

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME YAKLIC		FIRST NAME JEROME		MIDDLE INITIAL L
HOME ADDRESS [REDACTED]				
CITY [REDACTED]	STATE OH	ZIP [REDACTED]	COUNTY [REDACTED]	
HOME PHONE [REDACTED]		WORK PHONE 937/208-2850		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE NUMBER			

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No

GOVERNMENT BUSINESS AND FUNDING CONTRACTS - CONTINUED

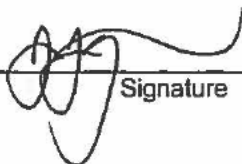
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
☐ Yes ☒ No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

x



Signature

12/15/2009
Date

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Jerome L. YAKLIC Employee ID # [REDACTED]

Employer: Wright State University Employer ID # 31-0732831

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefits amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefits as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Eliminate Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, your Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State, or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earning that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, $\$500 - \$400 = \$100$. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare are age 65. For additional information, please refer to the Social Security publications, "Government Pension Offset Provision."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee:  Date: 12/15/09

Dependent Statement for Fee Remission Authorization

This is applicable for employees who work at least 75 percent of full time over a 12-month period. Dependents of eligible employees may take courses through the master's degree level for 20 percent of the undergraduate fee for both undergraduate and graduate courses. The value of the amount waived for graduate courses *taken for graduate credit* is considered taxable income for IRS purposes and will be reported as such.

Dependents eligible for this benefit are a spouse, children, and step-children whom you claim as dependents on your tax return.

If you qualify for this benefit and have dependents who wish to take classes this year, please complete this form. You may add a qualified dependent at any time by contacting the Department of Human Resources.

Employee status ☒ Faculty ☐ Unclassified ☐ Classified ☐ Resident

Dependent name _____ Social Security number _____ Date of birth _____ Relationship _____

I hereby certify that the above information for fee remission is for my spouse, my son, my stepson, my daughter, my stepdaughter, or other (as indicated above) and that the individual(s) listed is/are eligible to be claimed as a deduction on my federal tax return. I understand that this fee remission is subject to later audit and verification and that if not verified for required employee and dependency status, I will be billed for tuition and fee costs.

Signature _____

Date 12/15/2009

Employment Terms and Conditions

All uniforms, keys, identification cards, records, documents, materials, lists, drawings, books, programs/pamphlets and all other property of the University made or received by the Employee are property of the University exclusively and must be returned by the Employee prior to leaving University employment. Any monies and/or fees owed the University will be deducted from the Employee's final paycheck per University policy.

Signature _____

Date 12/15/2009

Please sign here that you have received the Handbook (If Classified or Unclassified staff) and understand that the Classified and Unclassified staff, and Faculty handbooks are available on our web site at <http://www.wright.edu/hr/relations> and that you have received the Drug Free Workplace Policy, and the Mission, Ethics, and Diversity Statements.

Signature _____

Date 12/15/2009

FOR HR USE ONLY

UID # _____

☒ PPAIDEN
☒ Work Address
☒ PEAEMPL
☒ NBAJOBS
☒ PDAEDN
☒ WAAGENL
☒ PEABARG
☒ PEAFAC
☒ NTRRQUE

☒ Anthem
☒ FSD/FSH/Has
☒ VSP
☒ Delta
☒ Express
☒ Life
☒ LDL
☒ STD
☒ PDABCOV
☒ PDABENE

☒ I-9
☒ Fee Remission
☒ Tax Forms
☒ Direct Deposit
☒ Application
☒ Resume
☒ OPERS (STRS)
☒ SSN Notice
☒ Home Land Sec
☒ Board Report

☒ Payroll

☐ _____
☐ _____
☐ _____

HR Rep: Bonnie

Date: 1/4/10

**OHIO HOMELAND SECURITY**

JOHN OVERLY, EXECUTIVE DIRECTOR

KENNETH L. MORCKEL, DIRECTOR

BOB TAFT, GOVERNOR

FOR IMMEDIATE RELEASE: Monday April 10, 2006

CONTACT: Susan Raber at (614) 403-0302

NEW TERRORISM-RELATED FORMS TO BE REQUIRED FOR ALL PUBLIC EMPLOYMENT, GOVERNMENT FUNDING AND BUSINESS CONTRACTS, AND CERTAIN STATE LICENSES

COLUMBUS – As a result of Ohio Senate Bill 9, applicants seeking certain state issued licenses, public employment or business contracts and funding must fill out new forms indicating that they have not provided financial assistance or support to a terrorist organization. These new requirements take effect on Friday, April 14.

The Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) was created to provide the state with an additional tool to deter and prosecute acts of terrorism within Ohio. The U.S. State Department's Terrorist Exclusion List is being used to identify terrorist organizations. DMA is a provision of Ohio Senate Bill 9, which is Ohio's homeland security and anti-terrorism legislation. The revised version of the bill was signed into law by Governor Taft on January 11, 2006.

Pursuant to the Ohio Revised Code Sections 2909.32, 2909.33 and 2909.34, the following types of applicants must complete and submit a DMA form with their applications:

- Certain state issued licenses identified by the Ohio Department of Public Safety
- All candidates under final consideration for public employment
- Business contracts with and funding from any government entity in an annual aggregate amount greater than \$100,000
- Private entities that wish to do business with a government entity that adopts rules requiring pre-certification

All DMA forms and reference information, including a list of licenses subject to DMA and the Terrorist Exclusion List, can be found on the Ohio Homeland Security Web site at www.homelandsecurity.ohio.gov/dma.asp. The forms are in PDF format. The issuing agency is responsible for either directing applicants to the forms on the Web site or printing and providing hard copies to the applicant. The issuing agency will retain the completed forms along with the application. Anyone with questions can contact Ohio Homeland Security by calling the DMA hotline number at 614-644-3892 or by email at dma-info@dps.state.oh.us.

Ohio Homeland Security is a division within the Ohio Department of Public Safety along with the Bureau of Motor Vehicles, Ohio Emergency Management Agency, Ohio Emergency Medical Services, Investigative Unit, Ohio State Highway Patrol, Ohio Office of Criminal Justice Services and Administration.

Ohio Homeland Security
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Phone: (614) 387 6171 • Fax: (614) 752-2419
www.homelandsecurity.ohio.gov