UW Employee Self-Identification and W-4 Withholding Forms

The University is required to collect data on race and ethnicity from its employees to comply with federal record keeping and reporting requirements. The information obtained will be kept confidential and will be used for summary federal reporting purposes and to support institutional affirmative action efforts. Providing this information is voluntary.

The University also needs your W-4 Withholding Form so you have the appropriate taxes taken.

Last Name:	First Name:		Middle Initial:	Empl ID: (if known)
				, , ,
National ID Type:	SSN or	ITIN: Dat	e of Birth:	Sex:
Social Security Number Individual T	ax ID Number			
Routing Instructions: Submit to your log	cal HR/Payroll Office.	(If at UW-Madison, s	ubmit to 21 North	Park Street, Suite
Ethnicity and Heritage Code				
Ethnicity is considered Hispanic/Latino if other Spanish culture or origin, regardles		, Mexican, Puerto Ric	an, South or Cen	tral American, or
Is your ethnicity Hispanic/Latino?				
Yes				
☐ No				
Please identify yourself as one or more o	f the following races:			
Black or African American A person having origins in any of the	black racial groups o	of Africa		
Asian A person having origins in any of the including, for example, Cambodia, Cand Vietnam.	•		·	The state of the s
American Indian or Alaska Native A person having origins in any of the maintains cultural identification throu				tral America) who
White A person having origins in any of the	original peoples of E	urope, the Middle Eas	st, or North Africa.	
Native Hawaiian or other Pacific Islar A person having origins in any of the		awaii, Guam, Samoa,	or other Pacific I	slands.
Signature:			Date:	
For Office Use Only Empl ID:	Fmol I	Rcd#·		

H322.20140324

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

HIV/AIDS

- Blindness Autism
- Cancer
- Diabetes
- Epilepsy
- Muscular
- dystrophy
- Bipolar disorder
- Deafness
 Cerebral palsy
 Major depression
 - Multiple sclerosis (MS)
 - Schizophrenia Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)			
NO, I DON'T HAVE A DISABILITY			
I DON'T WISH TO ANSWER			
Your Name Today's Date			

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Veteran Self-Identification

Last Name:	First Name:	Middle Initial:
Lasi name.	First Name:	ivildale initial.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - o a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval
 or air service, participated in a United States military operation for which an Armed Forces service medal was awarded
 pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):
Disabled veteran
Recently separated veteran
Active wartime or campaign badge veteran
Armed forces service medal veteran
I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
I am a veteran, but not a protected veteran.
I am not a veteran.
If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.
Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
Signature: Date:
Routing Instructions: Submit to your local HR/Payroll office. If at UW-Madison, submit to 21 N. Park Street, Suite 5101.

Empl Rcd#:

H322.20140324

For Office Use Only | Empl ID: