

Graduate Student Hire Process

Michelle Snyder, Director of Payroll Services and Student Employment Services

Payroll Services





- □ Intake Notification
 - Forms
- Tracker
- Welcome Email
- UCPath
- Pay

Disclaimer

- If you are currently employed at UC Merced, you do not need to complete new hire forms.
- If you have already completed new hire forms for your fall appointment, you do not need to complete new hire forms again

Intake Notification

- A Payroll Services Representative will send you an email with the subject "UC Merced Graduate Employment Intake"
- \Box Emails will be sent the week of July 20, 2020
- If no email received by end of day on July 24, 2020, contact <u>hiring-intake@ucmerced.edu</u>

Check "junk" and "clutter" mail box first

Reply with your authorized representative information for completion of form I-9

Forms – Personal Data Form



*** Please enter the LAST date you previously worked at another UC location or the LAST date you previously worked at UC Merced

A - Not Indicated	H - High School Diploma or Equiv	L -Post-Doctorate	P - Prof Degree (Term Masters)
C - HS Graduate or Equivalent	I - Master's Level Degree	N - No Academic Credentials	T - Trade or Craft Certificate
D - Doctorate	K - Doctorate (Professional)	O - Unique Nurse Diploma	Z - Associate's Degree

G - Bachelor's Level Degree

Forms – Oath/Patent

□ Oath – US Citizen Only

	UNIVERSITY OF CALIFORNIA STATE OATH OF ALLEGIANCE. PATENT POLICY, AND PATENT ACKNOWLEDGMENT	EMPLOY	EMPLOYEE'S NAME (Last, First, Middle Initial)		DATE PREPARED Mo/Dy/Yr
	UPAY585 (R 11/2011) E0420 71443-180	EMPLOY	EE ID	DEPARTMENT	EMPLOYMENT DATE Mo/Dy/Yr
					_
the State of C of the State of	TH OF ALLEGIANCE I do solemnly swear (or affi alifornia against all enemies, foreign and domestic; that California; that I take this obligation freely, without any im about to enter.	l will bear tru	e faith and allegiance to	the Constitution of the United	States and the Constitution
Taken and s	ubscribed before me on:		Signature of Officer of	r Employee:	
	Mo/Dy/Yr		(D		3
Signature of Authorized Official: (Do not sign until in the presence of proper witness.)					roper witness.)
Title_Authorized Representative			NOTE: No fee may be charged for administering this oath.		
County:	State:				_
The oath must be administered by either (1) a person having general authority by law to administer oaths—for example, Notaries Public, Civil Executive Officers (Gov. Code Sec. 1001), Judicial Officers, Justices of the Peace, and county officials named in Gov. Code Sections 24000, 24057, such as, district attorneys, sheriffs, county cierks, members of boards of supervisors, etc., or (2) by any University Officer or employee who has been authorized in writing by The Regents to administer such oaths.					
WHO MUST SIGN THE OATH: All persons (other than allens) employed by the University, in common with all other California public employees, whether with be filed with the Campus Accounting Office.					yees of the University shall
or without compensation, must sign the oath. (Calif. Constitution, Article XX, Section 2, Calif. Gov. Code Sections 3100-3102.) FAILURE TO SIGN OATH: No compensation for service performed prior to his subscribing to the Oath or affirmation may be paid to a University employee. And					
All persons re-employed by the University after a termination of service must sign a new Oath if the date of re-employment is more than one year after the date on which the previous Oath was signed (Calif. Gov. Code Sec. 3102.)		no reimbursement for expenses incurred may be paid for a University employee. And the Oath or affirmation. (Calif. Gov. Code Sec. 3107.)			
WHEN OATH MUST BE SIGNED: The Oath must be signed BEFORE the Individual enters upon the duties of employment (Calif. Constitution, Article XX, Section 3: Calif. Gov. Code Sec. 3102.)		PENALTIES: "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material which he knows to be faise, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Gov. Code Sec. 3108.)			

Forms-Oath/Patent, cont'd

Patent - All

PATENT ACKNOWLEDGMENT

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," In part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University.

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy, hereinafter called "Policy."

I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to inventors, and that the policy in effect at the time an invention is disclosed shall govern the University's disposition of royalties, if any, from that invention. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or baliment agreement for licensed rights, or 2) an option or letter agreement leading to a license or baliment agreement. I also acknowledge that the percentage of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University. The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge my obligation to assign, and do hereby assign, inventions and patents that I conceive or develop 1) within the course and scope of my University employment while employed by University, 2) during the course of my utilization of any University research facilities, or 3) through any connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the University authorized licensing office. Such inventions shall be examined by the University to determine rights and equities therein in accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

In the event any such Invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by Calif. Labor Code Sec. 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this acknowledgment, I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

NOTICE: This acknowledgment does not apply to an invention which qualifies under the provision of Calif. Labor Code Sec.2870 which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer, or (2) Result from any work performed by the employee for the employer. (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable. In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

RETENTION: Accounting: 5 years after separation, except in cases or disability, retirement or disciplinary	Employee/Guest Name (Please print):			
action, in which case retain until age 70.	Employee/Guest Signature:	Date:		
Other Copies: 0-5 years after separation	Witness Signature & University Acceptance:	Date:		

Forms — Position Not Covered by Social Security

STATEMENT CONCERNING YOUR EMPLOYMENT IN A UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY UCRS 419 (R1/05) University of California Human Resources and Benefits Send completed form to: UC HR/Benefits Records Management P.O. Box 24570 Oakland CA 94623-1570

1. EMPLOYEE AND UNIVERSITY INFORMATION				
EMPLOYEE NAME (Last, First, Middle Initial)	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER		
CAMPUS/LAB	DEPARTMENT	DATE OF HIRE		

2. FOR ADDITIONAL INFORMATION

Social Security publications and additional information, including information about exceptions to each provision, are available at www. socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

3. REQUIRED SIGNATURE

I certify that I have received Form UCRS 419 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

SIGNATURE OF EMPLOYEE	DATE

Forms – CANRA/Union

- Some job classifications have additional forms to complete
- Teaching Assistant

 - Union Enrollment



UC's online electronic work eligibility system

Email will come from

employment.authorization@universityofcalifornia.edu

Form I-9 Access for New Hire: Must Complete Prior to Work



employment.authorization@universityofcalifornia.edu <employment.... Today at 11:09 AM

To: Ø Michelle Snyder

Dear Michelle Snyder:

You have been hired by the organization listed below, and your new employer is requesting that you complete Section 1 of the Form I-9 using an electronic system to verify your eligibility to work in the United States. Department of Homeland Security regulations require that all employees (both citizens and non-citizens) complete this section no later than your first day of work.

Employer Name: UC Merced Worksite: Academics and Staff Expected Start Date: 7/15/2020

To access your section of the Form I-9 online, please visit the following secure link and follow the on-screen instructions: Form I-9 for Michelle Snyder

IMPORTANT NOTE: You will not be able to return to this form after it has been electronically signed and submitted to your employer.

After completing your section of the I-9 form, the next step is to present your identity and U.S. employment authorization document(s) to an authorized Employer Representative who must complete Section 2 of the I-9 form. Please note that original documents must be presented in person. Click here to view the List of Acceptable Documents

Click on the link provided in the email

Complete Form I-9 Section 1



USCIS Form I-9 Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

Form I-9 Section 1: Employee Information and Attestation

I-9 Instructions: English | Español

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.

ANTI-DISCRIMINATION NOTICE ①

Employee Name an	Employee Name and Identification					
First Name (Given Name):* 🕕	Middle Initial:* 🕕	Last Name (Family Name):* 🕕	Other Last Names Used:* 🕕			
Required	Required or N/A	Required	Required or N/A			
U.S. Social Security Number: 🕕	Date of Birth:* 🕕					
Optional	Required					
(888-88-888)	(mm/dd/yyyy)					

- Legal name provided on the form must match the name as per your currently issued Social Security Card record.
 - If no number has been issued, use the name as indicated on Visa documentation (I-20, DS-2019)

Employee Address and	Contact Information		
Address(Street Number and Name):* 🕕	Apt. Number:* 🕕		
Required	Required or N/A		
City or Town:* 🕕	State:* 🕕		Zip Code:* 🗻
Required	<none></none>	•	Required
Employee's Telephone Number:* 🗻	Employee's Email Address:*		
Required or N/A	Required or N/A		
(888-888-8888)			

Employee Employment Status

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):*

I. A citizen of the United States 1

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- ② 2. A noncitizen national of the United States (see instructions) ①
- 3. A lawful permanent resident 1
- 4. An alien authorized to work 1

IM	PORTANT: YOU ARE SIGNING A U.S. GOVERNMENT FORM
lam	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 forn
	Employee Name (First, Middle Initial, and Last) *
1	Enter your legal name as your electronic signature:
2	Please enter and confirm the answer to the signature question listed below:
	What is your second favorite movie? Answer * Confirm Answer *
3	Select the box next to " I Agree" to acknowledge that you have read and accept the fact that you are signing a U.S. Government Form and that you are 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.
4	Preparer and/or Translator Certification (select one): *
	A preparer(s) and/or translator(s) assisted the employee in completing Section 1

Box

- □ Utilize the specially created link provided in the initial intake email.
- Upload all completed forms
- □ Contact your intake coordinator if you have issues accessing Box

Welcome Email

FW: NEW EMPLOYEE INFORMATION



Today at 11:40 AN

Welcome to UC Merced!

We are excited to have you join us as we work to build the future in the heart of California. Your role here at UC Merced is critical in advancing our mission and providing increased access to the University of California system to all highly qualified students from the region and state.

This notification confirms we have successfully processed your employee record into our payroll system (UC Path). Your employee ID is 10038703.

To ensure your success as a new employee at UC Merced, please complete the following tasks at your earliest convenience.

Step 1 – Finalize Your Employee Record and Make Payroll Decisions in UC Path

Visit the <u>UCPath Portal</u> today to finalize your employee record and complete your onboarding forms. When you visit the portal, select your campus location (UC Merced) to be directed to the UC Merced Single Sign-On page.

In the Portal, you may:

- ELECT FEDERAL AND STATE TAX WITHHOLDINGS: Your personal tax withholdings default to Single with ZERO exemptions. This designation will result in the maximum rate of personal tax withholding.
- ELECT DIRECT DEPOSIT: Direct Deposit enrollment can take up to 30 calendar days to take effect. Until your request is processed, paper checks will be mailed to your home address on record. Paper checks are mailed out on your scheduled pay date and may arrive up to 5 business days later.
- COMPLETE VOLUNTARY DEMOGRAPHIC INFORMATION
- COMPLETE VOLUNTARY DISABILITY DESIGNATION
- COMPLETE EMERGENCY CONTACT INFORMATION
- COMPLETE PERSONAL ACTIONS: Update your mailing address, request a name change, and review information regarding your retirement accounts.
- REVIEW EARNINGS STATEMENTS: Earnings statements are available on the last day of the month for monthly paid employees, occasionally earlier. Please make a habit to review every cycle for accuracy.
- OBTAIN A VERIFICATION OF EMPLOYMENT: Select Employee Actions > Income and Taxes > Verification of Employment and then click the Generate Summary Report button. Your summary will be published on UC letterhead, which will include your current employment information and payroll earnings. Additionally, there are instructions for how to obtain a Verification of Employment for a third party.

UCPath

- Personnel & Payroll online platform utilized systemwide to process personnel and pay actions.
- Complete hiring process
 - Voluntary Disclosures
 - Establish tax withholding
 - Preferred Name, gender, sexual orientation
 - Add/change direct deposit information
 - Does not carry over from student account
 - Update address
 - View Earning Statements

UCPath, cont'd



Next Paycheck July 31		K	0 384.00 178.33 vacation Hours accrued 119.31 sick Hours accrued
View Paycheck	View Benefits	View Retirement Info	View Leave Balances
Manager Actions 오	Personal Information 오	Health and Welfare	Income and Taxes

Pay

- □ All required forms **must** be completed by August 17, 2020
- \Box Pay issued monthly on the 1st
 - Exception: If 1st is on a weekend/holiday, issued on the Friday before. January issued on first date after the New Year's holiday
- □ First check (fall) issued on September 1, 2020
 - issued as a paper check, mailed to address provided on personal data form or address as updated by you in UCPath by the change deadline
 - Prorated for August (8/17-8/31/20)
- DCP/Medicare Exempt if you meet the minimum enrollment eligibility for exemption.
 - Minimum 4 unit enrollment AY, Minimum 2 unit enrollment Summer
 - More Information available here <u>https://bfs.ucmerced.edu/student-employment/undergraduate-student-resources/what-dcp</u>

Questions?

Useful Resources

- I-9 Immigration Reform and Control Act of 1986 -<u>https://www.congress.gov/bill/99th-congress/senate-bill/1200</u>
- I-9 USCIS Temporary Guidelines <u>https://www.uscis.gov/i-9-</u> <u>central/temporary-policies-related-covid-19</u>
- DCP
 - Program Info <u>- https://ucnet.universityofcalifornia.edu/forms/pdf/retirement-savings-program-information-for-safe-harbor-participants.pdf</u>
 - Eligibility <u>https://bfs.ucmerced.edu/student-employment/undergraduate-student-resources/what-dcp</u>
- □ CANRA <u>https://protectminors.ucmerced.edu/</u>
- Hiring Intake <u>hiring-intake@ucmerced.edu</u>
- Payroll Services <u>payrollservices@ucmerced.edu</u>
- □ Academic Personnel <u>academicpersonnel@ucmerced.edu</u>