account
  - f. **Account Number:** Type in your account number
  - g. **Account Type:** Checking or Savings
  - h. **Routing Transit Number:** Enter the nine-digit number (Routing numbers are public, you can google if unsure)
  - i. **Payment Amount:** If this is a second account, you will need to select either the percentage or amount of your paycheck you want to go into that account. If it's your only direct deposit account, your entire paycheck will go into that account



6. Click Save and Close



7. Check that the processing order of your accounts is correct, then select Save and Close, again. All your account information flows to payroll automatically.



**\*Please note that all Direct Deposit changes must be entered into myHR at least four days prior to the pay date. You can access the current payroll calendar on the Human Resources webpage at: <http://www.creighton.edu/hr/employeeresources/payroll/>.**