HUMAN RESOURCES

720 Fourth Avenue South St. Cloud, MN 56301-4498 tel 320.308.3203 fax 320.308.1607 www.stcloudstate.edu/humanresources

Congratulations and welcome to St. Cloud State University!

We are very pleased that you have chosen to share your talents with our university community.

On your first day of work, a Human Resources representative will meet with you to complete the employment paperwork. Prior to your meeting, please print this notice to use as a checklist and follow the instructions.

NEW EMPLOYEE FORMS/DOCUMENTATION Please download, complete and print the following forms to bring to your meeting with Human Resources
 □ Agreement to Review and Comply with SCSU Policies, Procedures, Statutes and Regulations □ Agreement to provide a copy official transcript for your highest degree □ Tennessen Warning – Notice of Intent to Collect Private Data (2 pages) □ I-9 Employment Eligibility Verification will be completed at your orientation with Human Resources. (Please bring current/non-expired documentation with you. To view acceptable documents, click HERE)

On your first day of work, If you have any questions, please call or email our office.

Human Resources | St. Cloud State University Administrative Services 204 Office: 320-308-3203

<u>humanresources@stcloudstate.edu</u> <u>https://www.stcloudstate.edu/humanresources</u>

UNLEASH AMAZING



AGREEMENT TO REVIEW AND COMPLY WITH SCSU POLICIES, PROCEDURES, STATUTES AND REGULATIONS

SCSU Administrative Policies	 Office Coverage HIV/AIDS Policy Use of Drugs & Alcohol Tobacco Policy
MinnState Board Policies Minnesota Statutes, Policies and Notices	 1B.1 Equal Opportunity and Nondiscrimination in Employment and Education 1B.3 Sexual Violence 1C.0.1 Employee Code of Conduct 1C.2 Fraudulent or other Dishonest Acts 5.22 Acceptable Use of Computers & Information Technology Resources Code of Ethics Outside Employment, MN Statute 43A.38 Mandated Reporting Policy, MN Statute 626.556 (Protection of Minors) Zero Tolerance of Workplace Violence, MN Statute 1.5 Appropriate Use of Electronic Communication & Technology, MN Statute 43A Vehicle User Agreement Employee Assistance Program Pregnant Workers & New Parents
Federal Regulations and Notices	 Family Medical Leave Act Employees Rights & Responsibilities Workers Compensation COBRA (Continuation Coverage Rights) MNsure and Other Marketplaces; Coverage Options and your Health Coverage

I acknowledge that I will review and comply with St. Cloud State University's Administrative Policies, MinnState Board Policies Minnesota Statutes and Policies, and Federal Regulations which can be found with the links above and under "New Employees" at www.stcloudstate.edu/humanresources

Print Name:	
Signature:	Date:

STATE UNIVERSITY

Human Resources

720 Fourth Avenue South St. Cloud, MN 56301-4498 tel 320.308.3203 fax 320.308.1607 https://www.stcloudstate.edu/humanresources

We must receive a copy of your official transcript for your highest degree. The official transcript must be sent in a sealed envelope directly from the granting institution to the Office of Human Resources, or it can be sent electronically from the granting institution to humanresources@stcloudstate.edu. We will need unofficial transcript copies for all other lower degrees if applicable.

St. Cloud State University Human Resources 204 Administrative Services Building 720 4th Avenue South St. Cloud, MN 56301-4498

Official transcripts must be received by Human Resources no later than 30 days after your hire date.

By signing below I understand that I must provide official transcripts to Human Resources at St. Cloud State University per the conditions above, and I agree to do so within 30 dates of my hire date.

Printed Name

Other Names Used

Signature

Date

For SCSU Graduates Only

By signing below, you are granting St. Cloud State University Records Office permission to release ONE official copy of your academic transcript directly to the SCSU Office of Human Resources for your employment record. No payment is required for this copy. However, should you wish to receive additional official copies, you will need to request them via the standard process outlined on SCSU's website and be subject to the associated release fee.

SCSU Tech ID	
Signature	 Date

TENNESSEN WARNING Notice of Intent to Collect Private Data from New Employees

As a new employee, you are asked to provide to your hiring agency the private data listed below for purposes noted to share with Minnesota Management and Budget (MMB). The data collected under this notice will be used to administer your employment with the State including verifying your employment eligibility. You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, in addition to the consequences listed below, your employment may be delayed or disrupted or you may not be able to receive important information related to your employment and benefits. If you do provide the data, it will be used as described and may be shared with other state and federal entities including: State employees who perform personnel or payroll functions whose work assignments reasonable require access, the Legislative Auditor, the Attorney General, Departments of Administration, Employment and Economic Development, and Labor and Industry, law enforcement agencies with statutory authority, and any other person or entity authorized by state or federal law or court order may access the data.

Home Address and Telephone Number: You are not legally required to provide these data except as provided below (see Continuity of Operations Data). The State is legally obligated to provide your home address to the Social Security Administration, Internal Revenue Service, applicable State Department of Revenue, applicable State retirement system, and Department of Human Services. Additionally, the applicable labor organization and applicable insurance carriers may have access to this data. If you do not provide a home address, you may not receive important documents, the State cannot fulfill its legal obligations and your eligibility for employment may be affected. If you do not provide a home telephone number, your agency may not be able to contact you when necessary.

Continuity of Operations Data (Personal Home Contact Information): Personal home contact information (including home mailing address, home telephone, personal cell/pager telephone numbers, and personal email addresses) may also be used to ensure the continuity of operation in an emergency or other work disruption. (Minnesota Statutes, section 13.43, subd. 17.) This information can be shared with other Minnesota government agencies as needed to ensure the continuity of operations of this or other state agencies. Depending on your terms of employment, providing data for continuity of operations may be voluntary or mandatory. Check with your supervisor to determine the obligations for your job description. The following describes the consequences in both instances:

Voluntary: If you are not required to provide this data and you choose to provide it, you can be contacted and participate in continuity planning and response for this agency. If you do not provide this data, your office may not be able to reach you if there are events impacting your agency's operations or the agency needs to contact you.

Mandatory: If participating in continuity planning and response is an essential aspect of your position, you are required to provide this data. If you do not provide the information needed, it will impact your continued employment with the agency due to your in ability to perform all the functions of your position.

Social Security Number (SSN): If you are a new employee, your SSN is needed for reporting earnings and taking deductions, as required by law. You are legally obligated to provide your SSN so that the State may employ you. The Immigration Reform and Control Act of 1986, 8 U.S.C. 1324a Requires a SSN for completion of the Federal Employment Eligibility Verification form (I-9). The Tax Reform Act of 1976, 42 U.S.C., 40(c) (2) (c) requires the State to provide your SSN to the Social Security Administration, Internal Revenue Service, and applicable state Department of Revenue. The following also have a legal right to your SSN: applicable State retirement system (Minnesota Statutes, Chapters 352-356), Department of Human Services (Minnesota Statutes, section 256.998). Department of

TENNESSEN WARNING Notice of Intent to Collect Private Data from New Employees

Employment and Economic Development (Minnesota Statutes, section 268.044), and applicable insurance carriers (Minnesota Statutes, sections 43A.23, 62J.54, and 13.05). Known consequences of refusing to provide a SSN are that you cannot begin or continue employment with the Stat and you may not receive benefits for which you are eligible.

Birth Date/Age: Used to ascertain your retirement status, to determine your cost for certain optional insurance coverage, to determine actuarial rates and administer equal employment/age discrimination programs and issues. It is also required for completion of the Feder Employment Eligibility Verification form (I-9). You are not legally required to provide your birth date. The Minnesota Department of Human Services, applicable insurance carriers, applicable State retirement system have a legal right to this information. Your eligibility for employment may be affected if you do not provide this data. Additionally, it would not be possible to determine your eligibility for retirement, severance pay, and certain optional insurance coverage if you do not provide this data.

Marital Status: Your marital status is needed to determine eligibility for insurance and death benefit payments. You are not legally required to provide your marital status. However, without this information, certain insurance eligibility determinations and death benefit payments may not be possible. Applicable insurance carriers and State retirement system have a right to this information. This information is not needed if you r position is not eligible for insurance or retirement benefits.

Ethnic Group, Disability Status, Gender: Used to determine if the State has a diverse workforce that is representative of all Minnesotans. You are not legally required to provide these data. However, without this information, the State may not be able to effectively carry out state and federal equal opportunity and affirmative action mandates. Applicable insurance carriers and State retirement system have a legal right to obtain your gender.

Emergency Contact Information: Needed so that someone may be contacted if an emergency occurs and you need assistance. You are not legally required to provide this information. However, if you do not provide it, we will not be able to contact anyone in case of an emergency. Your agency and MMB staff that perform personnel and payroll functions may have access to this data.

Medical Insurance Information: This information will be used in case of a medical emergency within your first 35 days of employment. Completing this information within your first 30 days of employment. Completing this information is optional. You are not legally required to provide this information. However, if you do not provide, we will not be able to contact applicable health and dental carriers or medical personnel if the data is not provided.

THAVE READ THE ABOVE INFOR	WATION
Print Name	Date
Signature	