

STATE TEACHERS RETIREMENT SYSTEM OF OHIO

275 East Broad Street
Columbus, OH 43215-3771

1-888-535-4050
www.strsoh.org/employer

NEW HIRE NOTIFICATION FOR
UNIVERSITY AND COLLEGE EMPLOYERS

Notify STRS Ohio of all new hires within 10 business days of their first date on payroll using one of the following methods:

- Complete this form and fax it to STRS Ohio at 614-227-2912;
- Mail this completed form to STRS Ohio, 275 E. Broad St., Columbus, OH 43215-3771;
- E-mail the required information to report@strsoh.org; or
- Submit the required information via the STRS Ohio Employer Web Site at www.strsoh.org/employer.

EMPLOYEE INFORMATION

Name JEROME L. YAKLIC ☒ Male ☐ Female

Social Security number [REDACTED] Date of birth 12/12/1965

Address [REDACTED]

City, state, ZIP code [REDACTED]

First date on payroll 01/01/2010

Is this employee eligible for an alternative retirement plan (ARP)? ☒ Yes ☐ No
(Only full-time university and college employees are eligible.)

EMPLOYER INFORMATION

Name _____

Title _____

School _____

Employer number _____ 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

Employee Information

JEROME LUMETTA YAKLIC

Name (Exactly as it appears on your Social Security card.)

Social Security number

Circle one: Mr. Mrs. Miss (Dr) Ms.

MD
Professional suffix

Area code/Home phone

Permanent home address

City

State

Zip

Alternate mailing address (if different from above)

City

State

Zip

12-12-1965
Date of birth

GROSSE POINTE, MI USA
Place of birth (city, state, country)

USA
Citizenship (country)

DEPT 00/4YN
Campus address 128 E APPLE STREET STE 3000 CITE
Room number and building

Campus phone 937/208-2850

Please check all of the following that currently apply:

Sex

- ☒ Male
☐ Female

Marital Status

- ☒ Married
☐ Single
☐ Divorced
☐ Separated
☐ Widowed

Race

- ☒ Caucasian
☐ Black
☐ Hispanic
☐ Asian or Pacific
Islander
☐ American Indian

Handicap

- ☒ No
☐ Yes
If yes, please explain

U.S. Military Classification

- ☐ N/A
☒ Veteran
☐ Active
☐ Reserve
☐ Retired
☒ Disabled
☐ Vietnam Era

Dates From/To Branch

Educational Information

Degree	Name of institution	Location	Major	Year completed	Degree abbreviation
Bachelor's					
	Inst. code		OBR code		
Master's	<u>Wayne State Univ Som</u>	<u>Detroit MI</u>	<u>Medicine</u>	<u>1988</u>	<u>MD</u>
	Inst. code		OBR code		
Doctoral					
	Inst. code		OBR code		
Additional					
Degrees/Certificates	Inst. code		OBR code		
	Inst. code		OBR code		

Shaded Regions for HR Use Only

Emergency Information



WRIGHT STATE
UNIVERSITY

J. Yatic

Department of Human Resources
280 University Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2120

Welcome to Wright State University!

All the forms necessary for you to begin employment are in this packet.

The following forms **must be returned to the Department of Human Resources, 280 University Hall within three days** of the start of your employment:

- Employee Information
- Form I-9
- Direct Deposit Authorization
- W-4 forms for Federal, State, and Local Taxes
- Retirement Form (OPERS for Staff and STRS for Faculty)

If you are employed at least 51% of full time for a 12-month period, the following forms are also enclosed, along with the benefit summaries, in the envelope marked "Benefits."

- Health Insurance Enrollment Form
- Life Insurance Beneficiary Form
- Flexible Spending Account Form
- Dependent Fee Remission Authorization (only for those 75% of full-time or greater)

Also included in this packet are:

- Wright State University's Policy for a Drug Free Campus
- Wright State University's Ethics, Diversity, and Mission Statements
- Employee Handbook (Staff only, Faculty will receive from the department)
- ID Information, receive ID at E 146 Student Union
- Parking Information, return to E 138 Student Union

New Employee Orientation sessions are held every first and third Monday of the month. These all-day sessions cover information about benefits and services that the university offers to its employees.

(Due to the nature of their employment, adjunct faculty may not find orientation necessary.)

The orientation schedule may be obtained by visiting our Web site at

www.wright.edu/hr/orientation

You may schedule a session by registering online at the orientation Web site, or by calling the Department of Human Resources at (937) 775-2120.

Reservations are important so that we can have materials for everyone.

WRIGHT STATE UNIVERSITY

Close Window



Employment Application

Wright State University is an affirmative action and an equal opportunity employer. It is unlawful to deny equal employment opportunity on the basis of race, color, religion, sex, age, national origin, ancestry, disability, sexual orientation, or veteran status.

Human Resources
280 University Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2120
FAX (937) 775-3040

Posting Number: 0600239	HR Assigned Classification: Instructor/Assistant/Associate Professor (2 positi
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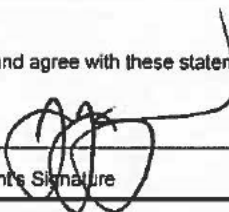
Personal Information

Last Name: Yaklic	First Name: Jerome	Middle Name: L	Present home or campus address: [REDACTED]
City: [REDACTED]	State enter NA if a non US address: [REDACTED]	Zip Code: [REDACTED]	Home Phone: [REDACTED]
Business phone or campus extension:	Email Address: [REDACTED]	Date you can begin employment: 09-01-2009	
Are you/have you ever been employed by Wright State University? Yes		If yes, indicate positions held and dates employed at WSU: I was a member of the Department of Ob/Gyn through my assignment at WPAFB from 1996-2000. I worked covering in house call for the department of Ob/Gyn around 1998-2000.	
Are any of your relatives presently employed by Wright State University? No		If yes, please indicate the department and relationship.	

Convictions

Have you ever been convicted of a felony (i.e., burglary, rape, murder, and/or other serious crimes)? No
If yes, list conviction(s), including date of conviction, city and state, charge, and penalty assessment: (Note: A conviction may or may not have resulted in confinement. A record of conviction is not an automatic bar to employment):
List your probation or parole officer:

Agreement

In signing this application, I hereby authorize any person, firm, or organization to supply any information about me concerning any past employment, military duty, felonies, or personal information to Wright State University, and I expressly release any such person, firm, or organization from any responsibility in disclosing such information. I certify that all statements in this application are true and accurate; I understand that making any false statement is reason for being denied employment or for having my employment terminated.		
BY SIGNING BELOW, I certify that I have read and agree with these statements.		
Jerome L Yaklic Applicant's Name	 Applicant's Signature	1/4/10 Date

Close Window



Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

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

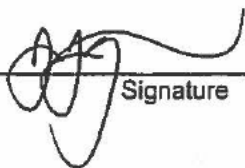
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
5. Have you 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