# FEDERAL WORK-STUDY HANDBOOK FOR STUDENTS & SUPERVISORS



### WHAT IS THE FEDERAL WORK-STUDY PROGRAM?

Federal Work-Study (FWS) is a federally funded financial aid employment program. To be eligible you must be full-time, matriculated, and enrolled in an undergraduate or graduate program. Eligibility is based on need as determined by the Free Application for Federal Student Aid and the availability of funds at the time of application. Work-Study funds are limited and are awarded to the extent that funding permits. Students awarded FWS can apply for work study positions on-line at https://newpaltz.student employment.ngwebsolutions.com/. Students are also encouraged to attend the Work Study Job Fair held at the beginning of the Fall semester to interview with department supervisors.

A FWS award is not a guarantee of a job. The number of work study positions is limited so prepare ahead of time. Apply online, attend the job fair, bring your documentation required to complete the I-9 form. Keep in mind that you will be interviewing with department supervisors at the job fair so dress for success.

Students are awarded Work-Study funds, which must be earned through part-time employment, as part of their financial aid package and are notified of their allocation through their financial aid awards located on my.newpaltz. Students may work up to twenty hours per week and are paid hourly earning \$7.25 per hour. **FWS may not be used to defer college charges.** 

A wide variety of jobs are available through the FWS program. Work-Study students are involved in almost every area of the institution. An effort is made to place students in positions that will utilize their skills and interests while they earn funds to assist with their personal expenses. The college also offers a limited number of off campus positions with local non-profit agencies as part of our Community Service Learning Program. These positions are designed to give the FWS student a broader work experience while at the same time improving the quality of life for community residents.

### WHAT HAPPENS AFTER A STUDENT IS AWARDED FWS?

After you have been awarded Federal Work-Study you should proceed as follows:

- 1) Review and apply for positions on-line and come to the annual Work Study Job Fair to interview with Department Supervisors. During an interview, job descriptions and responsibilities will be discussed so you can determine which job best suits your needs and interests. If you cannot attend the Job Fair but apply for positions on line Supervisors will contact you to set up an interview. If you need further assistance go to the Student Employment Office (Haggerty 607A). Walk-in hours are 9:00a.m. 4:30p.m., Monday through Friday
- 2) Review the I-9 form and the federal and state tax withholding forms. You will complete the I-9 form with your supervisor once you are hired. Your completed I-9 form along with your W4 (federal tax withholding form), and IT-2014 or IT-2104E (state tax withholding form or state tax exempt withholding form) must be submitted to the Payroll Office before you start working. The supervisor will notify the Payroll Office that you have been hired by completing the on-line hiring process.
  - \*\*\*You will need to present identification to have the I-9 completed. If you have an Alien Registration Card or U.S. Passport that is all you will need to present. Otherwise, you will need to present a photo ID and either a Social Security Card or Birth Certificate. See back of I-9 for complete list of acceptable documents. Once the I-9 is completed it is valid for three years without break in employment.

NOTE: SUPERVISORS SHOULD NOT ALLOW STUDENTS TO WORK UNTIL ALL NECESSARY PAPERWORK HAS BEEN COMPLETED.

3) You must go to the Payroll Office (Haggerty 301) to submit the I-9, W-4 form and the appropriate IT-2104 or IT-2104-E form. Continuing students who work during the prior Spring 2012 semester do not need to complete an I-9 and only need to submit new tax withholding forms if a change is being made in the number of exemptions, exemption status, and/or adjust amount of additional monies being withheld.

\*\*\* The W-4 and IT 2104-E form must be renewed every January if you claim 'EXEMPT'.

#### **HOW TO GET PAID ON FWS**

To be paid, FWS students must:

- 1) Make sure all necessary paperwork (clearance form, I-9, W-4, IT2104/E) has been completed and is on file in the appropriate office.
- 2) Make sure supervisors record work hours daily and sign time sheets at the end of the payroll period.

NOTE: THE DEPARTMENT EMPLOYING A FWS STUDENT IS RESPONSIBLE FOR PROVIDING TIME SHEETS, SEEING THAT THEY ARE FILLED OUT CORRECTLY, VERIFYING THE ACCURACY OF THE HOURS REPORTED, AND DELIVERING THE TIME SHEETS TO THE PAYROLL OFFICE.

3) Paychecks are available every other Thursday in the Telecommunications Office (Haggerty 35). The first paycheck will be available three weeks after the first time sheet is submitted, so allow for a 4-5 week delay from the time that you begin working until you receive the first paycheck..

NOTE: IN THE EVENT THAT A TIME SHEET IS REJECTED, IT MUST BE CORRECTED AND RESUBMITTED TO PAYROLL. A REJECTION WILL RESULT IN A TWO WEEK DELAY OF THE NEXT PAYCHECK.

- 4) Time sheets must be submitted as per payroll schedules. The Financial Aid Office will provide both students and departments with a schedule of pay periods.
- 5) You must have identification to pick up paychecks.
- 6) Paychecks should be picked up promptly, as they are only valid for sixty days. Checks that are not picked up and cashed within sixty days will have to be reissued.
- 7) Paychecks that arrive after the semester ends will be mailed to you if you have provided the Telecommunications Office (Haggerty 35) with a self-addressed, stamped envelope. If no envelope is provided the check will remain in Telecommunications for sixty days.

### WHAT EVERY FWS STUDENT SHOULD KNOW

- 1) A FWS student can only have one work study position/job.
- 2) Students are allowed to change jobs, but they must do so at the end of a payroll period. **The on line hiring process must be completed when changing jobs**.
- 3) The allocation listed on the student's financial aid awards and the on-line application is the maximum amount the student may earn over the course of the academic year, assuming enrollment for two semesters.
- 4) Students must stop working by the last day of the fall semester if they will not be returning to school for the spring semester. Students returning to the same job for the spring semester will not need complete the on-line hiring process and can resume working for the spring semester. The online hiring process is always needed at the beginning of the summer session or when changing jobs. The last day to work for the spring semester is Commencement.

- 5) Summer FWS awards are separate from academic year awards. Students interested in summer FWS must submit an application to the Financial Aid Office before June 12th. A Free Application for Federal Student Aid must also be on file for the upcoming academic year and all requested documents must have been submitted to the Financial Aid Office. Summer work study funds are awarded to the extent that funding permits.
- 6) Work-Study Study allocations must be earned during the period in which they are awarded. Money not earned by the end of the academic year is forfeited.
- 7) Students are responsible for monitoring their earnings. Students can get a current balance by contacting the Payroll Office.
- 8) Students must stop working when their allocation is exhausted.
- 9) Students are required to call their employer if they cannot work as scheduled. Failure to do so can result in termination. Failure to carry out job responsibilities as assigned can also result in termination.
- 10) Students' allocations and authorization to work periods are subject to change at any time due to possible funding shortfalls, etc.
- 11) Students found to have falsified information on a time sheet are subject to disciplinary action by the college and loss of eligibility for the Federal Work-Study Program for a period of time.
- 12) Students may work up to twenty hours per week while school is in session and thirty-five hours per week when school is not in session.

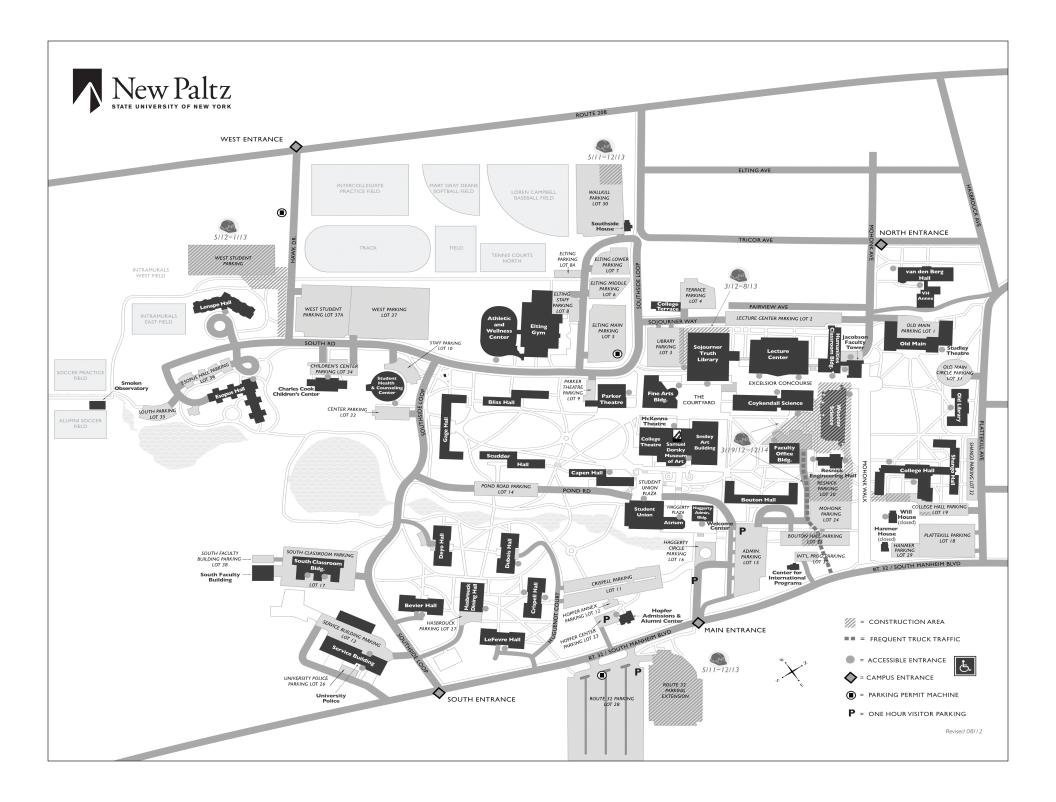
- 13) Students cannot work more than six hours at a time without a half hour break.
- 14) Students who claim "EXEMPT" on the W-4 & IT 2104/E form must complete new ones at the beginning of each new calendar year.
- 15) Students should be aware of confidentiality issues, responsibilities, policies, and procedures when working in an office. If a student will be working in a department that allows him or her to have access to confidential information, it is the student's responsibility to check with their supervisor first before disclosing any personal information to another party. In orther words, "When in doubt, don't give the information out!" Also, disciplinary action may be taken against a student if confidentiality is broken.

### WHAT EVERY FWS SUPERVISOR SHOULD KNOW

- 1) Students will be referred to departments based on the FWS request form submitted each spring. Departments should contact the Financial Aid Office if their needs change during the year.
- 2) When hiring FWS students be sure to explain exactly what will be expected of them in terms of job duties, attendance, and performance. It is helpful to put this in writing.
- 3) Do not allow a student to work before you have signed the I-9 form. should have the student return the I-9 and tax withholding forms to the Payroll Office (Haggerty 301). Students should not start working until the supervisor has completed the on-line hire process and payroll forms have been submitted since students cannot be paid. If a time sheet is rejected it must be resubmitted after the problem is resolved.

NOTE: EMPOYER SHOULD NOT RETAIN COPIES OF THE I-9 OR TAX WITHHOLDING FORMS.

- 4) Supervisors should designate a place where students can sign in and out. It is the **supervisor's responsibility to verify the accuracy of the time sheets and to sign and deliver them to Payroll** every other Thursday.
- 5) If a problem arises with a student, try to resolve it if at all possible. If the problem cannot be resolved supervisors have the right to terminate employment. Students should be notified in writing as to why they are being terminated and a copy of the letter should be sent to Financial Aid.
- 6) Supervisors must make students aware of confidentiality issues, responsibilities, policies, and procedures. If a student will be working in a department that allows him or her to have access to confidential information, it is the supervisor's responsibility to inform and make sure that the student understands the consequences if any breaches of confidentiality occur. Also, it will be the supervisor's responsibility to pursue disciplinary action against the student if confidentiality is broken.



## PARTICIPATING WORK STUDY DEPARTMENTS AND AGENCIES

The following is a list of departments and agencies that participate in the Federal Work-Study program and the positions they offer. For further information, go to the department directly. Depending on the time of year, some positions may be open and some may not. Pick out a few favorites and start with them.

Department/Agency	Location	<b>Position</b> Lab Assistant
Academic Computing	Labs/Classrooms .	Lab Assistant
Accounting Services	HAB 302	Office Assistant
		Office Assistant
Admissions	HAC	Office Assistant
Alumni Relations	HAC 106	Office Assistant
AMP/C-STEP	WSB 3	Office/Computer Asst, Tutor
Anthropology	WSB 124	Office Assistant
		Office Assistant
Art - Printmaking	FAB 223	Studio Monitor
Art - Sculpture	FAB 223	Tool Room Monitor
Art - Wood Design	FAB 224	Wood Studio Monitor
Art Education	SAB 108A	Office Assistant
Art Studio - Ceramics	FAB 209	Clay Makers
Art Studio - Computer Lab	OLB	Lab Proctor
Art Studio - Metals	FAB 330	Tool Room Monitor
Art Studio - Photography	OLB	Lab Assistant
Athletics & Recreation	EG 200 Asst	Trainer, Building Supervisor, Lifeguard,
	Offic	ce Asst, Rec Asst, Equipment Supervisor
Biology	CSB 215	ce Asst, Rec Asst, Equipment SupervisorOffice/Lab Assistant
Black Studies	FOB W-2	Office Assistant
		Office Assistant
		Food Services
		Office Assistant
Center for Student Development	SUB 301	Office Assistant
		Lab/Office Assistant
Child Find of America	Highland	Office Asst, Peer Counselor/Tutor
Children's Center of New Paltz	CC 125	Teaching Assistant
		Office Assistant
		Office Assistant
		Office Assistant
		Office Asst, Restocking, Stitchers
		Office Assistant
Dean's Office - LA & S	JFT 614	Office/Research Assistant
		Graphic Artist, Print Shop Asst
		Office Assistant
		Office Assistant
		Office Assistant
		Office Assistant
		Office Assistant
		Office Asst, Computer Asst
		Office Assistant
Elementary Education	SCB 154	Office Assistant

English	IET 714	Office Assistant
Equal Opportunity Program		Office Assistant
Family of New Paltz	Nav. Dala	Crisis Courseller
Financial Aid		
Fine & Performing Arts		
Graduate School		
History		
Honors Department		
Hudson Valley Blood Services	Kingston, Poughkeepsie	Office Assistant
Human Resources	HAB 201	Office Assistant
Instructional Media	LC 2	Media Operator
Languages, Literatures, & Cultures .		
Library	STL	Library Clerk
Mail Services	HAB 26	Mail Clerk
Mathematics		
Migrant Education		
Music	CH - G 212/219	Event Recorder, Lab Monitor
Music - College Youth Symphony	CHG 100	Office/Event Assistant
Music Therapy		
New Paltz Central Schools		
New Paltz Youth Program	New Paltz Recr	reation Asst, Peer Tutor/Mentor
Payroll	HAB 301	Office Assistant
Philosophy	JFT 916	Office Assistant
Physics	WSB 130	Lab Assistant
Political Science		
Property Control	SB 102A	Office Assistant
Psychological Counseling Center	Student Health Center 201	Office Assistant
Psychology	JFT 314	Office Assistant
Receiving	SB 102	Clerk
Records & Registration	HAB 19	Office Assistant
Regional Education/CRREO	Grimm House	Office Assistant
Residence Life	CPH 112	Office Asst, Hall Monitor
Sarah Hull Hallock Free Library	Milton	Desk Clerk, Program Specialist
Scholar's Mentorship Program	FOB W-2	Office Assistant
School of Business	VH 301	Office Assistant
School of Education - Dean		
Secondary Education		
Sociology		
Student Accounts	HAB 210	Office Assistant
Student Activities & Union Services .		
Student Health Services		
Student Teaching Office		
Theatre Arts - Technical	CT	Office Asst. Stage Prep
UCCAC Inc Head Start		
Wallkill High School	Wallkill	Mentor Tutor
Women's Studies		

Appendix A

### I-9 FORM

Below is an example of a properly completed I-9 form. This form must be completed and returned to the Office of Financial Aid before a student can be put on the payroll.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.  ANTI-DISCRIMINATION NOTICES: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hir ean individual because the documents have a future expiration date may also constitute illegal discrimination.  Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)  First Middle India Maiden Name  Print Name  Age. 8  Date of Birth (mountiday)-ear)  Lat Age. 8  Date of Birth (mountiday)-ear)  Lat an 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.  In an 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.  In a significant of the United States (see instructions)  Employees Significant  Date (mountiday)-yeary  B 29   09  Preparer algibre Translator Certification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as Issted on the reverse of this form and record the title, number, and expiration date, and an analysis of the state of the completed on the reverse of this form and record the title, number, and expiration date, and any of the document(s) appears to be genuine and to relate to the employee parent of the title, number, and expiration date, and any of the document(s) appears to be genuine and to relate to the employee named, that the employee began employment on the completion of this form and that to the best of my knowledge the employee is authorized to work in the United States. (State suphrysient expection may only be date the employee began employment on the completion of the form):  Expiration Date (f am):  CERTITICATION: I attest, u	Department of Homeland Security U.S. Citizenship and Immigration Serv	ices			OMB No. 1615-0047; Expires 08/31/12 Form I-9, Employment Eligibility Verification
specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a luture expiration date may also constitute illegal discrimination.  Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)  First Mister Last Middle Initial Maiden Name  ### Date of Birth (mouth/day/year)  123	Read instructions carefully before co	mpleting this form. The	instructions must be avail	able during c	completion of this form.
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Date of Birth (mouth/day/year)		First		Middle Initial	Maiden Name
Sale   Zip Code   Social Security #		JANE		_₽.	
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Employees Signature  Preparer at (30 r Translator Certification (70 be completed and signed if Section 11 prepared by a person other than the employee) I attest, under penalty of persym; that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Section 2. Employer Review and Verification (70 be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)  List A OR List B AND List C  Ex:  SUN NP ID CAPD SOCIAL SECUPITY CA  Document ##:  Expiration Date (if any):  Document ##:  Document ##:  Title  SP: ADU150R  Section 3. Updating and Reverification (To be completed and signed by employer.)  A. New Name (if applicable)  Document ##:	completion of this form.				
Preparer at Glor Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) and that to the best of my knowledge the employer Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).  List A OR List B AND List C  Expiration Date (if any):  Document #:  Expiration Date (if any):  Expiratio	_				
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Preparer's Translator's Signature  Preparer's Translator's Signature  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).  List A OR List B AND List C  Ext:  South NP ID CARD Social Security CA  Document ## List G  Expiration Date (if any):  Document ## List Is and to replay the security of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee anamed, that the employee began employment on and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employees began employment.)  Signature of Employees of Authorized Representative Print Name  JOHN JACOB  Basiness of Orgazization Name and dodysis (Street Name and Number, City, State, Zip Code)  Business of Orgazization Name and Reverification (To be completed and signed by employer.)  A. Now Name (if applicable)  List C  Print Name December 1 to the Dest of my knowledge that the employees authorized to work in the United States, and if the employees a suthorized to work in the United States, and if the employees authorized to work in the United States, and if the employees authorized to work in the United States, and if the employees authorized to work in the United States, and if the employees authorized to work in the United States, and if the employee presented document(i), the document(i) have examined appear to be genuine and to relate to the individual.	Preparer and the Translator Cort	ification To be associated			21/09
Address (Street Name and Number, City, State, Zip Code)  Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).  List A OR List B AND List C  Ext:  South NP ID CARD South Security CA  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee amend, that the employee began employment on and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employees began employment.)  Signature of Employees of Authorized Representative Print Name  JOHN JACOB  Business of Orgalization Name and dedgess (Street Name and Number, City, State, Zip Code)  Sun NEW PAUTZ I HAWK DELVE NEW PAUTZ N IIII  Section 3. Updating and Reverification (To be completed and signed by employer.)  A. New Name (if applicable)  List C  Expiration Date (if any):  List B  AND  List C  Exp.:  SOCIAL SECURITY CA  To ARS  SOCIAL SECURITY CA  To ARS  SOCIAL SECURITY CA  To ARS  Expiration Date (if any):  Document 8:  Document 8:  Document 8:  Document 9:  Expiration Date (if any):  List (month/day/year)  B. Date of Rehire (month/day/year) (if applicable)  C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.  Document 71tic  Document 71tic  Document 71tic  Document 71tic  List 4.  Document 71tic	penalty of perjury, that I have assisted in th	e completion of this form and	i and signed if section 1 is prepa I that to the best of my knowledge	trea by a person e the informatio	n other than the employee.) I attest, under on is true and correct.
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Document #:  Expiration Date (if any):  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/dap/year)  and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)  Signature of Employeer and Authorized Representative  Print Name  JOHN JACOB  Business of Orgalization Name and Address (Street Name and Number, City, State, Zip Code)  SUN NEW PAUZ I throw DRIVE NEW PAUZ N IIII  SP. ADVISOR  Business of Orgalization Anne and Address (Street Name and Number, City, State, Zip Code)  Sun's NEW PAUZ I throw DRIVE NEW PAUZ N IIII  SP. ADVISOR  Business of Orgalization Anne and Address (Street Name and Number, City, State, Zip Code)  Sun's NEW PAUZ I throw DRIVE NEW PAUZ N IIIII  SP. ADVISOR  Business of Orgalization Anne and Address (Street Name and Signed by employer.)  A. New Name (if applicable)  B. Date of Rehire (month/dap/year) (if applicable)  C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.  Document Title:  Document Title States, and if the employee presented document(t), the document(t) I have examined appear to be genuine and to relate to the individual.	Section 2. Employer Review and examine one document from List B expiration date, if any, of the document title:	Verification (To be co and one from List C, a ment(s).)  OR  4X	s listed on the reverse of the List B	ployer. Exar his form, and	mine one document from List A OR d record the title, number, and  List C
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CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/dop/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)  Signature of Employee is Authorized Representative  Print Name  JOHN JACOB  SR. ADUISOR  Business of Orgazization Name and (Addysis, (Street Name and Number, City, State, Zip Code)  SUN NEW PALTZ I HAWK DLIVE, NEW PALTZ NY IIIII 8 2.9 Dd  Section 3. Updating and Reverification (To be completed and signed by employer.)  A. New Name (if applicable)  C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization. Document Title:  Document Title	Section 2. Employer Review and examine one document from List B expiration date, if any, of the document title:  Issuing authority:  Document #:	Verification (To be co and one from List C, a ment(s).)  OR  4x  SU	List B  List B  NP ID CAPD	ployer. Exar his form, and	nine one document from List A OR d record the title, number, and  List C
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Signature of Employer of Authorized Representative  Print Name  JOHN JACOB  Business of Organization Name and Adobts (Sweet Name and Number, City, State, Zip Code)  SUNN NEW PALTZ I HAWK DELVE, NEW PALTZ N IIII  Section 3. Updating and Reverification (To be completed and signed by employer.)  A. New Name (if applicable)  B. Date of Rebire (month/day/year) (if applicable)  C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.  Document Title:  Document Site:  Document Site Section 1 have examined appear to be genuine and to relate to the individual.	Section 2. Employer Review and examine one document from List B expiration date, if any, of the document first A  Document tile:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:	Verification (To be co and one from List C, a ment(s).)  OR  4x  SU	List B  List B  NP ID CAPD	ployer. Exar his form, and	nine one document from List A OR d record the title, number, and  List C
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Business of Orgalization Name and Code as (Street Name and Number, City, State, Zip Code)  SUNY NEW PALTZ   HAWK DELVE NEW PALTZ N   11111  Section 3. Updating and Reverification (To be completed and signed by employer.)  A. Now Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.  Document Title:  Document File:  Document File:  Document Price:  Document Price:	Section 2. Employer Review and examine one document from List B expiration date, if any, of the document first A.  List A.  Document til:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under present the above-listed document(s) appear (month/day)/year)  month/dayly/year)  employment agencies may omit the expiration of the comployment agencies may omit the	Verification (To be co and one from List C, a ment(s).)  OR  SUN  NOC  enalty of perjury, that I to be genuine and to rel ad that to the best of my atte the employe began	List B : NP ID CAPD  O I & 3 H  have examined the documate to the employee named, knowledge the employee is employeen.	aployer. Examinis form, and AND  ent(s) present, that the emp	nine one document from List A OR drecord the title, number, and  List C  EX:  SOCIAL SECURITY CA  123-45 - 6789  ted by the above-named employee, that loyee began employment on o work in the United States. (State
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### Appendix B

### **COLLEGE WORK-STUDY TIME SHEET**

							NEW YORK AT NEW PALTZ STUDY TIME SHEET
work	ked must	ust be con be in eve 1, 1½, 1½	n units o				
appr	For example: 1, 1½, 1½, or 1¾.  2. Payments can ONLY be made after you have received approval to work from the Financial Aid Office, HAB 601, and a completed W-4 form, a IT2104 or IT2104E form, and current 1-9 are on file in Payroll.			Office, H	AB 601,	FULL NAME JANE R. SMITH	
3. You jobs half	may not combine hour bre	work mor d while so sak when	re than 2	0 hours a	You mus	st take a	LAST 4 DIGITS OF SOCIAL SECURITY # 1 2 3 4  2 DIGIT WS ACCOUNT NUMBER 52
worked.  4. Time sheets are due in Payroll by the scheduled deadline.				DEPARTMENT FINANCIAL AID			
and		ne sheets payment					TYPE OF WORK OFFICE ASSISTANT
DAY	DATE	IN .	OUT	NCH IN	OUT	HOURS WORKED	DAY DATE IN LUNCH OUT HOURS WORKED
THURS	9/13	15:00		_	4:00	4.0	THURS 9 21 12:00 - 4:00 4.0
FRI	9/14				-		FRI 9 22
SAT	9/15				_		SAT 9 23
SUN	9/16						SUN 9 24
MON	9/17	10:00			12:00	2.0	MON 9/25 10:00 - 12:00 2.0
TUES	9/18				<u> </u>		TUES 9/26
WED	9/20	19:00			4:00	4.0	WED 9/27 12:00 4:00 4.0
"I certify		above h	ours are		" h	ith DATE	The time sheet must be submitted to Payroll directly from the supervisor (either in person, through campus mail, or Payroll dropbox) by the deadline date.  TOTAL HOURS WORKED 20
"I hereby certify that the above is a true statement of the hours worked by the above employee and that the employee has performed his assigned duties in a satisfactory manner. I further certify that the hours worked do not exceed those							
authorized."							AMOUNT DUE 145.00
SUPERVISOR         DATE         Distribution:         White - Payroll Office Yellow - Supervisor           SUPERVISOR - PRINTED NAME         Pink - Student					Yellow - Supervisor		

### DIRECTOR OF FINANCIAL AID

DANIEL SISTARENIK

### STUDENT EMPLOYMENT COORDINATOR

CYNTHIA HARKINS

STATE UNIVERSITY OF NEW YORK AT NEW PALTZ OFFICE OF FINANCIAL AID HAGGERTY 603 200 HAWK DRIVE NEW PALTZ, NY 12561-2443

(845) 257-3250