

OKLAHOMA PANHANDLE STATE UNIVERSITY
STUDENT EMPLOYMENT ACTION

_____ SEMESTER, 20 _____

TO BE SIGNED BY THE SUPERVISOR BEFORE STUDENT IS APPROVED FOR WORK.

A student/hourly worker may not begin working until the supervisor and student employee receives an email from the HR office approving the employment.

Signed: _____

Date: _____

STUDENT INFORMATION:

Name _____

Student ID (A number) or Social Security Number _____

Date of Birth _____

Current Mailing

Address _____

Box _____

City, State _____

Zip Code _____

() _____

Phone _____

Permanent Mailing

Address _____

Box _____

City, State _____

Zip Code _____

() _____

Phone _____

In Case of Emergency

Contact _____

() _____

Phone _____

Are you currently enrolled at OPSU? _____

Hours enrolled _____

Have you ever worked for OPSU? _____

Where? _____

Do you have other campus employment? _____

Where? _____

I have read and understand the conditions set forth in the attached work agreement.

Student Signature _____

Date _____

SUPERVISOR INFORMATION:

Student Job Title _____

Hours Per Week _____

Position Code (e.g. #1202) _____

Date of Employment _____

I have read and understand the conditions set forth in the attached work agreement.

Supervisor Signature _____

Date _____

FINANCIAL AID:

FEDERAL

INSTITUTIONAL

Signature: _____

PAYROLL ENTERED: Signature: _____

Date _____

STUDENT WORKER AGREEMENT - Oklahoma Panhandle State University

GUIDELINES

Students must be **ENROLLED IN AND REGULARLY ATTENDING** six (6) or more hours in a regular semester or three (3) or more hours in a summer session to be eligible to work up to twenty (20) hours per week.

Student workers will be assigned a maximum number of hours which may be worked in a given semester or year and a total dollar amount which may be earned in this period, (this includes "break" periods such as spring break and semester breaks). The money earned by the student working for the University is part of one's financial aid package where appropriate.

There are three (3) work periods for students in each year—Fall semester, Spring semester, Summer. Student workers must be approved each of these periods in which they will work. A student working for the entire year would need to be approved at the beginning of his/her work for each period.

The maximum number of hours worked in a week may not exceed twenty (20). Weekly hours cannot be averaged. Therefore, one may not work thirty (30) hours in one week and ten (10) the next and claim twenty (20) hours per week.

If there is a period in which a student must work more than twenty (20) hours per week, **this must be noted at the same time of employment or an amended work agreement must be completed, and approved in advance, by the VP of Student Affairs and Financial Aid.** A written explanation from the supervisor must be attached to the amended work agreement.

Revisions to the Student Worker Agreement must be filed in the Financial Aid office and approved by the Director of Financial Aid prior to any additional hours being worked and/or any additional wages being paid.

It is the responsibility of both the student and the student's supervisor to make certain excessive hours are not worked and hours are not put on a time sheet which conflict with the student's normal semester class schedule without documentation.

Upon termination of student's employment, the supervisor shall notify the Human Resources office of the separation date.

No student may receive a payroll check until all payroll documentation is complete.

THE STUDENT WORKER AGREES TO THE FOLLOWING CONDITIONS:

1. I agree to responsibly carry out the duties and tasks outlined in the job description for the position I am assuming.
2. I understand that unsatisfactory job performance is grounds for dismissal.
3. I understand that failure to report for work is grounds for dismissal and may be interpreted as my immediate resignation.
4. I understand that tardiness for work is grounds for dismissal.
5. I agree to present myself and conduct myself professionally at all times while on duty.
6. I understand any absences from work must be approved by my supervisor.
7. I agree not to work at any time when a class I am enrolled in is meeting.
8. I understand that my acceptance of this position means that I represent the University and I agree to do so at the level expected by my supervisor.
9. I agree to have periodic evaluations of my job performance.
10. **I agree to not work in excess of my officially approved hours.**

I understand and accept the conditions set forth above in this work agreement.
Student's Signature _____
Date _____

I have discussed the terms and conditions presented above. The proposed student worker and I understand and accept the terms and conditions set forth above. I hereby request for this student to be assigned work in my department/school.
Supervisor's Signature _____
Date _____
Department/School _____



OKLAHOMA
PANHANDLE STATE
UNIVERSITY

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

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

1. Log in to <http://my.opsu.edu/>
2. Select Tax Forms
3. Select Federal W-4 Employee's Withholding Allowance Certificate
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 Panhandle State University is not responsible for any taxes owed or fines that might be incurred due to inaccurate information.

Print Name and Signature

Date



OKLAHOMA
PANHANDLE STATE
UNIVERSITY

State Withholding - Job Location In Oklahoma

U.S. Citizens and Resident Non-Citizens will default to Oklahoma state tax withholding, Single marital status and 0 allowances. A different marital status must be set up online via self-service as follows:

1. Log in to <http://my.opsu.edu/>
2. Select Tax Forms
3. Select Oklahoma W-4 Tax Withholding
4. Change Withholding Information
5. Save Changes
6. Users are responsible for entering accurate information. Oklahoma Panhandle State University is not responsible for any taxes owed or fines that might be incurred due to inaccurate information.

Print Name and Signature

Date

OKLAHOMA PANHANDLE STATE UNIVERSITY

DRUG-FREE WORKPLACE POLICY

PURPOSE AND SCOPE

- 1.01 The Drug-Free Workplace Act passed by Congress in 1988 requires federal contractors and grantees to certify to the contracting or granting agency that they will provide a drug-free workplace. This policy is adopted in order to comply with this statutory directive.

DEFINITIONS

- 2.01 a. Workplace – Oklahoma Panhandle State University owned or controlled property or the site for performance of work.
- b. Controlled Substance – cocaine, marijuana, opiates, amphetamines and any other substance designated a “controlled substance” in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).
- c. Criminal Drug Statute – A federal or non-federal criminal statute involving the manufacture, distribution, dispensations, use, or possession of any controlled substance.
- d. Conviction – A finding of guilt (including judicial acceptance of a plea of nolo contendere) or imposition of sentence, or both, by a judicial body determining violations of Federal or non-federal criminal drug statutes.
- e. Project Director – The individual having administrative supervision over a project resulting from a federal grant or contract.
- f. Employee – Shall include Oklahoma Panhandle State University Faculty, Administrative and Professional staff, Classified staff, and student appointments.

POLICY

- 3.01 In support of this anti-drug abuse legislation, it is the policy of Oklahoma Panhandle State University to establish and maintain appropriate compliance by:
- a. Publishing and distribution to all employees a written statement regarding this controlled substance prohibition in the workplace, with descriptions of disciplinary actions which may be taken against employees for violations of such prohibition.
- b. Establishing a drug-free awareness program.
- c. Notifying the contraction or granting agency within 10 days of receiving notice of an employee's criminal drug statute conviction for a violation occurring in the workplace.
- d. Imposing appropriate administrative disciplinary action on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted or who has otherwise violated this policy.
- e. Making a good-faith continuous effort to maintain a drug-free workplace through the implementation of the requirements set forth in the Drug-Free Workplace Act.

PROCEDURES

- 4.01 A copy of the written statement in 3.01 (a) regarding the controlled substance prohibition in and on OPSU property, shall be disseminated to all current employees, posted in each department of the University and given to each new employee.
- 4.02 The project director will have the responsibility of explaining this policy to employees working on a federal contract/grant.
- 4.03 An employee shall notify the project director or, in the absence of a project director, his/her immediate supervisor or other supervisory administrator, of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

4.04 The project director shall notify the Department of Grants and Contract Financial Administration ("GCFA") of an employee's criminal drug statute conviction for a violation occurring in the workplace. The GCFA shall notify the federal contracting agency of such conviction within ten days of the notice under paragraph 4.03 or otherwise receiving actual notice of such conviction. The project director's notification shall be made in a timely manner so that GCFA may comply with the time requirement set forth herein.

4.05 Suspensions and Disciplinary Actions

- a. An employee found at any time to have violated the drug-free workplace policy may be disciplined by Oklahoma Panhandle State University even when the violation has not resulted in a criminal conviction. Employees may also be temporarily suspended if such is deemed necessary to protect the best interest and safety of the University, its components, and participants. As an alternative to disciplinary action, the University may require satisfactory participation in a drug abuse assistance or rehabilitation program as a condition to continued employment. The drug abuse assistance/rehabilitation program shall be one that has been previously approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency.
- b. In determining whether a violation of the Drug-Free Workplace Policy as occurred and the disciplinary action to be imposed as a result of each violation, relevant provisions of the Personnel Handbook shall be followed insofar as faculty and staff are concerned.
- c. One of the actions set forth above in 4.05 (a) (i.e., discipline or satisfactory participation in a drug abuse assistance/rehabilitation program) shall be taken within thirty days of receiving notice of a conviction as provided for in 4.03.
- d. Failure of an employee to report his/her criminal drug statute conviction for a violation in the workplace within five days of the conviction is ground for dismissal of that employee.
- e. For staff employees, appropriate and established leave policies will be followed for the purposes of such treatment and rehabilitation. For student employees and faculty, drug rehabilitation leave will be determined on an individual basis.
- f. Where necessary because of conviction and incarceration, decisions relative to suspension or dismissal or the granting of leave for treatment will be determined individually.

4.06 Counseling and Rehabilitation Sources

The office of Student Affairs may be contact for preliminary counsel and advice regarding chemical dependency problems and referral to approved chemical dependence treatment agencies.

I, _____, have read and understand

the Oklahoma Panhandle State University Drug-Free Workplace Policy.

Oklahoma Panhandle State University

PO Box 430, Goodwell, OK 73939

Print Name of Officer or Employee

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 State 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 OKLAHOMA PANHANDLE STATE UNIVERSITY.
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.) 51 O.S., 36.2.

Affiant Sign Here

State of Oklahoma
County of Texas

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

_____ day of _____

By _____
Print name of the person taking the oath.

Signature of the Notary _____ (Seal, if any)

Title and Rank (if other than a notary)

My Commission Expires

Commission Number
LOYALTY OATH FILING
(51 O.S. §36.3)

WHERE TO FILE:

- Every state officer shall be filed with the Secretary of State.
- Every state employee shall be filed with the personnel officer of the state entity employing the state employee.
- All other officers shall be filed with the office of the county clerk of the county or official residence of the officer.
- All other employees shall be filed with the office of the county clerk of the county in which the entity employing the employee is located.
- Every notary public shall be filed with the office of the county clerk of the county of office residence of the notary, or if a nonresident, the county of employment of the notary.
- All municipal officers or employees shall be filed in the office of the municipal clerk of the municipality for which the officer or employee serves or by which the officer or employee is employed.

TO ENSURE PROPER FILING:

- Submit only the original oath with original signatures. Photo copies are not accepted. Type or print clearly in black ink:
- List the name and address of the entity.
 - Full and correct name of the person taking the oath.
 - Name of the office, or if an employee, insert "an employee of _____" followed by the complete designation of the employing officer, agency, authority, commission, department, or institution.
- Person taking the oath is the "Affiant".

ATTESTATION OF LOYALTY OATH:

The Loyalty Oath must be signed and dated by a notary public or other officer authorized to administer oaths or affirmations (indicate title and rank, if other than a notary public) and include the identification of the jurisdiction in which the act is performed. The notary shall include the name of the individual making the statement (or taking the oath), the notary seal, expiration date and commission number.

Please retain a copy of your records before submitting the oath for filing.
For additional information, please call 405-522-4564 or 405-522-4565.

LOYALTY OATH FILING
(51 O.S. §36.3)

WHERE TO FILE:

Every state officer shall be filed with the Secretary of State.

Every state employee shall be filed with the personnel officer of the state entity employing the state employee.

All other officers shall be filed with the office of the county clerk of the county or official residence of the officer.

All other employees shall be filed with the office of the county clerk of the county in which the entity employing the employee is located.

Every notary public shall be filed with the office of the county clerk of the county of office residence of the notary, or if a nonresident, the county of employment of the notary.

All municipal officers or employees shall be filed in the office of the municipal clerk of the municipality for which the officer or employee serves or by which the officer or employee is employed.

TO ENSURE PROPER FILING:

Submit only the original oath with original signatures. Photo copies are not accepted. Type or print clearly in black ink:

1. List the name and address of the entity.
2. Full and correct name of the person taking the oath.
3. Name of the office, or if an employee, insert "an employee of _____" followed by the complete designation of the employing officer, agency, authority, commission, department, or institution.

Person taking the oath is the "Affiant".

ATTESTATION OF LOYALTY OATH:

The Loyalty Oath must be signed and dated by a notary public or other officer authorized to administer oaths or affirmations (indicate title and rank, if other than a notary public) and include the identification of the jurisdiction in which the act is performed. The notary shall include the name of the individual making the statement (or taking the oath), the notary seal, expiration date and commission number.

Please retain a copy of your records before submitting the oath for filing.
For additional information, please call 405-522-4564 or 405-522-4565.

Workers' Compensation Leave Acknowledgement

Workers' Compensation Leave: An employee sustaining an on-the-job injury will be provided an applicable recovery time in accordance with the Oklahoma Worker's Compensation Act. Each case will be individually evaluated and determined by the work comp adjustor. The University provides a comprehensive Workers' Compensation Insurance program at no cost to the employee. This program covers any injury or illness sustained in the courts of employment.

Any employee who sustains a work-related injury or illness **should inform his or her supervisor immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately.** An injured employee may be required to be examined by a doctor appointed by the University.

Upon notification of a work related injury or occupational illness by an employee, the supervisor is to notify the Human Resources Office prior to the close of business of the following work day.

I certify I have read the above statements found in the Faculty and Staff Handbooks (Faculty Handbook 1.3.3 Benefits and Staff Handbook 5.7 WC Insurance). I understand I am to report a work related injury to my supervisor and the supervisor is to notify the Human Resource Office prior to the close of the business of the following work day.

Employee's Signature

Date

Supervisor's Signature

Date

HR Rep

Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires: 10/31/2022

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)

Form fields for Section 1: Last Name (Family Name), First Name (Given Name), Middle Initial, Other Last Names Used (if any), Address (Street Number and Name), Apt. Number, City or Town, State, ZIP Code, Date of Birth (mm/dd/yyyy), U.S. Social Security Number, Employee's E-mail Address, Employee's Telephone Number.

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

Attestation options: 1. A citizen of the United States, 2. A noncitizen national of the United States (See instructions), 3. A lawful permanent resident (Alien Registration Number/USCIS Number), 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes fields for document numbers and country of issuance.

Signature of Employee and Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one): I did not use a preparer or translator, or A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator and Today's Date (mm/dd/yyyy), Last Name (Family Name), First Name (Given Name), Address (Street Number and Name), City or Town, State, ZIP Code.

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title		DH Code - Sections 2 & 3 Do Not Write in This Space		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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	LIST B Documents that Establish Identity	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 	<p style="text-align: center;">OR</p> <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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">AND</p> <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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Oklahoma Panhandle State University		4. Employer Identification Number (EIN) 91-1896905	
5. Employer address PO Box 430		6. Employer phone number 580-349-2611	
7. City Goodwell	8. State OK	9. ZIP code 73939	
10. Who can we contact about employee health coverage at this job? OPSU Human Resources Department			
11. Phone number (if different from above)		12. Email address dcollins@opsu.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

- All employees.
- Some employees. Eligible employees are:

Continuous, regular employees with a FTE of .75 or greater are eligible for benefits.

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

Your spouse and children up to 26 or child of any age who is medically certified as disabled.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



OKLAHOMA
PANHANDLE STATE
UNIVERSITY

Direct Deposit on Self Service

1. Log into the [OPSU Portal](#)
2. Select Self Service
3. Select Employee Tab
4. Select Pay Information
5. Select Direct Deposit Allocation
6. You will be promoted to approve access through DUO Security
7. Select New Direct Deposit/Modify Direct Deposit Allocation
8. Enter in required banking information, routing number and account number
9. Confirm the allocation

Visit the OPSU website for more detailed instructions or reach out to the Human Resources Director

Signature _____ Date _____