

FACULTY NEW HIRE PAPERWORK & SAIC INFORMATION

www.saic.edu/faculty



**School of the Art Institute
of Chicago**

The Art Institute, including the school and the museum, is committed to ensuring employment decisions are based on an individual's abilities and qualifications. The Art Institute does not tolerate unlawful discrimination based on race, color, sex, religion, national origin, disability, age, pregnancy, actual or perceived sexual orientation, genetic information, gender-related identity, military or former military status, or any other status protected by federal, state or local law, in its programs and activities, public accommodations, or employment practices.

As a faculty member of the School of the Art Institute of Chicago, the following Art Institute of Chicago employee benefits are available to you:

- Free admission to The Art Institute and its paid lectures for you and your immediate family.
- Free general admission to the following:
 - The Field Museum of Natural History
 - The John G. Shedd Aquarium
 - The Adler Planetarium
 - Brookfield Zoo
 - The Chicago Historical Society
 - The Museum of Science and Industry
 - The Chicago Academy of Sciences
 - The DuSable Museum of African American History
- Discounts:
 - The Museum Shop – 25%
 - The Museum Cafeteria – 10%

Background Check

Your employment offer is contingent upon security clearance through a criminal background check. To perform this check, your authorization is required. If, however, you decline to give authorization, your employment offer will be rescinded. Having a criminal conviction does not necessarily disqualify you for the employment. Each situation is examined on a case-by-case basis. To complete the background check, the Art Institute/SAIC uses a computer-based system that connects with criminal databases. Your ARTICard I.D. badge can be issued after the background check and all other necessary paperwork and documents have been completed.

**The School of the Art Institute of Chicago
Faculty Employment Resources**

To: New Hire SAIC Faculty
From: Faculty Employment Resources
Re: Faculty Academic Records

The School of the Art Institute of Chicago (SAIC) requires official academic records of your postsecondary (baccalaureate, master’s, doctoral, etc.) degrees and professional certifications as a precondition of your initial faculty appointment. *

For degrees not issued by SAIC:

Please secure official records (i.e., official transcript) of each of your **(non-SAIC)** postsecondary degree granting institutions and have them sent directly to:

**The School of the Art Institute of Chicago
Office of Faculty Employment Resources
Attn: Faculty Records
37 S. Wabash Ave, Suite 819
Chicago, IL 60603**

Electronic Submission may be sent to: saic-fer@saic.edu

For SAIC degrees:

I authorize SAIC to secure official records (i.e., official transcript) of my SAIC degree(s) from the SAIC Office of Registration and Records. If you do not authorize release of your SAIC certification, please visit <http://www.saic.edu/academics/registrationandrecords/records/transcriptrequests/> and have your forms sent to the address above.

Last Name:
First Name:
SAIC Student ID#:
Year of Post Baccalaureate Certificate:
Year of Other SAIC Certificate:
Year of Baccalaureate Degree:
Year of Master’s Degree:
Signature/Date:

**Higher Learning Commission Criteria for Accreditation And Assumed Practices B.2: Qualified faculty members are identified primarily by credentials, but other factors, including but not limited to equivalent experience, may be considered in addition to the degrees earned by the institution in determining whether a faculty member is qualified. Instructors (excluding for this requirement teaching assistants enrolled in a graduate program and supervised by faculty) possess an academic degree relevant to what they are teaching and at least one level above the level at which they teach, except in programs for terminal degrees or when equivalent experience is established. In terminal degree programs, faculty members possess the same level of degree. When faculty members are employed based on equivalent experience, the institution defines a minimum threshold of experience and an evaluation process that is used in the appointment process. hlcommission.org/policy/updates/AdoptedPoliciesAssumedPractices_2015_06_POL.pdf*



New Hire Self-Identification of Race/Ethnicity and Sex

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

The Art Institute of Chicago is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their sex, race and ethnicity.

Although we are asking you to complete this survey to assist us in complying with federal reporting requirements, doing so is completely voluntary. You will suffer no adverse consequences if you do not provide this information. The information will be kept confidential and will be used only in accordance with applicable law, executive orders, and regulations, including those that require us to summarize and report the information we collect to the federal government.

SEX IDENTIFICATION

The categories listed below are the only options available for federal reporting purposes.

- Female Male

RACE/ETHNICITY IDENTIFICATION

The categories listed below are the only options available for federal reporting purposes.

1. Do you consider yourself to be Hispanic/Latinx? (A person of Cuban, Mexican, Puerto Rican, South or Central American descent, or other Spanish culture or origin, regardless of race.)

- Yes No

If you answered “Yes” you have completed this form. If you answered “No” please select a race from the options below.

2. Select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native (Not Hispanic or Latinx):** 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.
- Asian (Not Hispanic or Latinx):** 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.
- Black or African American (Not Hispanic or Latinx):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latinx):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latinx):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Print Name: _____

Signature: _____

Date: _____



Acknowledgment of The School of the Art Institute of Chicago's Policies

With my signature below, I acknowledge that I have been made aware of the availability of the School Art Institute of Chicago's policies, including but not limited to the Faculty Handbook, Handbook-Supplement, Legal Supplement, and policies located on the School's web site: <http://www.saic.edu/faculty/>

I acknowledge that I am expected to read and familiarize myself with the contents of these policies, including but not limited to the Faculty Handbook, Handbook-Supplement, Legal Supplement, and other policies which contain, among other things, important information on the School of the Art Institute's policies concerning intellectual property, consensual faculty/student relationships, prohibition of discrimination, harassment and retaliation, and maintaining a workplace free from the effects of drug and alcohol use or abuse.

Faculty Member's Name

Faculty Member's I.D. Number

Faculty Member's Signature

Date



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 *(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.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(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.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



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

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	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (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)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (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.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Notice of Workers' Compensation Preferred Provider Program (PPP)

This information is being provided as an explanation of your rights and responsibilities should you have a work-related injury.

Illinois law allows an employer to offer healthcare services to an employee with a workers' compensation injury through an approved Preferred Provider Program (PPP). The Illinois Department of Insurance requires the PPP network to meet standards for geographic accessibility, adequacy of medical providers, and other factors important to assure the adequacy of medical care to an injured employee. You may choose to be treated by a medical provider in the PPP network subject to the limitations described below. To access the list of medical providers, visit www.aig.com/intellirisk. Select "Find Nearby Medical Care" and then search by "Address" or "Name." Complete the necessary information and click "Continue."

After report of injury to us, you may in writing decline your participation in the PPP. Should you decline participation in the PPP, the law provides that your declination of participation constitutes one of the two choices of medical providers to which you are otherwise entitled to. You may also decline treatment from the PPP at any time throughout your treatment for this work-related injury. However, that declination will also constitute one of your two choices of medical providers, unless the Illinois Workers' Compensation Commission determines that the medical treatment provided to you by the PPP medical provider is inadequate. In addition, the law provides if, prior to report of an injury, you are provided non-emergency treatment from a medical provider not within the PPP, that treatment would constitute one of the two choices of a medical provider to which you are otherwise entitled to. Please be advised that our company may not be required to pay for medical treatment you receive from medical providers outside, or beyond your two choices of medical providers and subsequent referrals.

If you are injured on the job...IN CASE OF EMERGENCY SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY. Otherwise, immediately report your injury to your supervisor or manager.

If the PPP does not have a medical provider who can provide an approved medical treatment, a medical provider not in the PPP, may be used at our expense if you have complied with our PPP's pre-authorization requirements for use of the medical provider who is not a member of the PPP.

For questions related to PPP coverage, contact AIG Medical Management Services at 312-930-2195, or by email at ilppp@aig.com.

YOU DESERVE TO FEEL GOOD ABOUT YOUR FUTURE

We all need to slow down long enough to think about our future. How will you spend your retirement? Take that trip you've been postponing? Start a new career? Stay up late and sleep in? It's up to you and it starts when you enroll in the Art Institute of Chicago Retirement Plans. Take advantage of this program and plan ahead for the kind of future you envision.

- 1. You're always in control:** The choices you make about your contributions and investments are up to you and you can make changes at any time.
- 2. Save automatically:** Your contributions are automatically deducted from your paycheck, so it's simple to set a little aside each pay period.
- 3. Help lower your taxable income:** Every dollar you contribute before taxes reduces your taxable income. That's more money working for you.
- 4. Invest your way:** Prefer to make investment elections yourself or would you appreciate having some guidance? How much investment risk are you willing to tolerate? No matter your preference, the Art Institute of Chicago Retirement Plans offer investment solutions to fit your style.
- 5. Remember, your money is all yours:** Subject to Plan rules, the money you contribute and related earnings are yours to take with you*, even if you change jobs.

*403(b) Defined Contribution Plan Non-Faculty Members are subject to a 3-year vesting schedule for employer contributions. Participants with less than 3 years of service are 0% vested. Upon attainment of 3 years of service, participants become 100% vested.

Consider this

You don't need to be eligible for other Art Institute benefits to establish a 403(b) savings account!

If you're currently waiting to be eligible for the 403(b) Defined Contribution Plan (DCP), consider enrolling in the 403(b) Tax Deferred Savings Program (TSP) to get a start on saving for retirement and putting time on your side until you've met the DCP eligibility requirements. Once you become eligible for the DCP, your participation in the TSP ends automatically.

Please note: If you're already participating in the DCP or the 403(b) Retirement Savings Plan (RSP), you're not eligible to participate in the TSP.



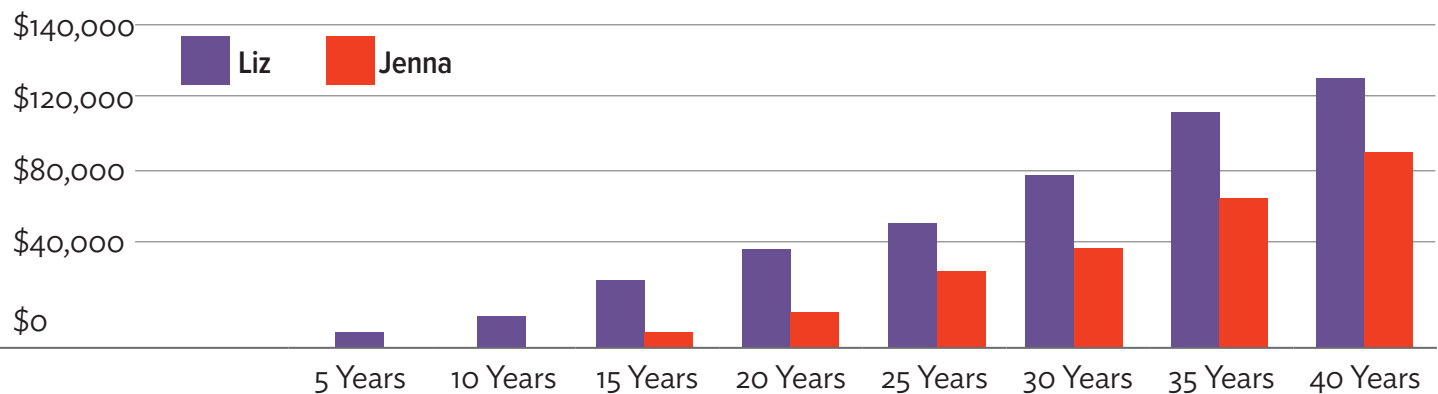
The earlier, the better

Investing over a longer period of time in a tax-favored account with compounding could work in your favor. That means any earnings go back into your account without being taxed currently and can generate their own earnings, improving growth opportunities. Someone who contributes for an extended period can come out ahead of someone who contributes more per month for a shorter period.

Liz and Jenna, both 25, started work for the same employer on the same day. Liz began making a monthly contribution of \$100. Jenna chose to wait another 10 years before contributing to the plan. Liz stopped investing after 15 years, while Jenna continued to invest \$100 a month until she retired at age 65.

Both contributed \$100 a month, totaling \$1,200 each year. Both earned a 6 percent rate of return on their investment. Liz invested for 15 years and a total of \$18,000; Jenna invested for 30 years and a total of \$36,000 – more than double Liz's investment. Yet Liz still came out ahead. (See chart.) That's the power of compounding. Remember, this is simply an example of how compounding interest could work for you. Your actual results may vary.

Compounding



Note: This hypothetical illustration is based on an annual effective rate of return of 6% and does not reflect the performance of any specific investment option. It does not take into account the payment of taxes and does not intend to predict investment results. The illustration does not include fees or expenses that an investment product could assess. If included, these fees would reduce the figures shown above. Systematic investing does not ensure a profit or guarantee against loss. You should consider your ability to invest consistently in up as well as down markets. Not intended to serve as financial advice or as a primary basis for your investment decisions. Taxes are generally due upon withdrawal.

Get started today!



Eligible employees can enroll
online at artiv.voya.com



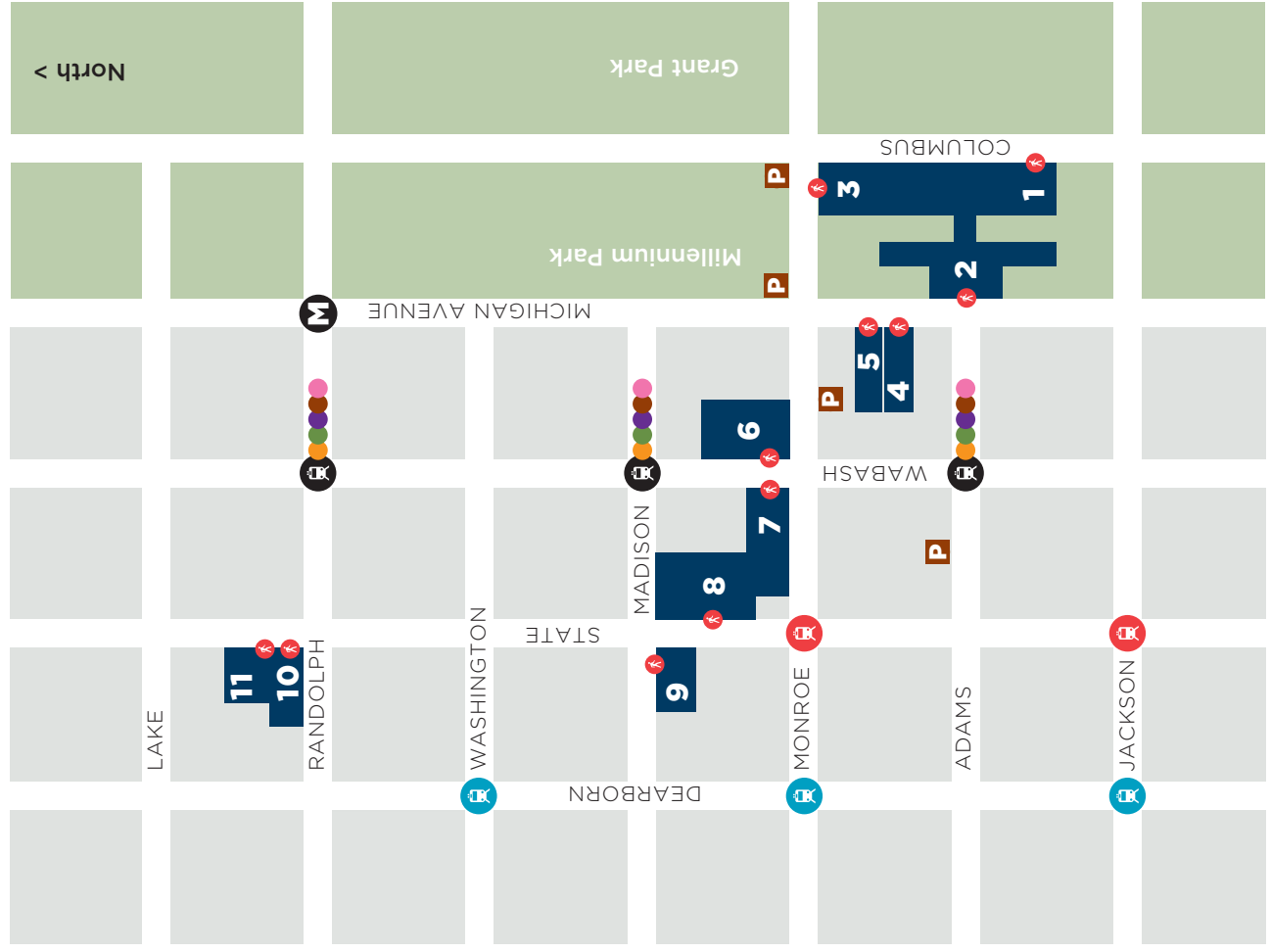
or call 833-AIC-403B
(833-242-4032)

Starting planning for your future today.



School of the Art Institute of Chicago

CAMPUS MAP



1. **280 SOUTH COLUMBUS DRIVE**
Betty Rymer Gallery. Ceramics. Columbus Auditorium. Gallery X. MFA Studios. Painting and Drawing. Photography. Printmedia. Sculpture.
2. **THE ART INSTITUTE OF CHICAGO, 111 SOUTH MICHIGAN AVENUE**
3. **THE MODERN WING, 159 EAST MONROE STREET**
4. **116 SOUTH MICHIGAN AVENUE**
Counseling Services. Disability and Learning Resource Center. F Newsmagazine. Health Services. Human Resources.
5. **MACLEAN CENTER, 112 SOUTH MICHIGAN AVENUE**
Art and Technology Studies. Art History. Theory, and Criticism. Computer Resources and Information Technology. Film, Video, New Media, and Animation. MFA Studios. SAIC Ballroom. Sound. Video Data Bank. Visual and Critical Studies. The Writing Center.
6. **SHARP BUILDING, 37 SOUTH WABASH AVENUE**
Art Education. Art Therapy. Arts Administration and Policy. Contemporary Practices. Continuing Studies. Deans and Division Chairs. Development. Early College Program. Fiber and Material Studies. Finance. Historic Preservation. Instructional Resources and Facilities Management. John M. Flaxman Library. LG Space. President's Office. Poetry Center of Chicago. Visiting Artists Program. Visual Communication Design. Writing Program.
7. **SULLIVAN CENTER, 36 SOUTH WABASH AVENUE**
Admissions. Architecture. Interior Architecture, and Designed Objects. Campus Life. Career Services and Alumni Relations. Communications. Cooperative Education Internship Program. Enrollment Services. Fashion Design. International Affairs. Multicultural Affairs. Office of Student Affairs. Ox-Bow. Student Financial Services (Financial Aid, Student Accounts). Registration and Records. Residence Life.
8. **SULLIVAN GALLERIES, 33 SOUTH STATE STREET**
9. **THE CHICAGO BUILDING, 7 WEST MADISON AVENUE**
Residence Hall.
10. **162 NORTH STATE STREET RESIDENCES**
Residence Hall.
11. **GENE SISKEL FILM CENTER, 164 NORTH STATE STREET**

Building entrance
 Parking

Metra stop
 CTA stop

All SAIC building entrances are wheelchair accessible

Lake Michigan