



CRRNÆ CVIQP 'HQT'GO RNQ[O GP V''
 Revised September 2011
 OLD DOMINION UNIVERSITY RESEARCH FOUNDATION
 P.O. Box 6369
 Norfolk, VA 23508-0369

CP'GS WCN'QRRQT VWP KW['GO RNQ[GT''

It is the policy of the Old Dominion University Research Foundation to afford equal opportunity for employment to all individuals. We will recruit, hire, train, and promote persons in all job classifications without regard to race, color, religion, sex, national origin, age, disability, veteran status, political affiliation, sexual orientation, genetic information or any other basis prohibited by law and in accordance with all applicable laws, directives and regulations of Federal and State entities.

PUVTWEVIQPU < Please complete ALL items. The information you provide will allow us to consider you for the position for which you have applied.

PQVIEG < All offers of employment are contingent upon your providing proof of identity and employment eligibility by completing a form I-9, as required by the Immigration Reform and Control Act of 1986.

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TGCF'E CTGHWN['DGHQT'G'UWDO KWVPI''

I _____ by submitting this application for employment with Old Dominion University Research Foundation (the Foundation) whether via electronic means or otherwise, give the Foundation the right to investigate all references and previous employers and to secure job related information about me. I hereby release from liability the Foundation and its representatives for seeking such information and release from liability all other persons, corporations, or organizations for furnishing such information.

Furthermore it is understood that the Foundation is an AT WILL employer and, if employed, just as I am free to resign at any time, the Foundation is free to terminate my employment at any time, with or without cause and without prior notice. Nothing in this application shall be construed as, or imply, a contract of employment, and I understand that no representative of the Foundation, other than the Executive Director, has the authority to enter into a contract or make assurances of a contract of employment. All employees are considered At Will employees.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient for revocation of this application for employment or separation from employment, with the Foundation if I have been employed.

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Name: _____ **Date:** _____
Last First MI

Address: _____
Street City State Zip

E-mail _____ **Home Phone** (____)____ **Mobile** _____ **Business Phone** (____)____

May we contact you at work? Yes No If yes, when is the best time to call? _____

Have you applied with the Research Foundation before? Yes No If yes, when? _____

Have you been employed with the Research Foundation before? Yes No If yes, when? _____

Ct g{ qwëwt t g p w{ 'go r m{ gf 'çv'Qif 'F qo l p k p 'W p k g t u s{ A Yes No If yes, secondary employment guidelines may apply.

If hired, can you provide proof that you are eligible to work in the United States? Yes No

Are you at least 18 years old? Yes No If no, do you have a work permit? Yes No

Have you ever been bonded? Yes No (Bonded means Extensive Background has been investigated and applicant is insured.)

Have you ever been convicted of a crime that has not been expunged from your record? Yes No

If yes, give date, place and nature of crime. (Convictions will not necessarily disqualify applicant; each case is considered individually.)

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Position(s) Number applying for: _____

Position(s) Name applying for: _____ Date Available for Work: _____

Type of employment desired: Full Time Part Time

Are you willing to travel if required? Yes No "Will you relocate if job requires it? Yes No

Are you willing to work overtime if required? Yes No

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List your last three (3) positions held starting with the most recent. Add additional pages as necessary. Use the "Additional Employment" section below for any other graduate assistantships, internships, part-time, temporary, summer, or volunteer employment.

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		Supervisor's Phone # (_____)_____-" E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:"			
Account for period between jobs:"			

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____"		Supervisor's Phone # (_____)_____-" E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:			
Account for period between jobs:			

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____"		Supervisor's Phone # (_____)_____-" E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:"			
Account for period between jobs:"			

CF FKVQP CN'GO RNQ[O GP V<(Include graduate assistantships, internships, temporary, part-time, and summer employment)
 NOTE: Applicants are encouraged to include verifiable prior work experience performed on a volunteer basis.

Name and Address of Employer	From	To	Job Title	Reason for Leaving

WUO KWKCT['TGEQTF '""'

Branch _____ From: _____ To: _____

Type of Discharge: _____ Final Rank: _____ Specialty/Rate : _____

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	School Name, City & State	Major Field	Degree Earned
High School			
College/University			
Graduate School			
Technical, Business, Other School			

Professional License or Certification: _____

DESCRIBE ANY SPECIALIZED SKILLS, LANGUAGE ABILITIES, OR TRAINING THAT YOU POSSESS THAT IS RELATED TO THE JOB(S) FOR WHICH YOU ARE APPLYING.

LIST ANY AWARDS, SCHOLARSHIPS, OFFICES HELD, OR OTHER ACTIVITES THAT REPRESENT YOUR QUALIFICATIONS FOR THE JOB(S) FOR WHICH YOU ARE APPLYING.

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Give the names of three (3) business references that include one direct supervisor/manager.

NAME	ADDRESS	OCCUPATION/TITLE	PHONE NUMBER
			(____)_____-____ E-mail
			(____)_____-____ E-mail
			(____)_____-____ E-mail

ADDITIONAL COMMENTS: (List any additional information you would like us to consider in evaluating your application for employment.)

Signature _____

Date _____



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

RQUV/GORNOI O GPV'UGNH/K GPVHIE CVIOP''

GORNOI GGP CO G: _____ **WKP:** _____

RQUVKIOP < _____ **FGRCTVO GPV:** _____

Our Company is a federal contractor subject to various federal laws, regulations, and Executive Orders. As a federal contractor we are committed to affirmative action: to afford equal opportunity for employment and advancement in employment to qualified individuals regardless of their race, color, religion, sex, national origin, age, disability, veteran status, political affiliation, sexual orientation, genetic information, gender identity or any other basis prohibited by law. Information submitted will be kept confidential as required under applicable federal and/or state laws. Should you decide not to self-identify at this time, you may do so at any time in the future.

I gpf gt - Check one: I do not want to identify Male Female

TcegI Gvj plelsf - Check one:
 I do not want to identify.
 Hispanic or Latino
 White Black/African American
 Native Hawaiian/Pacific Islander Asian
 American Indian/Alaskan Native Two or more Races

Xgygt cp'Ucwwu - Check all that apply (*see reverse side for Veteran Status Definitions*):
 I do not want to identify/Not Applicable
 Not a veteran
 Active Duty Wartime or Campaign Badge Vet
 Active Reserve
 Disabled Veteran
 Inactive Reserve
 Armed Forces Service Medal Veteran
 Other Protected Veteran
 Recently Separated Veteran (within 1 year)
 Discharge Date:
 Retired Veteran

O klscf { 'Ur qvug - Check one:
 I do not want to identify/Not Applicable
 The wife or husband of an active or inactive duty military member of the Armed Forces, including a member of the U.S. Coast Guard.

F kcdlls { 'Kpht o cvlqp 'b'Eqpuf gt 'GuqpvkcnLqd' Hwpevkqp 'Nko ksc vkpu'

What is the nature of your impairment? (Check all that apply.)

- I do not want to identify
- Not applicable
- Learning Disability
- Attention Deficit/Hyperactivity Disorder
- Psychological Impairment
- Visual Impairment
- Hearing Impairment
- Mobility Impairment
- Chronic Health Disorder
- Other _____

Briefly describe the ways in which your impairment may affect your ability to perform the duties of your position, and indicate any accommodations you are requesting.

Employee Signature: _____ **Date:** _____

Xgvt cp'Ucwwu'F ghpkskpu<

***"□ +""F kcdngf 'Xgvt cp**

Either (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

***"□ +""Tgegpvlf 'Ugr ct cvgf 'Xgvt cp**

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.

F h e j c t i g ' F c v g ' % o f f l { { { { + ' < ! a h h " }

***"□ +'"Cto gf 'Hqtegu'Ugt xleg'O gf cn'Xgvt cp**

Any 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. (For the current list of military operations for which an Armed Forces Service Medal was awarded, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

***"□ +'"Cevxg'F wwf 'Y ct vlo g'qt 'Eco r cli p'Dcf i g'Xgvt cp**

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. (For the current list of campaigns and expeditions for which a campaign badge was authorized, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

Y TK/VGP 'CHHK'O CVKXG'CEVKQP'EQRNKPEG'RTQI TCO "

The Contractor certifies that if it has 50 or more employees and if it anticipates sales to us in connection with government contracts of \$50,000 or more, it will develop a written affirmative action compliance program for each of its establishments consistent with the rules and regulations published by the Department of Labor in 41 Code of Federal Regulations (hereinafter referred to as "C.F.R.") 60-2.

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The Contractor certifies that if it has 50 or more employees and if it anticipates sales to us in connection with Government contracts of \$50,000 or more, it will file Standard Form 100 entitled: "Equal Employment Opportunity Employer Information Report EEO-1" as required by 41 C.F.R. Section 60-1.7.

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Pursuant to Section 503 of the Rehabilitation Act of 1973, and under 41 C.F.R. 60-741, the affirmative action clause set forth in section 741.4 of the regulations is considered to be included in every federal contractor subcontract exceeding \$10,000.

Therefore, unless exempt, the Contractor certifies that it will take affirmative action to employ and advance in employment any qualified disabled individual, defined as "Any individual who has a physical or mental disability which for such individual constitutes or results in a substantial disability to employment."

The Equal Opportunity Clause may be put into subcontracts by reference, but only by citing the Equal Opportunity Clause in the regulations and including the following sentences in bold text: **Vj k'èqpv cevqt 'èpf 'lwdèqpv cevqt 'ij cnièdlf g'd{ 'vj g't gs vlt go gpv'qh63'EHT'82/96307*c-0' Vj k'it gi wèvqp't tqj kilsuf ket lo lpcvqp'èi clpu's wèitlèf 'lpf kslf wèni'lp'vj g'dcuk'qhif kcdlslf. 'èpf 't gs vlt gu'èlht o cvxg'è evqp'è{ 'èqxgt gf 'ft lo g' èqpv cevqt u'èpf 'lwdèqpv cevqt u'q'go r m{ 'èpf 'èf xcpeg'lp'go r m{ o gpv's wèitlèf 'lpf kslf wèni'y lqj 'f kcdlslg.**

The Contractor further certifies that it will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$2,500 covering the procurement of personal property and non-personal services (including construction).

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41 C.F.R. 60-300 contains a clause required in every Federal invitation to bid or contract for \$100,000 or more for the procurement of personal property and non-personal services (including construction), and every subcontract entered into in carrying out such contract, The clause which is included herein by reference (and which should be referred to in its entirety), requires among other things, that all suitable employment openings of the Contractor which exist at the time of the execution of the contract and those which occur during the performance of the contract, including those not generated by the contract and those occurring at an establishment of the Contractor other than the one wherein the contract is being performed but excluding those of independently operated corporate affiliates, shall be offered for listing at an appropriate local office of the State employment service system wherein the opening occurs and to provide such reports to such local office regarding employment openings and hires as may be required. The Contractor agrees to and certifies that it is in compliance with the above provision and that it will place it in any subcontract of \$100,000 or more directly under this contract. Further, if required, the Contractor will annually file a VETS-4212 Report.



'Go r nq{ o gpv'Grik kdkw{ 'Xgt Htec vqp''
 Fgrct wo gpv'qhJ qo grcpf 'Ugewtk{''
 U.S. Citizenship and Immigration Services

WEKU''
 Hqt o 'K;''
 OMB No. 1615-0047
 Expires 10/31/2022

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: CANNOT A ^ & A @ B [& { ^ } G D h A ^ {] [^ ^ A a A ^ . ^) o A . c a i a @ {] [^ ^ } o s e o q i a a a } h a / h ^) c e E V @ A ^ . o a h A c a A i A } q ^ ^ A {] [^ ^ h a a a a a h a e e . h a @ A a [& { ^ } c a i } A i . ^ . ^) c a A c A c i ^ A c i a a a } h a e A e s h p [A } . c e c A h ^ * a h a e i a a a } E

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.)

Še o p e s ^ (Family Name)		O e . o p e s ^ (Given Name)		T a a i ^ A q a a a	U c @ i Š e o p e s ^ . A n ^ a A (if any)	
O e a i . . . A (Street Number and Name)			O q c a ~ { a ^ }	O c e A i A [, }		U c e e
O e e A - A o c (mm/dd/yyyy)		A N E E U i & a A ^ * i a c A p ~ { a ^ }		A O {] [^ ^ c A O e e a A c a i . . .		O {] [^ ^ c A ^ ^ } @ ^ A p ~ { a ^ }

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"/> F E O B a a ^) A - A @ A V , a a A U c e e .
<input type="checkbox"/> G E O A [] & a a ^) A a a } a h A - A @ A V , a a A U c e e . (See instructions)
<input type="checkbox"/> H E C I a e ~ i A ^ { a } ^) o A . a a } c (C h a) A U ^ * a a a } A p ~ { a ^ } E N U O U A p ~ { a ^ } D K
<input type="checkbox"/> I E O B A a a } A e o q i a a A A i A [i A M M) c A O c i a a a } A e e E h a q } B e a i E E { E a a D ^ ^ D K U { ^ A a a } . A a e A i a A B D E h A c @ A c i a a a } h a e A a i A e (See instructions) 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.
1. O q a) A U ^ * a a a } A p ~ { a ^ } E N U O U A p ~ { a ^ } K OR 2. O i { A E i A U a { a . a } A p ~ { a ^ } K OR 3. O i ^ a } A U a e .] [i o p ~ { a ^ } K O i ~ } c ^ A - A o ~ a e & K

U a } a e i ^ A - A O {] [^ ^	V i a e c A O e e (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

<input type="checkbox"/> O e a A [o ^ . A e i A } a h A i a a } a e i E	<input type="checkbox"/> A U A i A } a h i G D e e a p i a a } a e i G D e e . a c a h @ A {] [^ ^ h a / h {] [^ c ^ A ^ & q } A E
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(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.

U a } a e i ^ A - A U i ^) a h A i A i a a } a e i		V i a e c A O e e A (mm/dd/yyyy)	
Še o p e s ^ (Family Name)		O e . o p e s ^ (Given Name)	
O e a i . . . A (Street Number and Name)		O c e A i A [, }	U c e e

STOP Employer Completes Next Page STOP



'Go r m{ o gpv'Gni kklk{ 'Xgt Hlec vkpp''
Fgr etvo gpv'qhJ qo gupf 'Ugewtk{ ''
 U.S. Citizenship and Immigration Services

WUEKU''
Hqto 'K; ''
 OMB No. 1615-0047
 Expires 10/31/2022

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	Sæ oþæç ^{Family Name)	Oä oþæç ^{Given Name)	T EE Oäa ^) • Qü H{ ä :æç } ÅJæç •
List A	OR	List B	AND
Identity and Employment Authorization		Identity	Employment Authorization
Ö[& { ^) öVä^		Ö[& { ^) öVä^	Ö[& { ^) öVä^
Q• ä * ÅE çQ!æ		Q• ä * ÅE çQ!æ	Q• ä * ÅE çQ!æ
Ö[& { ^) öþ { à^!		Ö[& { ^) öþ { à^!	Ö[& { ^) öþ { à^!
Öç äæç } ÅÖæç (if any) (mm/dd/yyyy)		Öç äæç } ÅÖæç (if any) (mm/dd/yyyy)	Öç äæç } ÅÖæç (if any) (mm/dd/yyyy)
Ö[& { ^) öVä^		Oä äæç } æQ-!{ æç }	ÖÜÖ[ä^ ÅÜ^ &ç } • ÅÖÅÄ Ö[Ä[ç :æ ÅV ÅÜ] æç
Q• ä * ÅE çQ!æ			
Ö[& { ^) öþ { à^!			
Öç äæç } ÅÖæç (if any) (mm/dd/yyyy)			
Ö[& { ^) öVä^			
Q• ä * ÅE çQ!æ			
Ö[& { ^) öþ { à^!			
Öç äæç } ÅÖæç (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)

Üä } æ !^Ä -Ä[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^	V[äæ çÖæç (mm/dd/yyyy)	Vä^ Ä -Ä[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^
Sæ oþæç ^{Family Name)	Oä oþæç ^{Given Name)	Ö[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^
Ö[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^	Öä äæç } ÅÖæç (if any) (mm/dd/yyyy)	Ö[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^
Ö[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^	Öä äæç } ÅÖæç (if any) (mm/dd/yyyy)	Ö[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. P^, Äæç ^{if applicable)	B. Öæç Ä -Ä[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^ (if applicable)
Sæ oþæç ^{Family Name)	Öä oþæç ^{Given Name)
	T ää^ ÅQ äæç
	Öæç (mm/dd/yyyy)

Ö[& { ^) öVä^	Ö[& { ^) öþ { à^!	Öç äæç } ÅÖæç (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.

Üä } æ !^Ä -Ä[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^	V[äæ çÖæç (mm/dd/yyyy)	Pæç Ä -Ä[] [^ ^!Ä! ÅE çQ! ä^ äÜ^] !^•^ } æç^
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FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

Form with multiple sections containing tax-related fields and instructions in both English and Chinese, including sections for dependent exemptions and other tax credits.

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Table with 3 main sections containing fields for employee name, address, and other identification information.

Form with multiple sections containing tax-related fields and instructions in both English and Chinese, including sections for dependent exemptions and other tax credits.

Form with fields for dependent information, including name, address, and relationship to the employee.

Vertical Chinese text on the left side of the page.

Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.**

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,600	3,760	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

CHILD SUPPORT AUTHORIZATION

Virginia employers are required by law to notify the Child Support Enforcement Reporting Unit of the Virginia Employment Commission of the identities of all new employees, VA. Code Section § 63.2-1946. If an employee is subject to an income withholding order, employers are required to make appropriate withholdings. The following information will be reported to the Virginia Employment Commission and the Department of Social Services:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Are you subject to any income withholding order for child support? _____ Yes _____ No

If yes, please provide a copy of the order upon completion of this form.

The employer is authorized to charge a service fee of \$5.00 per remittance of child support payments.

The above information shall be kept confidential by the Research Foundation except as required by law. Falsification or material misrepresentation in providing the above information may subject an employee to a withdrawal of the offer of employment, or immediate termination.

Signature below indicates that the employee has read the above and understands what information will be reported to the Virginia Employment Commission upon commencement of employment with the Research Foundation.

Employee's Signature

Date



Payroll Authorization for Direct Deposit

Name:	UIN:	Date:	
Address:	City:	State:	Zip:
Phone:	E-mail:		

Financial Institution Name:	
Depository Routing Number:	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$ <input type="checkbox"/> Net/All

Financial Institution Name:	
Depository Routing Number:	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$

Financial Institution Name:	
Depository Routing Number:	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$

REQUIRED Supporting Documentation

It is required to include one of the following for the above accounts for direct deposit to be initiated: a snip/screenshot from the financial institution's website/mobile app, a voided check, or a letter from the financial institution/bank that verifies the routing and account number.

Authorization

By signing below, authorization is given to the Research Foundation to directly deposit my pay in the bank account(s) listed above in the amounts specified. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. I hereby grant the Research Foundation the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

If incorrect information is provided, resulting in deposits to the wrong account, recovery of funds to the Research Foundation is required before any corrective actions will be taken. This may take up to 10 business days or longer to resolve. If the funds are not recouped, the reissuance/replacement of payroll funds will not be permitted.

Employee Signature:	Date:
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