

UMSA New Employee Pre-Orientation Checklist

Please complete the tasks below prior to attending orientation

BRING TO ORIENTAITON:

- ☐ Signed Offer Letter
- ☐ Documentation needed for issuance of employee ID badge (unexpired driver's license or unexpired state id)
- ☐ Documentation needed for I-9 Form (see page 15 for list of acceptable documents). Note: All documents must be unexpired.
- ☐ Voided personal check or a document from your financial institution indicating your routing number and account number **for direct deposit purposes.**
- ☐ Seven completed forms below:
NOTE: Your name on completed forms must be identical to name on Social Security card or other document that establishes employment authorization.
 - 1) Personal Data Sheet
 - 2) W-4
 - 3) Authorization Agreement for Direct Deposit
 - 4) Labor Timekeeping Acknowledgement
 - 5) USF Card Application
 - 6) USF Medical Health Administration Communicable Disease Screening
 - 7) I-9

IF YOUR POSITION INVOLVES INTERACTION WITH PATIENTS, (or if you are unsure):

- ☐ Secure and provide immunization records to USF Medical Health Administration Office @ mha@health.usf.edu
- ☐ Contact the USF Medical Health Administration Office at (813) 974-3163 to discuss required immunization records and schedule an appointment to complete any required testing.
- ☐ Contact any facility that may have your immunization records if you need to provide current documentation.

Review the following documents found on the New Hire website and come prepared with any questions:

- ☐ Labor Timekeeping and Approval Policy & Procedures
- ☐ "Employee Policy Summary" (Not advised to print this document)
- ☐ Appropriate "Benefits Summary" (For full-time & part-time employees only)

PLEASE CONFIRM WITH YOUR SUPERVISOR WHERE YOU WILL REPORT ON YOUR SECOND DAY

USF HEALTH

University Medical Service Association, Inc. (UMSA)

EMPLOYEE PERSONAL DATA

Name:					
Social Security #:		Birth Date:		Marital Status:	
Home Address:					
Home Phone:		Cell Phone:			

Please select ONE race/ethnic background as applicable:

- ☐ American Indian/Alaska Native ☐ Asian (not Hispanic/Latino) ☐ Black (not Hispanic/Latino)
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White (not Hispanic/Latino)
☐ Two or more races

Emergency Contact Information:

Name:		Relationship:	
Home/Cell Phone:		Work Phone:	

FULL-TIME and PART-TIME Employees Only:

If your marital status is married, by law we are required to provide an initial notice to your spouse of his/her COBRA rights. If your spouse lives at a different address than yours, please provide the information below:

Signature: _____ Date: _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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

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

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

General Instructions

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

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

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

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

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

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

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

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

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

Deductions, Adjustments, and Additional Income Worksheet

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

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

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

Two-Earners/Multiple Jobs Worksheet

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

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

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

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

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

Instructions for Employer

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

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

For accuracy,
complete all
worksheets
that apply.

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

Deductions, Adjustments, and Additional Income Worksheet

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

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

Two-Earners/Multiple Jobs Worksheet

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

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

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

USF HEALTH
University Medical Service Association, Inc. (UMSA)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name	Employee Number (Kronos)

I hereby authorize the University Medical Service Association, Inc. (UMSA) to initiate credit entries (deposits) and, if necessary, debit entries (withdrawals) for any credit entries made in error to my account indicated below. I also authorize the Financial Institution to credit and/or debit the same to such account.

Financial Institution	Routing (Transit/ABA) Number <i>(first nine numbers on bottom left corner of personal check)</i>
Account Type (select one account)	Account Number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority is to remain in full force and effect until such time that I provide written notification of its termination. Written notification will be provided to the USF Health Office of Human Resources in accordance with the current payroll schedule in order to be included in that payroll.

Signature _____ Date _____

Please attach voided personal check or document from financial institution
indicating the routing and account number for direct deposit purposes.

You may fax your completed form to (813) 974-7973 or submit it to:

Interoffice: US Health Human Resources, MDC 62	U.S. Mail:
Delivery: USF Faculty Office Building (across from Morsani) 13220 USF Laurel Dr., 1 st floor, Suite 1306	USF Health Human Resources 12901 Bruce B. Downs Blvd., MDC 62 Tampa, FL 33612

**Acknowledgement of Receipt of the
UMSA LABOR TIMEKEEPING AND APPROVAL PROCEDURES**

EMPLOYEE NAME (please print legibly): _____

TITLE: _____

SUPERVISOR'S NAME: _____

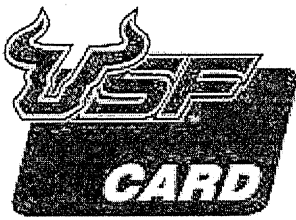
I acknowledge that I have received a copy of the LABOR TIMEKEEPING AND APPROVAL POLICY & PROCEDURES and agree to abide by all policies and procedures included therein.

I understand that the policies and procedures listed are subject to change. Upon change, I shall be notified and trained as necessary.

EMPLOYEE SIGNATURE

DATE

Please return the completed form to the USF Health Department of Human Resources to be maintained in your employee personnel file.



UMSA COURTESY APPLICATION

USF ID#: U _____

Name (Please Print): _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Card Holder Responsibilities

- A. Use of the USFCard by anyone other than the person to whom it was issued is strictly prohibited.
- B. The cardholder is subject to disciplinary actions or other penalties for improper use of the card.
- C. The cardholder is responsible for any and all losses associated with his/her card.
- D. Punching holes, marking on the card, or adding stickers to the card is strictly prohibited.

USFCards are the property of the University of South Florida and must be returned upon request. I understand and accept the responsibilities associated with the USFCard and certify the above information is correct.

USF ID Card (please check only one option below):

_____ I do not have an active USF ID Card and I authorize a one-time payroll deduction for the USF Courtesy ID Card from my first UMSA pay check. I understand that the cost of a USF Courtesy ID Card is \$15. I also understand that if my ID is damaged or lost, I must pay for the replacement.

_____ I have an **active** USF Student ID Card and *do not authorize* a payroll deduction for the cost of one.

Signature: _____

Date: ____/____/____

FOR OFFICE USE ONLY

CHECK ONE: ☐ FIRST CARD(\$15) ☐ LOST(\$15) ☐ STOLEN(\$15) ☐ DAMAGED(\$15)

Inoperative Card: ☐ Issued Replacement Card ☐ Re---Encode Magstripe ☐ Information Change

ID Presented: ☐ Drivers License ☐ Passport ☐ Military ID ☐ State ID ☐ Other: _____

Initials of Verifier: _____



New Employee/Faculty Communicable Disease Screening Risk Assessment

Printed Name:	Employee Number:
Position:	Department:
Facility:	Cell Phone:
Work Phone:	Home/Cell Phone:
Work Email Address:	Fax:
Other Email Address:	Date of Hire:

Please answer the following questions:

1. Will you have direct patient contact and/or will you be working in an area where patient care is provided?
- ☐ Yes* ☐ No ☐ Unknown (ask your supervisor if this is a possibility)

****If you checked "Yes", you must meet with the office of Medical Health Administration (Employee Health) regarding mandatory Communicable Disease screening requirements before you will be permitted to have patient contact.***

2. In your normal course of your job, will you have the potential to come in contact with human or animal blood, body fluids, tissue or sharps?

EXAMPLES: Examine patients; Administer treatments; Draw blood; Test blood, body fluids or unfixed human tissue; Handle specimens such as blood, urine, tissue before it is properly bagged; Dispose of linen or trash that might accidentally expose you to needles, or body fluids; Respond to emergency situations that may expose you to blood or body fluids.

- ☐ Yes* ☐ No ☐ Unknown (ask your supervisor if this is a possibility)

****If you checked "Yes", you are eligible for the Hepatitis B vaccine series. If you do not receive the OSHA Bloodborne pathogen training during orientation, you will need to complete the training within the first two weeks of employment and annually thereafter through the "on-line" program available on the "USF LEARN" website: <https://learn.health.usf.edu/login/index.php>***

3. Will you be working with animals in a lab setting? ☐ Yes ☐ No

If "Yes", when was your last Tetanus booster? Click here to enter a date. _____



Communicable Disease Prevention Certification: USF Health Care Employees

Prior to beginning employment in a **Clinical Area** at the University of South Florida, this form **must** be completed with **all required documentation attached** and returned to the office of Medical Health Administration. If you do not have the required documentation, vaccine/lab testing will be ordered during your orientation at no charge to you. Patient contact will not be permitted until the form and documentation are complete.

PRINTED NAME: _____ DATE: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER(S): _____ Department: _____

DATE OF BIRTH: ____/____/____ Supervisor: _____

COMPLETE ITEMS A-I

A. TUBERCULOSIS (TB) Screening: Everyone who has TB screening must complete page #4.

1. Results of NEGATIVE TB Skin Testing (TST/PPD). The last TST must be within 6 months of your start date. **Attach provider documentation.**

TST	Date Placed	Date Read	Result
			_____mm induration

2. **OR** I am submitting NEGATIVE Interferon Gamma Release Assay (IGRA) blood test results (QFT/T-Spot) in lieu of the "Two-Step" TST. Must be within 6 months of the start date. **Copy of the Lab report required.** Date of test: _____
3. **OR** Individuals with a history of a POSITIVE TB skin test without a follow-up IGRA or a POSITIVE IGRA must submit both of the following:
- a. Verification of a NEGATIVE Chest X-ray
Date of Chest X-ray _____ Result _____ (Attach report)

B. MEASLES (RUBEOLA): Positive Titer or 2 vaccines

Rubeola Titer (IgG Blood Test) **Result** Pos ☐ Neg ☐ **Date** ____/____/____

Required Documentation
Lab Report Copy

Or Two live Rubeola or **Two** MMR vaccines 1 year after birthdate #1 ____/____/____ #2 ____/____/____ Vaccine Documentation Copy

C. MUMPS: Positive Titer or 2 vaccines

Mumps Titer (IgG Blood Test) **Result** Pos ☐ Neg ☐ **Date** ____/____/____

Required Documentation
Lab Report Copy

Or Two live Mumps or **Two** MMR vaccines 1 year after birthdate #1 ____/____/____ #2 ____/____/____ Vaccine Documentation Copy

D. RUBELLA (German Measles): Positive Titer or 1 vaccine

Rubella Titer (IgG Blood Test) **Result** Pos ☐ Neg ☐ **Date** ____/____/____

Required Documentation
Lab Report Copy

Or One live Rubella or MMR vaccine 1 year after birthdate ____/____/____ Vaccine Documentation Copy

Communicable Disease Prevention Certification:

E. VARICELLA (Chicken Pox): Serologic documentation of a positive Varicella titer OR two Varicella immunizations (given at least 4 to 8 weeks apart). **** A history of chicken pox does NOT satisfy this requirement ****

Varicella Titer (IgG Blood Test) Result Date
Pos ☐ Neg ☐ ____/____/____

Required Documentation
Lab Report Copy

Or Two Varicella immunizations #1 ____/____/____ #2 ____/____/____

Vaccine Documentation Copy

F. Adacel™ or BOOSTRIX® Vaccine Booster: Tdap on or after June 2005

Tdap (Adacel™ or BOOSTRIX®) vaccine Date
____/____/____

Required Documentation
Vaccine Documentation Copy

G. HEPATITIS B Vaccination Series: Documentation of a complete Hepatitis B vaccination series of 3 injections.

Vaccination Dates

Required Documentation

Complete Hepatitis B vaccine series: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ Vaccine Documentation Copy

H. HEPATITIS B "POSITIVE" QUANTITATIVE SURFACE ANTIBODY TITER (Blood Test) that verifies IMMUNITY to the Hepatitis B Virus. The results should be reported as "POSITIVE" or as a number. "REACTIVE" results will NOT be accepted unless the lab report states that reactive means immunity to Hepatitis B.

Hepatitis B Surface Antibody Titer (IgG) (**Quantitative**) Result Date
Pos ☐ Neg ☐ ____/____/____

Required Documentation
Lab Report Copy

Please complete entire form and bring with you to Orientation. Attach all required documentation. If you have any questions or need clarification, please contact:

Medical Health Administration
13330 USF Laurel Drive, MDC 33
Tampa, FL 33612
Morsani Room 6108

Phone: 813-974-3163

Email: mha@health.usf.edu



TUBERCULOSIS SCREENING QUESTIONNAIRE

Employee/Student Health and Wellness
Department of Clinical Affairs
USF Health Morsani College of Medicine
Phone: 813-974-3163 Fax: 813-974-3415

DATE: _____

Last Name: _____ First Name: _____ Date of Birth ____/____/____
Please Print Please Print

Email Address: _____ Phone: _____

☐ USF Health STUDENT: College: _____ Graduation Year: _____

☐ EMPLOYEE Department: _____

Have you ever received BCG Vaccine? ☐ No ☐ Yes → If YES, date of BCG: _____

Have you ever had a Positive Tb Skin Test ☐ No ☐ Yes If YES, when _____

Did you take any medication associated with the positive TB skin test? ☐ No ☐ Yes → Dates: _____

What medication(s) did you take? _____ Did you complete the course of Medication ☐ No ☐ Yes

Please check (✓) your response for any of the following **Unexplained Symptoms/Questions**

Unexplained fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Night sweats (drenching)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unexplained Persistent cough (>2 weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spitting/coughing up blood	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fever (usually at night)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pain in chest	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you had temporary or permanent residence (for ≥ 1 month) in a country with a high TB rate (i.e., any country **other than** Australia, Canada, New Zealand, the United States and those in western or northern Europe)?

☐ Yes ☐ No

Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication?

☐ Yes ☐ No

Close contact with someone who has had infectious TB disease since the last TB test?

☐ Yes ☐ No



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **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.)*

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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	
<div>QR Code - Section 1 Do Not Write In This Space</div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
☐ I did not use a preparer or translator. ☐ 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		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 08/31/2019

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 Identity and Employment Authorization	OR	List B Identity	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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		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		
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				

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.