

# Kenyon College New Employee Registration Form



We are pleased to welcome you to the Kenyon community! Please read the sections below carefully and complete each item.

## Employee Information

**Name:** Last, First, M.I.

**Start Date**

**Title & Department**

**Home Email**

*The following number will be used for Emergency Notifications. Please enter a number for text alerts.*

**Text Alert:**

**Voice Alert:**

*Please enter a voice number only if you do not have cell phone access for text messages.*

**Date of Birth**

**Social Security Number**

**Emergency Contact** (Name, Phone Number, Relationship)

**Current Home Address** *(If you are in the process of moving, please provide your address at this time, then provide an update to HR once your new address is established).* List Street Address, P.O. Box if applicable, City, State, Zip.

**Marital Status**

**Spouse/Partner's Name** (First, Last)

**Citizenship:** U.S. Citizen    Permanent Resident    Non-Immigrant - Visa Type/#:

*The following demographic information encompasses categories from multiple reporting agencies and is voluntary.*

**Gender**

**Ethnicity**

1 - Black, Non-Hispanic

2 - American Indian/Alaskan Native

3 - Asian

F- Non-resident Alien

4 - Hispanic

5 - White, Non-Hispanic

6 - Unknown

7 - Other

8 - Multi-Racial

9 - Hawaiian/Pacific Islander

**Education:**

Degree Type

Institution

Year Conferred

Specialization or Honors

# Acknowledgements

1. As defined by DOL Reg. § 2520.104b-1(c), I agree to receive all ERISA Title I Disclosures and other related insurance benefit information, including, but not limited to the items listed below via electronic media (e-mail, intranet posting, internet posting etc.):

- [Summary Plan Descriptions \(SPDs\)](#)
- [Summaries of Benefits and Coverages](#)
- [Summaries of Material Modifications \(SMMs\)](#)
- [Summary Annual Reports \(SARs\)](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\) and the Patient Protection and Affordable Care Act \(PPACA\)](#)
- [Annual Notices of the Women's Health and Cancer Rights Act \(WHCRA\)](#)
- Documents which must be provided to a participant after written request is received by the Plan Administrator
- [Information pertaining to Retirement Plans](#)
- [Universal Availability Notice](#)
- [Information pertaining to Workers' Compensation and the Family and Medical Leave Act \(FMLA\)](#)
- [Graham Leach Bliley Privacy Notice](#)

2. I understand I have the right to request paper copies of any documents I receive via electronic media from the Plan Administrator free of charge. I also understand if any disclosures include personal information relating to my individual accounts and benefits, the plan administrator will take reasonable and appropriate steps to safeguard the confidentiality of my information.

3. Kenyon College Employment Handbooks can be found at: <http://www.kenyon.edu/directories/offices-services/human-resources/employee-handbooks/>. I agree to receive the Kenyon College Staff and Administration or Faculty Handbook electronically, and have received the Web address to access the handbook(s).

- I further understand that my employment is terminable "at will," either by myself or Kenyon College. I understand that except under awarding of tenure, that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the President of Kenyon College.

- I am aware that during the course of my employment, confidential information may become available to me and that this information must not be shared or used outside of my employment with Kenyon College.

- I understand that this handbook(s) will serve as a guide to my employment at Kenyon College and I agree to abide by its policies and procedures; however, it is not the final word in all cases. Individual circumstances may call for individual attention.

- If this appointment is a faculty position, I agree to abide by the terms and [Conditions of Appointment to the Faculty](#), located in section 2.3 of the *Faculty Handbook*.

- Due to changes in legislation and economic conditions, I understand that the contents of this handbook(s) may be changed at any time at the discretion of the College. It is Kenyon's intent that no changes in benefit, policy, procedure, or rule will be made without due consideration of the mutual advantages, disadvantages, benefits, and responsibilities such changes will have on you as an employee and on the institution. I understand that the most current online version of the handbook(s) supersedes all previous versions.

I confirm that I am a member of the employee type selected below, and agree to abide by the terms above for the corresponding handbook.

Staff

Faculty

\_\_\_\_\_  
Signature

Date:

If your software does not allow for signatures, please type your initials here in lieu of a signature.

---

## Payroll and Reimbursement Information: Direct Deposit Authorization

I hereby authorize my employer, KENYON COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below. Non Payroll deposits (expense reimbursements, etc.) will default to your primary account. Please scan a voided check or deposit slip with this authorization.

Primary Account: Financial Institution Name

Primary: \*ABA Routing Number

Primary: Account Number

Primary: City, State

Primary: Account Type

Primary: Percentage Allocated to this Account:

Checking

Savings

.....  
Secondary Account: Financial Institution Name

Secondary: \*ABA Routing Number

Secondary: Account Number

Secondary: City, State

Secondary: Account Type

Secondary: Percentage Allocated to this Account

Checking

Savings

This authority is to remain in full force until KENYON COLLEGE has received written notification from me of its termination in such timely manner as to afford KENYON COLLEGE and its FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

Or in lieu of a signature, please type your initials here:

---

## Payroll Information: Mount Vernon City Taxes

Please check your preference in box below.

Yes, Please Withhold Tax at .5% of my taxable gross earnings as required by the City of Mount Vernon for Income Tax. I certify that I live within the city limits and/or am a resident of the City of Mount Vernon.

No, I do not wish to participate

No, Mount Vernon City Income Taxes are not applicable to me as I do not live within Mount Vernon City Limits

City of Mount Vernon, Division of Income Tax, Mount Vernon, Ohio: Employee's Withholding Certificate

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and believe, it is true, correct, and complete.

\_\_\_\_\_  
Or in lieu of a signature, please type your initials here: