

2019



New Hire Information Packet



The information contained in this package should be read thoroughly, completed, and brought with you on your first day of employment.

WELCOME

Dear New Employee,

Welcome to Union Hospital of Cecil County. We are excited that you have accepted our job offer and tentative start date.

This packet of information will guide you through the necessary steps to complete the pre-hire requirements and prepare you for your first day of employment. Simply read through this entire package and **complete all the necessary steps** for your official clearance to begin work.

Again, welcome to the Union Hospital team. If you have questions prior to your start date, please call your Recruiter or send an email if that is more convenient. We look forward to having you come onboard.

PRE-HIRE REQUIREMENTS

Upon the verbal offer of employment, each candidate is required to complete specific requirements in order to be cleared for employment.

1. Call PIVOT at 410-620-5424 within 24 Hours to schedule a Pre-Employment physical appointment as soon as possible. The clearance process can take up to two weeks, so it is very important to schedule immediately.
2. Complete and return Criminal Background Check form to Human Resources within 24 hours.
 - a. This document was sent in your offer email.
 - b. Fax: 410-398-7501
3. Signed Offer letter returned to the recruiter.
4. Any job specific requirements such as education, licensure and certifications.
5. Policy & Procedure Quiz required for all employees. Pre-orientation quiz required for employees starting on a non-orientation day. Your recruiter will notify you which quizzes need to be completed.
6. Complete the attached new hire packet and bring with you along with your identification to complete your I-9 form on your first day. (Please do not print these documents double sided).

Candidates cannot begin employment unless these requirements are met and you have received a notification from Human Resources of your official clearance to start employment.

Start Date Checklist

We look forward to providing a positive experience on your first day of employment. Some employees may begin their employment prior to a new hire orientation day and will attend the first orientation following their start date. Once you have received confirmation of your start date from your recruiter, they will give you a designated area to meet them. Please bring your completed new hire packet and identification to complete your I-9 form. You will obtain your ID badge and parking pass and then report to your area.

ORIENTATION DAY CHECKLIST

If you are starting on an orientation day, please come prepared with all your paperwork and expect to have an enjoyable day. Please come dressed in business casual attire. Scrubs are acceptable for clinical positions. **Jeans are NOT permitted.**

- Before leaving your home, make sure you have your completed New Hire paperwork and bring proper identification in order to complete your I-9 form.
 - Please park in the designated Union Hospital parking lots shown on the parking map attached.
 - If orientation day is your first day, arrive at 8:00am to process your paperwork and get your photo taken for your employee badge. If you have started prior to a regular New Hire Orientation Day, please ensure you arrive no later than 8:30am.
 - Continental Breakfast will be served.
 - This is an orientation for all new hires, so you can expect to meet people from different areas of the organization.
 - Orientation will end at 12:30pm at which time your manager will meet you for lunch and direct you on where to go for the remainder of the afternoon.
 - Security will be present to take pictures for your ID badge and distribute parking permits.
-








UNION HOSPITAL

Campus Parking Guide



Parking Key

-  Garage Parking: Patient & Visitor Parking (employees may be eligible, see restrictions above)
-  General Employee Parking: All employees eligible (parking permit required)
-  Restricted Parking: Patients & Visitors Only
-  Permit & Physician Parking Only
-  Union Hospital Building

Maryland New Hire Registry Reporting Form

Send completed forms to:

Maryland State Directory of New Hires
 PO Box 1316
 Baltimore, MD 21203-1316
 Fax: (410) 281-6004 or toll-free fax 1 (888) 657-3534

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

5 2 0 6 0 7 9 4 5

Please use the same FEIN that appears on quarterly wage reports.

State Unemployment Insurance Number (MD Only SUIN):

0 0 6 5 7 7 8 0 0 9

If SUIN not issued yet, please write "APPLIEDFOR" in the above box. If Exempt, write "EXEMPT".

Employer Name:

U N I O N H O S P I T A L

Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

1 0 6 B O W S T .

Employer City:

E L K T O N

Employer State: Zip Code (5 digit):

M D 2 1 9 2 1

Employer Phone (optional):

Employer Fax (optional):

Contact Name (optional):

Email (optional):

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Date of Hire (mm/dd/yyyy):

Employee First Name:

Middle Initial (optional):

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Birth mm/dd/yyyy (optional):

Employee Salary (Dollars and Cents):

Hourly

Monthly

Yearly

Are health care benefits available to employee? (Y/N):

Y

Employee Gender (M)ale/(F)emale:

M

Reports must be submitted within 20 days of the date of hire or rehire

Rev (09/02)

Questions? Call us at (410) 281-6000 or toll-free 1 (888) MDHIRE S (634-4737). Report online at www.mdnewhire.com

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
<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) 		<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 		<ol style="list-style-type: none"> 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. 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
<ol style="list-style-type: none"> 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. 		<p 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 		
<ol style="list-style-type: none"> 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.

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.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		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 withheld at higher Single rate. Note: If married filing separately, check "Married, but withheld 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 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.) ▶			Date ▶		
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)
Union Hospital of Cecil County, 106 Bow St. Elkton, MD 21921					52-0607945

**MARYLAND
FORM
MW507**

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4. Line 4 is NOT to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- 1. You have any reason to believe this certificate is incorrect;
- 2. The employee claims more than 10 exemptions;
- 3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- 4. The employee claims an exemption from withholding on the basis of nonresidence; or
- 5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM
MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. 1. _____
2. Additional withholding per pay period under agreement with employer. 2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
 - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 - District of Columbia Virginia West Virginia
 I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. 4. _____
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. 5. _____
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. 6. _____
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. 7. _____
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. ... 8. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only) Union Hospital of Cecil County, 106 Bow Street, Elkton, MD 21921	Federal Employer Identification Number 52-0607945



DIRECT DEPOSIT REQUEST

Direct Deposit is a program in which your pay is automatically deposited into your checking and/or savings account. You do not need to worry about finding time to deposit your check or make special arrangements for your paycheck when you are out of town or sick. By signing up for Direct Deposit, your money is in your account on payday. Union Hospital strongly encourages Direct Deposit.

_____ **YES.** I authorize Union Hospital/Triangle Health Alliance and the bank listed below to deposit my net pay automatically to my account/s each payday (beginning within the next two pay periods – call your bank for verification that your funds have been received). If funds to which I am not entitled are deposited to my account, I authorize Union Hospital/Triangle Health Alliance to direct the bank to return such funds. This authorization will remain in effect until I have canceled it in writing. Deposit amount must equal 100% of your total pay. (Please attach a voided check/deposit slip)

PLEASE PRINT CLEARLY

Employee Name _____ Phone # _____

Check one: **Union Hospital** **Triangle Health Alliance**

Bank Name _____

CHECKING (Please attach a check marked "VOID" to the front side of this form.)

ACCOUNT #
\$ Amount or % Percent Amount _____

TRANSIT ROUTING #
(Contact bank to get transit routing #)

ACCOUNT #
\$ Amount or % Percent Amount _____

TRANSIT ROUTING #
(Contact bank to get transit routing #)

SAVINGS (Copy of savings ID card provided by the bank)

ACCOUNT #
\$ Amount or % Percent Amount _____

TRANSIT ROUTING #
(Contact bank to get transit routing #)

Signature _____ **Date:** _____



Employee Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone: _____ Secondary Phone: _____

Birth Date: ____/____/____ Age: _____

Sex	<input type="checkbox"/> Female	Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Male		<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
			<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
			<input type="checkbox"/> Two or more races	

Emergency Contact Information (This information is crucial, please complete as much as possible)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone: _____ Secondary Phone: _____

I attest that the above information is correct:

Signature: _____ **Date:** _____



**Campus Security Department
Application for Photographic Identification**

Access Card # _____

Parking Tag # _____

Please print clearly. Your legal name (first and last) will be on your ID badge the same way you enter it below.

First Name MI Last Name Letters (MD, RN, etc)

Job Title Department

Street Address

City State Zip Code

(____) _____
Home Phone Number

()

Emergency Contact Name Emergency Contact Phone Number

Hire Date Employee Signature



Professional Image Policy -- Acknowledgement Form

Acknowledgement Process

Union Hospital of Cecil County requires all employees to sign an acknowledgement confirming that they have received and reviewed the Professional Image Policy and that they understand it represents mandatory policies of Union Hospital of Cecil County. Employees will be required to sign this acknowledgement as a condition of employment.

Adherence to and support of Union Hospital of Cecil County's Professional Image Policy and participation in related activities and training will be considered in decisions regarding hiring, promotion, compensation, and continued employment for all candidates and employees as appropriate.

**I, the undersigned employee of Union Hospital of Cecil County do hereby
acknowledge that I have read the Professional Image Policy. I understand the
content of this Policy as it applies to me. I am fully aware that I must
comply with the standards set forth in the Policy, as well as all of the
policies and procedures, both organizational and department specific, or
face disciplinary measures.**

Name: _____
Please Print Clearly

Department: _____

Position: _____

Signature: _____ *Date:* _____

Return to Human Resources