



STUDENT ENTERTAINMENT EVENTS

PLEASE READ THIS PAGE BEFORE COMPLETING THE REST OF THE PACKET

Please complete these forms using Adobe Acrobat PDF. **DO NOT** sign until you bring the packet to the SEE office. If you need access to Adobe, we can help you in the SEE Office.

Failure to follow these instructions will result in a delay processing your paperwork.

Welcome to SEE!!!

We're so excited to have you join The SEE team! Enclosed in this packet are the key documents that you will need to complete for us in black ink to get you enrolled in the employment system.

Should you have any questions, please contact the SEE Office Manager or the SEE Advisor.

Julia or Alyssa
seeoffice@umd.edu
301-314-8498

SEE Advisor – David Bonilla-Ciferri
dbonilla@umd.edu
301-314-4156

Page 1: *SEE Contact Information*: Fill out information for SEE Files and fill out what team you are joining – Pro Team or Camera Team.

Page 2: *New Employee Information Form*: Complete all requested information. **DO NOT** fill out Employment Start Date or Department.

Page 3: *List of Acceptable Documents*: You **MUST bring in PHYSICAL COPIES** of your identification for proof of identity and citizenship. You will choose **EITHER** one document from List A **or** one document from **each** List B **and** List C. After SEE receives your payroll packet, you will receive an email from i9complete@trackercorp.com. Please check your spam and fill out this form online **ASAP**.

Page 4: *Direct Deposit Form*: It is required that you sign up for direct deposit (paper paychecks will be printed until the direct deposit form goes through). You must fill out this form using Adobe PDF. **ALL information needs to be completed on this form (including bank name, bank number, and the checking/savings account number).** There may be more spaces than you need for the account or bank numbers. Leave the spaces you don't need blank or mark them with an "X." Do not sign until you bring the packet into the SEE office.

Page 5: *MW507*: Fill out. Note in Section 1 that it requires **COUNTY** not country. In Section 2, do not fill anything out. Do not sign until you bring the packet into the SEE Office. This form is pre-populated with exempt status, indicating that you are still claimed on a parent or guardian's taxes and anticipate making under \$9,750.00 this calendar year. To complete the form without exempt status, follow this link: https://www.marylandtaxes.gov/statepayroll/Static_Files/Employee_W4/2021_MD_Withholding_Form_MW_507.pdf.

Page 6: *W-4* for residents of MD and other US states (except West Virginia and Washington, DC): Fill out **SECTIONS 1 AND 4 OF THIS FORM ONLY** with the appropriate information. Please be sure to **fill in your COUNTY of residence and not COUNTRY of residence in section 1.** This form is pre-populated with exempt status, indicating that you are still claimed on a parent or guardian's taxes and anticipate making under \$9,750.00 this calendar year. To complete the form without exempt status, please follow this link: https://www.marylandtaxes.gov/statepayroll/Static_Files/Employee_W4/2021_W-4.pdf

Pages 7-11: *Polices and Expectations*: Review and sign.

Pages 12-13: Retain for your records.

NOTES: If you are not a U.S. Citizen, please email seeoffice@umd.edu for further instructions on completing the payroll packet
Pay schedule can be found <https://stampunion.umd.edu/getpaid>



STUDENT ENTERTAINMENT EVENTS

Please return form to Student Entertainment Events office.

Student Contact Information:

Name: _____ Date of Birth: ____/____/____
(Last) (First) (Middle)

Local Address: _____

Telephone Number: _____ Year of Graduation: 20 ____

E-mail Address: _____ UID: _____
(umd.edu accounts only)

Circle One: Pro Team: Security/Technical Camera Both Director

Dietary Needs: _____ T-Shirt Size: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: () _____ () _____
(Morning) (Evening)

I acknowledge that part of joining the SEE General Body Team, I will represent SEE in a positive manner and work events with pride. Failure to fulfill the position responsibilities described by the Director in charge may result in the organization taking progressive action to remedy the inability to meet expectations, including verbal warnings, written warnings, and probation, and at the extreme, dismissal. My signature below verifies that the information provided in this application is true and that I have read, understand, and intend to adhere to the SEE General Body Team responsibilities laid out in this application.

Employee's Signature

Date

ADMIN NOTES: PROCESS BY: SORC _____ HR _____ SEE _____
Initial/Date Initial/Date Initial/Date



STUDENTS: NEW EMPLOYEE INFORMATION FORM

EMPLOYEE INFORMATION

Name: _____ Preferred Name: _____

E-mail Address: _____ UID# : _____

Phone # _____ Directory ID: _____

Expected UMD Graduation Date: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone#: _____ Relationship to Student: _____

DEMOGRAPHIC INFORMATION

CITIZENSHIP OR VISA STATUS (check one)

| | | |
|--------|--------------------------------------|--|
| A1 | Nonresident with Diplomatic Visa | |
| CB | Citizen of U.S. | |
| F1 | Nonresident Alien with Student Visa | |
| J1 | Nonresident Alien with Exchange Visa | |
| PR | Permanent Resident or Resident Alien | |
| Other: | | |

RACIAL IDENTITY (check one or more)

| | |
|---|--|
| American Indian or Alaskan Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| Caucasian/White | |
| Prefer not to identify/other | |

SPECIAL ACCOMMODATIONS

Would you like to discuss with HR any accommodations you may need to complete your core job duties?

YES ☐ NO ☐

ARE YOU HISPANIC OR LATINO?

(A person of Spanish or Latin American culture/origin, regardless of race)

YES ☐ NO ☐

Are You Active Military: YES ☐ NO ☐

EMPLOYMENT START DATE: _____ DEPARTMENT IN STAMP: _____

Employee Signature: _____

Date: _____

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.

| 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 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. 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 | | <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 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 | <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 |

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.



STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one)

Regular

Contract

University of Maryland

Social Security Number

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | - | | | - | | | | |
|--|--|--|---|--|--|---|--|--|--|--|

Employee's Name (please print)

| |
|--|
| |
|--|

Agency Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Agency Name (please print)

| |
|--|
| |
|--|

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

1. **Initiate** deposit directly to my checking/savings account
(Will take at least two pay periods to allow for pre-note process.)
2. **Change** account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
Do not close account until payroll check is issued.
3. **Discontinue** direct deposit into my checking/savings and issue a payroll check instead.
Do not close account until payroll check is issued.

CPB Use Only

Effective PPE:

Processed by:

Bank Name:

(Omit if action 3 is checked)

Account Type: *(Must Check One)*

If not marked this form will be returned

Checking

Savings

Bank Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Verify carefully. For checking, copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.

Checking/Savings Account Number

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

IAT requirement

Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

Date

Employee signature

Daytime phone number

Instructions:

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- Type or print only (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Only original forms will be accepted. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account.
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
- Do not send a voided blank check.
- Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.

CPB/c/dd/0059/9-2017

Form MW507

Comptroller of Maryland

**Employee Withholding Exemption Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY****2021****Section 1 – Employee Information (Please complete form in black ink.)**

| | | | |
|---|------------------------|----------------------------|---|
| Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM | | Name of Employing Agency | |
| Agency Number | Social Security Number | Employee Name | |
| Home Address (number and street or rural route) | | (apartment number, if any) | |
| City | State | Zip Code | County of Residence (required) <small>Nonresidents enter Maryland County or Baltimore City where you are employed</small> |

Section 2 – Maryland WithholdingMaryland worksheet is available online at https://www.marylandtaxes.gov/forms/21_forms/mw507.pdf

| | |
|---|----------|
| <input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate | |
| 1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. | 1. _____ |
| 2. Additional withholding per pay period under agreement with employer | 2. _____ |
| 3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply. | |
| <input type="checkbox"/> a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and <input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enteryear applicable _____ (year effective) Enter "EXEMPT" here | |
| 3. | 3. _____ |
| 4. I claim exemption from withholding because I am domiciled in the following state. | |
| <input type="checkbox"/> Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here | |
| 4. | 4. _____ |
| 5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here | |
| 5. | 5. _____ |
| 6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. | |
| 6. | 6. _____ |
| 7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. | |
| 7. | 7. _____ |
| 8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military spouses Residency Relief Act. Enter "EXEMPT" here | |
| 8. | 8. _____ |

Section 3 – Employee Signature

| | | |
|---|---------------|---|
| Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed. | | |
| _____ Employee's signature | _____ Date | _____ Daytime Phone Number <small>(In case CPB needs to contact you regarding your MW507)</small> |

| | |
|--|--|
| Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404 | Federal Employer identification number (EIN) |
|--|--|

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>

Department of the Treasury
Internal Revenue Service☒ **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.****Step 1 – Personal Information** (Please complete form in black ink.)

| | | | |
|---|---------------|--|--------------------------------|
| Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM | Agency Number | Name of Employing Agency | |
| (a) Employee Name | | (b) Social Security Number | |
| Home Address (number and street or rural route) (apartment number, if any) | | Does the name match the name on your Social Security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov | |
| City | State | Zip Code | County of Residence (required) |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|-------------|----|
| Step 3: | If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| Claim Dependents | Multiply the number of qualifying children under age 17 by \$2,000 <input type="checkbox"/> \$ | | |
| | Multiply the number of other dependents by \$500..... <input type="checkbox"/> \$ | | |
| | Add the amounts above and enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here. | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period . | 4(c) | \$ |

EXEMPT

| | | | |
|--------------------------|--|--------------------------|--------------------------------------|
| 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 Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404 | First date of employment | Employer identification number (EIN) |

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>



DIVISION OF STUDENT AFFAIRS

Statement of Expectations for Confidential Information The Adele H. Stamp Student Union – Center for Campus Life

Information to which University of Maryland, College Park employees might have access in order to perform duties may be considered confidential and protected by University policy and/or federal and Maryland law. This statement sets forth minimum expectations for employee access to and use of confidential information.

To fulfill the duties and responsibilities of employment, employees may need to access personally identifiable information of students, prospective students, employees, campus affiliates, alumni/ae, donors, or guests which is confidential in nature. Such information may include, but is not limited to:

- Social Security number, University Identification Number
- Admission, academic, and other educational records
- Job applicant records (names, transcripts, etc.)
- Employment and payroll records
- Usernames, passwords, "secret questions and answers" or other ID/password combinations for applications that contain or use personally identifiable information
- Credit card, debit card or credit-related information
- Bank account information
- Driver's license number
- Passport number
- Photographic image or picture
- Physical or mental health or personal affairs.

This confidential information may take the form of documents, files, data, notes, records, electronic materials or oral information. The university has a legal and ethical responsibility to protect confidential information and to safeguard the privacy of personally identifiable information.

Please be advised that:

1. Personally identifiable information contained in student education records (any record containing information directly related to a student) is deemed confidential. Disclosure of information contained in such records is prohibited except as permitted by the Family Educational Rights and Privacy Act (FERPA) and by the university's "Policy on Disclosure of Student Records."
2. Personally identifiable information contained in employment or affiliate records (any record containing information directly related to a University employee) is deemed confidential. Disclosure of information contained in such records is prohibited except in accordance with federal and state law. Guidance for any such disclosure should be in consultation with the employee's supervisor, University Human Resources, and/or Office of General Counsel.
3. Contractual, financial, and business process information is deemed confidential and cannot be disclosed unless authorized in advance by the employee's supervisor or department director.

4. Accessing or seeking to gain access to personally identifiable information, except in the course of fulfilling the employee's job responsibilities, is prohibited.
5. Disclosing, using, and/or altering any such information without proper authorization is also prohibited.
6. Any request by the media to provide personally identifiable, confidential, or sensitive information on behalf of Stamp or the University must be directed to Stamp Marketing. All immediate concerns can be directed to the Information Desk who will notify the administrative staff responsible for responding.

If I have any questions regarding access, use, or disclosure of confidential University information I understand that it is my responsibility to consult with my supervisor or department director. Further, I will not, at any time either during or after my employment, make unauthorized disclosures of confidential University information.

Failure to meet expectations regarding confidentiality as outlined in this Acknowledgement may result in disciplinary action in accordance with University policies and procedures, State and federal laws and applicable collective bargaining agreements up to and including dismissal. Employees with access to confidential information may also be subject to criminal penalties for the unauthorized access, use and/or disclosure of such information.

By my signature below, I acknowledge receipt of the "Statement of Expectations for Confidential Information," have read and understand its contents. Further, I understand this signed acknowledgement will be maintained in my personnel file.

Employee Signature

Employee Name

Date



ADELE H. STAMP
STUDENT UNION

Center for Campus Life

As a student of the University of Maryland College Park, you have agreed to abide by the policies set forth in the Code of Student Conduct. As an employee of the Adele H. Stamp Student Union, we hold you to these standards of conduct set forth by the University. Students who are found to have violated the University's Code of Student Conduct may be held accountable for their actions and reprimanded at a level appropriate to the infraction.

The University of Maryland policies can be found at: <http://osc.umd.edu/OSC/StudentsInfo.aspx>.

Acknowledgement of receipt of this policy:

Check One: ☐ Undergraduate ☐ Graduate

Name (Printed)

Date

Signature



STUDENT ENTERTAINMENT EVENTS

SEE Director Confidentiality and Cone of Silence Agreement

As a member of Student Entertainment Events, I, _____, have read, understand, and will abide by the terms of the policies of confidentiality laid out by the Adele H. Stamp Student Union and the CONE OF SILENCE enforced by SEE Directors and Advisory.

Cone of Silence is described as keeping confidential information that a SEE employee has access to as a member of SEE. This includes details that occur within the SEE office, SEE Director Meetings, SEE events, SEE emails and communication outlets, and conferences attended on behalf of SEE (NACA, PBJ, etc). This confidentiality agreement extends beyond the time that your employment has ended, and includes information that you gather after your employment has ended.

Some examples of reasons why SEE has a Cone of Silence:

- UMD signs binding legal contracts with artists and agencies not to share this information. If information were to be leaked, UMD could be sued and held financially responsible for any repercussions.
- SEE Promotional Team works hard to have clear and concise plans for announcement of SEE events. As a SEE employee, you want to respect their work and marketing plan.
- As a SEE employee, you must respect and support your fellow members. Telling outside entities about SEE events, artists, budget, etc. only hurts the trust and hard work of your fellow members.

By signing below, I acknowledge that I understand and will abide by the Confidentiality Agreement and Cone of Silence.

Drug and Alcohol Policy

SEE is a drug- and alcohol-free organization. The use of or being under the influence of illegal drugs and/or alcohol while working an event or at SEE functions is inconsistent with the behavior expected of student employees. The use of illegal drugs and alcohol and/or the misuse of prescribed and over the counter drugs subjects student employees and the UMD community to unacceptable safety risks that undermine SEE's ability to operate safely, effectively, and efficiently.

While working SEE events, attending SEE events, tabling at SEE events, being in the SEE office, operating motor pool vehicles, attending events on behalf of SEE (NACA, PBJ, etc), or otherwise serving in the capacity of a SEE student director, the use, possession, distribution, or sale of controlled substances such as drugs or alcohol, or being under the influence of such controlled substances (drugs and alcohol) is prohibited.

SEE reserves the right to immediately terminate a student's involvement with SEE and/or future SEE events should the student violate the Drug and Alcohol Policy.

Signature: _____

Name: _____

Date: _____



STUDENT ENTERTAINMENT EVENTS

SEE for Campus and Event COVID Compliance

As a member of Student Entertainment Events, I agree to comply with all COVID-19 mitigation guidelines implemented by SEE, campus, county, state, or national entities. I understand that at times, in the interest of safety of all attendees and staff, SEE COVID guidelines may be stricter than campus requirements (e.g. SEE may require employees to wear masks while working a large outdoor event regardless of vaccination status, even when campus does not).

I assume responsibility for staying informed of and compliant with campus requirements, including vaccinations against COVID, masking requirements (including remaining masked if I have received an exemption to the vaccine requirement), testing, symptom tracking, physical distancing, or any other guidelines implemented by campus, SEE, or the Adele H. Stamp--Center for Campus Life. I understand that requirements may change at any time due to the nature of the ongoing COVID-19 pandemic. It is my responsibility to remain informed of campus changes and, if so informed, to immediately comply with updated regulations. I understand that failure to do so may result in progressive discipline being taken, up to and including termination.

Signature: _____

Name: _____

Date: _____

FISCAL YEAR 20 PAY PERIOD INFORMATION

| PAYROLL # | PAY PERIOD | | CHECKS ISSUED |
|-----------|---------------------|---------------------|---------------|
| | (SALARIED EMPLOYEE) | (HOURLY/OVERTIME) | |
| 1 | 06/23/19 – 07/06/19 | 06/09/19 – 06/22/19 | 07/12/19 |
| 2 | 07/07/19 – 07/20/19 | 06/23/19 – 07/06/19 | 07/26/19 |
| 3 | 07/21/19 – 08/03/19 | 07/07/19 – 07/20/19 | 08/09/19 |
| 4 | 08/04/19 – 08/17/19 | 07/21/19 – 08/03/19 | 08/23/19 |
| 5 | 08/18/19 – 08/31/19 | 08/04/19 – 08/17/19 | 09/06/19 |
| 6 | 09/01/19 – 09/14/19 | 08/18/19 – 08/31/19 | 09/20/19 |
| 7 | 09/15/19 – 09/28/19 | 09/01/19 – 09/14/19 | 10/04/19 |
| 8 | 09/29/19 – 10/12/19 | 09/15/19 – 09/28/19 | 10/18/19 |
| 9 | 10/13/19 – 10/26/19 | 09/29/19 – 10/12/19 | 11/01/19 |
| 10 | 10/27/19 – 11/09/19 | 10/13/19 – 10/26/19 | 11/15/19 |
| 11 | 11/10/19 – 11/23/19 | 10/27/19 – 11/09/19 | 11/29/19 |
| 12 | 11/24/19 – 12/07/19 | 11/10/19 – 11/23/19 | 12/13/19 |
| 13 | 12/08/19 – 12/21/19 | 11/24/19 – 12/07/19 | 12/27/19 |
| 14 | 12/22/19 – 01/04/20 | 12/08/19 – 12/21/19 | 01/10/20 |
| 15 | 01/05/20 – 01/18/20 | 12/22/19 – 01/04/20 | 01/24/20 |
| 16 | 01/19/20 – 02/01/20 | 01/05/20 – 01/18/20 | 02/07/20 |
| 17 | 02/02/20 – 02/15/20 | 01/19/20 – 02/01/20 | 02/21/20 |
| 18 | 02/16/20 – 02/29/20 | 02/02/20 – 02/15/20 | 03/06/20 |
| 19 | 03/01/20 – 03/14/20 | 02/16/20 – 02/29/20 | 03/20/20 |
| 20 | 03/15/20 – 03/28/20 | 03/01/20 – 03/14/20 | 04/03/20 |
| 21 | 03/29/20 – 04/11/20 | 03/15/20 – 03/28/20 | 04/17/20 |
| 22 | 04/12/20 – 04/25/20 | 03/29/20 – 04/11/20 | 05/01/20 |
| 23 | 04/26/20 – 05/09/20 | 04/12/20 – 04/25/20 | 05/15/20 |
| 24 | 05/10/20 – 05/23/20 | 04/26/20 – 05/09/20 | 05/29/20 |
| 25 | 05/24/20 – 06/06/20 | 05/10/20 – 05/23/20 | 06/12/20 |
| 26 | 06/07/20 – 06/20/20 | 05/24/20 – 06/06/20 | 06/26/20 |



ADELE H. STAMP
STUDENT UNION

Center for Campus Life

Payroll Tips for Stamp Student Employees

1. Contact Kalia Patricio, Coordinator for Training, Recognition, and Student Employment, with your PHR-related questions. Questions regarding hiring paperwork, time clock issues, and issues with receiving payment should all be directed to the Coordinator. Get in touch with Kalia at krp@umd.edu or 301.314.8508 if you have any questions as a student employee.
2. *The University of Maryland requires all employees to participate in payroll direct deposit.* Activation of direct deposit will occur within 21 days of receipt of CPB (Central Payroll Bureau). You will receive a payroll check until it is established.
3. All University of Maryland hourly employees are paid 3 weeks after a pay period ends. For paycheck issue dates, please reference the Fiscal Pay Period Information on the “When Do I Get Paid” page on the Stamp website. <https://stampunion.umd.edu/getpaid/>
4. You can view your biweekly earnings statement on the web at www.timesheets.umd.edu (View/Print Bi-Weekly Earnings Statement under “Employees” heading).
5. W-2 Wage and Tax Forms are available from the State of Maryland’s on-line website: <https://interactive.marylandtaxes.gov/Extranet/cpb/POSC/User/Start.aspx>

Once there click on POSC. You will need our agency code (360222) and your last pay check/pay advice number, which is found on your paystub (see #4), to create an account. Once established, you can obtain your W-2 as well as view and/or make changes to payroll deductions, direct deposits, etc. Call 410.260.7235 if you experience any problems with this site.

6. If you have been given a Federal Work Study (FWS) award as part of your need-based financial aid package, you can work under The Stamp’s FWS program and will get a Bi-weekly pay check for hours worked. For availability login to www.financialaid.umd.edu