

WELCOME TO VIRGINIA TECH!

We are excited to welcome you as you begin your new position at Virginia Tech!

You are now ready to begin completing your online New Hire Packet. This system allows you to quickly and easily complete required documents and should take approximately 20-30 minutes to complete. Please plan to complete all required documents in the packet prior to your first day of employment and preferably within the same day.

Any changes to addresses made on the Personal Information screen will only be used in this system. Changes must be made in Hokie Spa after the first day of employment to update official Virginia Tech records.

If you require assistance, please contact the HR Service Center at 540-231-9331 between the hours of 8 a.m. and 5 p.m. or email hrservicecenter@vt.edu

Foreign National new hires: Please note that the W4 you fill out during the onboarding process may change once Payroll reviews all the appropriate documentation

9 Forms to Complete

Personal Information

Emergency Contacts

EEO/Veteran

503 New Hire Survey (Federal Contractors)

Selective Service Form

Tax Withholdings

Form I-9

VA Pregnancy Accommodation Notice Poster

CONTINUE »

* REQUIRED FIELD



Personal Information

PERSONAL IDENTIFICATION

Social Security Number*

Confirm Social Security Number*

- OR -

SSN Applied For

First Name (Given Name)*

Middle Initial

Last Name (Family Name)*

Other Last Name Used

Email Address*

Telephone*

(xxx) xxx-xxxx

Date of Birth*

MM-DD-YYYY

PHYSICAL ADDRESS

Street Address*

Apt

Zip code*

City*

State*

SIGNATURE

By electronically signing this document below, you:

- Agree that your initials, in conjunction with your personal password that you used to gain access to the system, will identify that record or transaction as yours.
- Agree that because an electronic record or transaction undertaken with your password will be attributed to you, it is essential that you keep it secure. You also agree that you will not disclose your password to another person.
- Understand that a record or signature may not be denied legal effect or enforceability solely because it is in electronic form.
- Attest that the information you have provided is correct to the best of your knowledge, and understand that such information may be used to auto-fill other required documentation.

Your Initials:*

« BACK

CONTINUE »

EMERGENCY CONTACTS

[Summary](#) [Logout](#)

* REQUIRED FIELD



To add a contact, enter the contacts required information below then click on the **Add** button. When you are done listing all your contacts click on the **Continue** button located on the bottom of this form.

1. EMERGENCY CONTACTS

First Name*

Last Name*

Primary Contact?*

 (Click To Make Primary)

Relationship*

Street Address

Zip Code

City

State

Telephone*

Alternate Phone

Add

SIGNATURE

By checking the box below I certify that the above information is true and correct, and I agree to the conditions of hiring.

Your Initials:*

« BACK

CONTINUE »



Virginia Tech University is committed to nondiscrimination, equal opportunity and affirmative action in accordance with federal, state, and local laws and regulations. As an employer that conducts business with the federal government, we are required to implement affirmative action programs. To assist us with our affirmative action programs, we are asking you to self-identify the requested information below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable Federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity and gender at this time, the Federal Government requires this employer to determine this information by visual survey and/or other available information. All information will be reported using the race/ethnic and gender categories currently approved by the Department of Education and Equal Employment Opportunity Commission.

Legal Sex on Birth Certificate: - Gender designation and personal pronouns can be selected after the first day of employment in Hokie Plus.

- Male
- Female

Changes can be selected after the first day of employment in Hokie Plus.

Ethnicity

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Yes
- No

Race

- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Voluntary Self-Identification of Veteran Status

This employer is a Government contractor subject to 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 veteran; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

1. 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;
 - a person who was discharged or released from active duty because of a service-connected disability.
2. 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.
3. 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.
4. 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.

- I AM A PROTECTED VETERAN AS DEFINED BY ONE OR MORE OF THE ABOVE CATEGORIES
- I AM NOT A PROTECTED VETERAN, BUT I AM A VETERAN OF THE U.S. MILITARY
- I AM NOT A VETERAN

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 Veteran Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

« BACK

CONTINUE »

503 NEW HIRE SURVEY (FEDERAL CONTR...

Summary Logout

* REQUIRED FIELD



Form CC-305
OMB Control Number 1250-0005
Expires 05/31/2023
Page 1 of 1

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome dystrophy
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the buttons below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

Your Name:

Today's Date:

2/18/2022

SIGNATURE

By initialing the box below I certify that the above information is true and correct and I agree to the conditions of hiring.

Your Initials:*

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.

« BACK

CONTINUE »



Section 2.2-2804, Code of Virginia

Any person who has failed to meet the federal requirement to register for the Selective Service shall be ineligible for employment by or service for the Commonwealth, or a political subdivision of the commonwealth, including all boards and commissions, departments, agencies, institutions, and instrumentalities. A person shall not be denied employment under this section by reason of failure to present himself for and submit to the federal registration requirement if: (i) the requirement for the person to so register has terminated or become inapplicable to the person and (ii) the person shows by a preponderance of the evidence that the failure of the person to register was not a knowing and willful failure to register.

Are you required to have registered with the Selective Service?

- Yes
- No

If you answered, "Yes" to the first question, have you already registered with the Selective Service?

- Yes
- No

Individuals who respond "NO" to the second question must present verification from the Selective Service System to Human Resources indicating the requirement is terminated or inapplicable before their employment can be continued or before they can be hired. You must immediately contact the Selective Service System at 1-888-655-1825 for a determination.

If after speaking with a representative from the Selective Service System, you have procedural questions on the Virginia Tech process, please contact the HR Service Center at 540-231-9331 or hrservicecenter@vt.edu.

SIGNATURE

By initialing the box below, I certify that the above information is true and correct.

Enter your initials:

« BACK

CONTINUE »



Welcome to the Tax Withholdings module.

Sample: Please select the start button to start the interactive IW4 module

Start →



We have determined the sections below apply to your situation

Federal

Virginia Resident

[← Back](#)

[Continue →](#)

Federal — Survey

[Check my progress](#)

Survey

Select the correct choice: Foreign Earned Income Exclusion, Nonresident Alien, Continue in English, or Continue in Spanish

- Foreign Earned Income Exclusion - I expect to qualify for the foreign earned income exclusion under either the bona fide residence or physical presence test for calendar year or other tax year
- Nonresident Alien - I am exempt from withholding on compensation for independent (or eligible dependent) personal services of a Nonresident Alien Individual, see [instructions for Form 8233](#)
- Quiero continuar en Español
- I want to continue in English

Instructions for Form 8233:

[← Back](#)

[Next →](#)

Federal — Summary

[Check my progress](#)

Summary ▶

Based on answers you provided, we have determined the following **Federal** withholding form(s) may apply to you.

	Locality	Name	Title	Status
Start	FEDERAL	W-4	Employee's Withholding Certificate	Not completed

[◀ Back](#)

Federal — Employee's Withholding Certificate — W-4

★ Wizard

[Form and Instructions](#)

[Check my progress](#)

Nonresident Alien ▶

Are you a nonresident alien?

- Yes
 No

Selecting Yes will result in selecting a marital status of Single or Married filing separately regardless of actual marital status. See Notice 1392 for more details.

Notice: Nonresident aliens may be exempt from wage withholding on part or all of their compensation for dependent personal services under an income tax treaty. If you are claiming a tax treaty withholding exemption, do not complete Form W-4. Instead, complete Form 8233, Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, and give it to each withholding agent from whom amounts will be received.

[← Back](#)

[Next >](#)

Federal — *Employee's Withholding Certificate* — W-4

★ Wizard

📘 Form and Instructions

📘 Check my progress

Nonresident Alien ▶

Exemption ▶

Are you exempt from 2022 withholding?

- I am NOT exempt from 2022 withholding and want to complete this form
- I am exempt from 2022 withholding

To be exempt, you must meet the following requirements:

- For 2021, you had no federal income tax liability; AND
- For 2022, you expect to have no federal income tax liability.

[← Back](#)

[Next >](#)

★ Wizard

📖 Form and Instructions

Please review the document below

If you would like to make any changes, you may [return to the previous page](#).

If you would like to submit this form, please agree to the terms below.

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

✓ Submit Form

🖨 Print

Your form has been submitted!

Continue

Virginia Resident — Survey

[Check my progress](#)

Survey

Are you eligible for an out-of-state tax credit on your Virginia individual income tax return?

- I am eligible for an out-of-state tax credit on my Virginia individual income tax return under the provisions of Section 58 1-332, Code of Virginia. I wish to complete the form to authorize my employer to allow a portion of the credit each pay period to reduce the Virginia income taxes withheld from my wages.
- None of the above

[Back](#)

[Next](#)

Virginia Resident — Summary

[Check my progress](#)

Summary

Based on answers you provided, we have determined the following withholding form(s) may apply to you as a resident of **Virginia**.

	Locality	Name	Title	Status
Start	VA	VA-4	Employee's Income Tax Withholding Exemption Certificate	Not completed

[Back](#)

★ Wizard

📘 Form and Instructions

📘 Check my progress

Exemption Reason ▶

Are you subject to Virginia withholding?

- No - I had no liability for Virginia income tax last year and I do not expect to have any liability for this year.
- No - I expect my Virginia adjusted gross income to be less than the amount shown for my filing status (Please see chart below)
- You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.
- No - I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act.
- Yes. I am subject to Virginia withholding

★ Wizard

📘 Form and Instructions

Please review the document below

If you would like to make any changes, you may [return to the previous page](#).

If you would like to submit this form, please agree to the terms below.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

✓ Submit Form

🖨️ Print

Your form has been submitted! All sections are completed.

Finish



Section 1 — *Federal*

- W-4 Employee's Withholding Certificate

Section 2 — *Virginia*

- VA-4 Employee's Income Tax Withholding Exemption Certificate

Next



You have successfully completed the Income Tax Withholding Forms.

« BACK

CONTINUE »



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

USCIS
Form I-9
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: 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

[I-9 Instructions in English](#) [I-9 Instrucciones en Español](#)

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.

▶ [View Employee Information](#)

First Day of Work (mm/dd/yyyy)

Citizenship Attestation

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

- 1. A citizen of the United States [?](#)
- 2. A noncitizen national of the United States *(see instructions)* [?](#)
- 3. A lawful permanent resident [?](#)
- 4. An alien authorized to work until [?](#)

Preparer and/or Translator Certification [?](#)

- I did not use a preparer or translator.
- A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

[Edit Personal Info](#)

« BACK

CONTINUE »

EMPLOYEE REVIEW

[I-9 Instructions in English](#) [I-9 Instrucciones en Español](#)

This information should be reviewed and completed by the employee who prepared the I-9 form.

Test Employee

Date of Birth:

U.S. Social Security Number: .

Address:

E-mail Address:

Telephone Number:

Work Status:

EMPLOYEE ELECTRONIC SIGNATURE

I attest that I have read, understand, and agree to the statements appearing in the form I-9 in addition to the following:

By providing your signature below, you:

- Agree to electronically sign this document.
- Understand 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.
- Understand that the employer may electronically verify your work authorization with the United States Government.

Your Initials:*

Date: 02-18-2022

[Edit Personal Info](#)

« BACK

CONTINUE »

NEXT STEPS

 [Print this page](#)

You're almost done...

Click the continue button at the bottom of the screen to finish.


THINGS YOU NEED TO REMEMBER

[English](#)|[Spanish](#)

You will need to provide a receipt code to your employer or employer's agent upon request.

RECEIPT CODE



 **EMAIL RECEIPT CODE**

Please remember to bring this with you to your appointment!

ACCEPTABLE DOCUMENTS

Please remember to bring **ORIGINAL**, unexpired documentation to your appointment as follows - a List A document OR one document each from List B and List C. List A documents establish identity and authorization to work in the United States, while list B documents establish identity only and List C documents establish work authorization only. Examples of each are listed below:

If your employer participates in the Department of Homeland Security's E-Verify program to verify employees work authorization please note that any identity document you present must contain a photograph.

When you completed Section 1 of the Form I-9 you provided your electronic signature, which will be applied to Further Action Notices issued through the E-Verify program. Such notices are issued when there is a tentative non-confirmation (TNC) due to a discrepancy in the information and you decide to contest/not consent the TNC issued by either the Social Security Administration or Department of Homeland Security.

LIST A DOCUMENTS

- U.S. Passport or U.S. Passport Card

LIST B DOCUMENTS

- Driver's License Issued by State or Possession with Photo
- ID Card Issued by State or Possession with Photo
- ID Card Issued by Federal, State, Possession or Local Government with Photo
- School ID Card with Photo
- Voter's Registration Card with Photo
- U.S. Military Card
- Military Dependent's ID Card
- U.S. Coast Guard Merchant Mariner Card
- Native American Tribal Document with Photo
- Canadian Driver's license

LIST C DOCUMENTS

- Social Security Account Number Card Without Employment Restriction
- Original Birth Certificate or Certified Copy with Official Seal
- Form FS-545 - Certification of Birth Abroad from Dept. of State
- Form DS-1350 - Certification of Report of Birth from Dept. of State
- Form FS-240 - Consular Report of Birth Abroad from Dept. of State
- Native American Tribal Document
- Form I-197 - U.S. Citizen ID Card
- Form I-179 - ID Card for Use of Resident Citizen in the U.S.
- Employment authorization document issued by DHS (US Citizen or Non-Citizen)

« BACK

CONTINUE »

* REQUIRED FIELD



VA Pregnancy Accommodation Notice Poster

[Please click here to view/print VA Pregnancy Accommodation Notice Poster.](#)

SIGNATURE

By initialing the box below, I certify that I have read the above information, and I agree to the conditions of hiring.

Your Initials:*

« BACK

CONTINUE »

* REQUIRED FIELD



Fast, Easy, Safe and Secure Access to Your Healthcare Marketplace Notice

Please read the following information regarding receipt of your Healthcare Marketplace Notice via this electronic process.

This consent applies only to the Affordable Care Act required Healthcare Marketplace Notice, which must be distributed under Fair Labor Standards Act, section 18b, as modified by the ACA.

By consenting to receive your Healthcare Marketplace Notice online, you will not receive an additional paper notice from your employer, unless requested. Your consent will remain in effect for delivery of this notification electronically until you withdraw it, and you may withdraw consent at any time by contacting your supervisor. Upon withdrawal of your consent, future notices will be delivered in hard copy, unless you elect to provide consent for electronic delivery again.

Consent withdrawals are effective only for future issues of Healthcare Marketplace Notices.

If consent for an electronic Healthcare Marketplace Notices is provided and you need a paper copy, free of charge, you can request a paper copy from your supervisor/HR Representative (re-issued paper copies will not withdraw your consent for the electronic notice) or print it through this on-line process.

To access, print, and retain your Healthcare Marketplace Notice online, you will need the following hardware and software:

Access to a computer with Internet access.

- The computer must have a Web browser with functionality equivalent to Microsoft Internet Explorer 7.0 and Firefox 2.0 .
- The computer must have a printer connected to it that is capable of printing Adobe Acrobat files from Adobe Acrobat Reader version 7.0 (or higher).
- The computer must have Adobe Acrobat Reader Version 7.0 (or higher) software installed and operational to read and print your Healthcare Marketplace Notice.
- The computer must have adequate storage space available to download and store a copy of your electronic notice.

- I AGREE** to receiving the ACA Notification electronically. Click on the link below which will allow you to see your notification and can print it if you choose. You can also request a hard copy of the notification from your employer at any time.
- I DO NOT AGREE** to viewing and/or printing the ACA Notification electronically. I would like a paper copy delivered to me. The notification will instead be printed and mailed to you.

Electronic ACA Notification

[Click Here to view/print your ACA Notification](#)

My initials indicate that I am consenting to receive the ACA Notification electronically and that I have been given access to the ACA at <https://hrx.talx.com/HRX/fileshandler.aspx?file=Division772/ACANotices/acanotice.pdf>:

SIGNATURE

By checking the box below I certify that the above information is true and correct, and I agree to the conditions of hiring.

Your Initials:*

« BACK

CONTINUE »

CONGRATULATIONS!

[Welcome](#) **Congratulations**

Thank you for completing this part of your onboarding requirements.

As part of the hiring process, you are required to complete the federal I-9 form, which is a verification of eligibility to work in the United States. Section 1 was completed in the New Hire Center. Please refer to the [required forms of identification](#) needed to complete the Section 2 of the I-9 process.

You may [logout](#) or click the button below if you wish to view and print your submitted packet.

  Personal Information	
  Emergency Contacts	
  EEO/Veteran	
  503 New Hire Survey (Federal Contractors)	
  Selective Service Form	
  Tax Withholdings	
  Form I-9	
  VA Pregnancy Accommodation Notice Poster	
  Affordable Care Act	