



2010 - 2011

F E D E R A L
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 are sent hiring packets by email at the beginning of the fall semester. Additional packets will be available at the Work Study Job Fair or in the Financial Aid Office located in HAB 603.

A FWS award is not a guarantee of a job. To be considered for employment you should bring your hiring packet to the Work Study Job Fair held at the beginning of the fall semester.

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.edu. 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 fill out the employee sections on all employment forms provided in the hiring packet, except for your social security number. Your Social Security Number should be filled in when you are hired, and submitting your paperwork to Financial Aid and Payroll.
- 2) Come to the annual Work Study Job Fair. If you can't attend, review the list of departments that hire FWS students. A list of Available Work Study Positions will be posted on the Financial Aid website under Work Study after the Job Fair. Go directly to those departments you are interested in with your paperwork to apply. If you need further assistance go to the Student Employment Office (HAB 607A). Walk-in hours are 8:30a.m. - 4:00p.m., Monday through Friday. During an interview, job descriptions and responsibilities will be discussed so you can determine which job best suits your needs and interests.
- 3) Complete the student section of the clearance form and the I-9 form. Your supervisor will complete the employer section of the clearance form and the I-9 form. 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.

- 4) After the clearance form has been completed, **you must return it to the Student Employment Office (HAB 607A) along with the I-9 form before you start working. If they are not received you will not be put on the payroll and your time sheet will be rejected.**
- 5) You must go to the Payroll Office to submit a W-4 form and the appropriate IT-2104 or IT-2104-E form if you do not have valid forms on file for the current year. The W-4 and IT 2104-E form must be renewed every year 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 may only work one job during any given payroll period.
- 2) Students are allowed to change jobs, but they must do so at the end of a payroll period. **A new clearance form is always needed when changing jobs.** Additional clearance forms are available in the Student Employment Office (HAB 607).
- 3) The allocation listed on the clearance form is the 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 a new clearance form because the fall clearance form will automatically renew itself for the spring semester.** A new clearance form is always needed at the beginning of the summer session or when changing jobs.

The last day to work for the spring semester is the last day of classes for students not planning to enroll in the following fall semester.

- 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 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 or Financial Aid.
- 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 seven 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 other words, “When in doubt, don’t give the information out!” Also, disciplinary action may be taken against a student if confidentiality is broken.

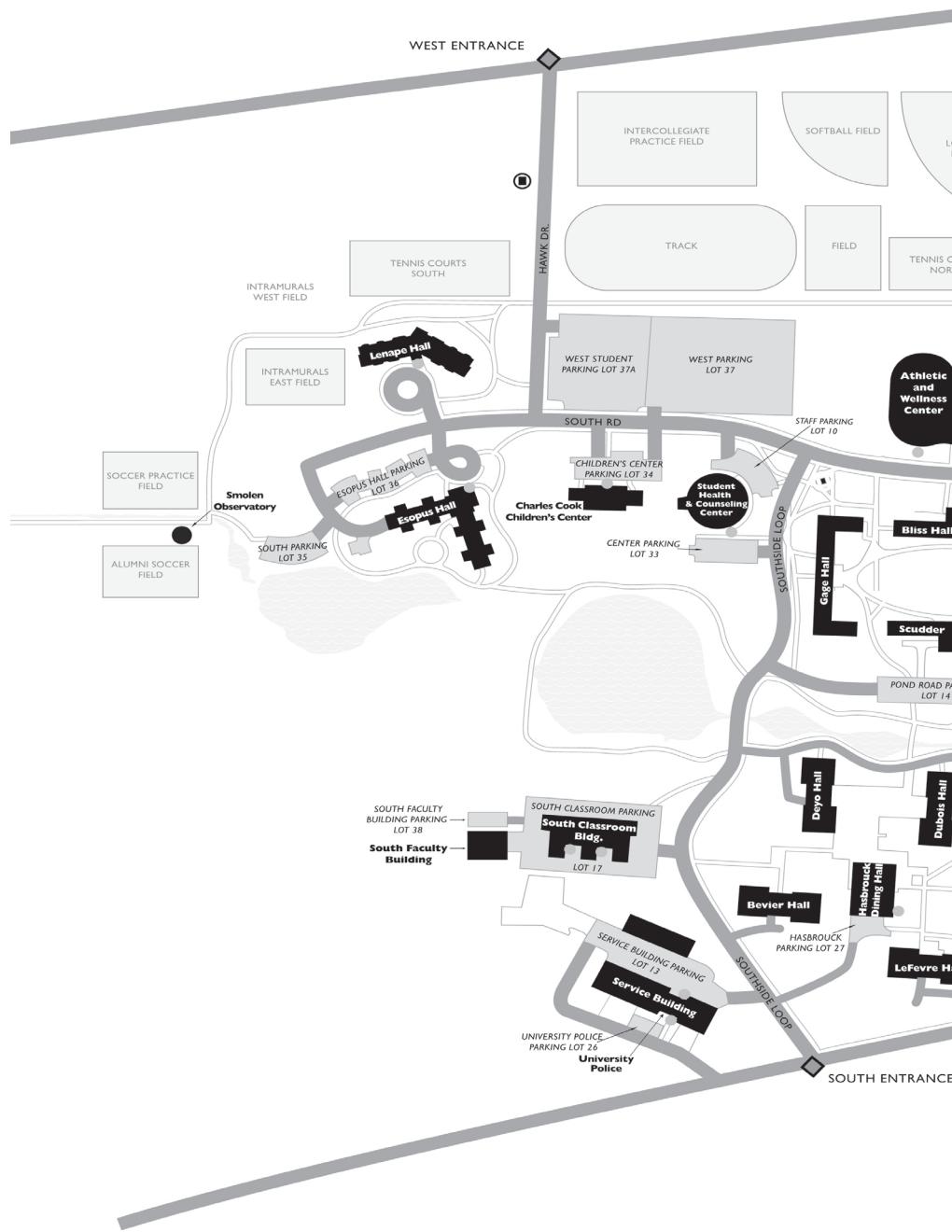
WHAT EVERY FWS SUPERVISOR SHOULD KNOW

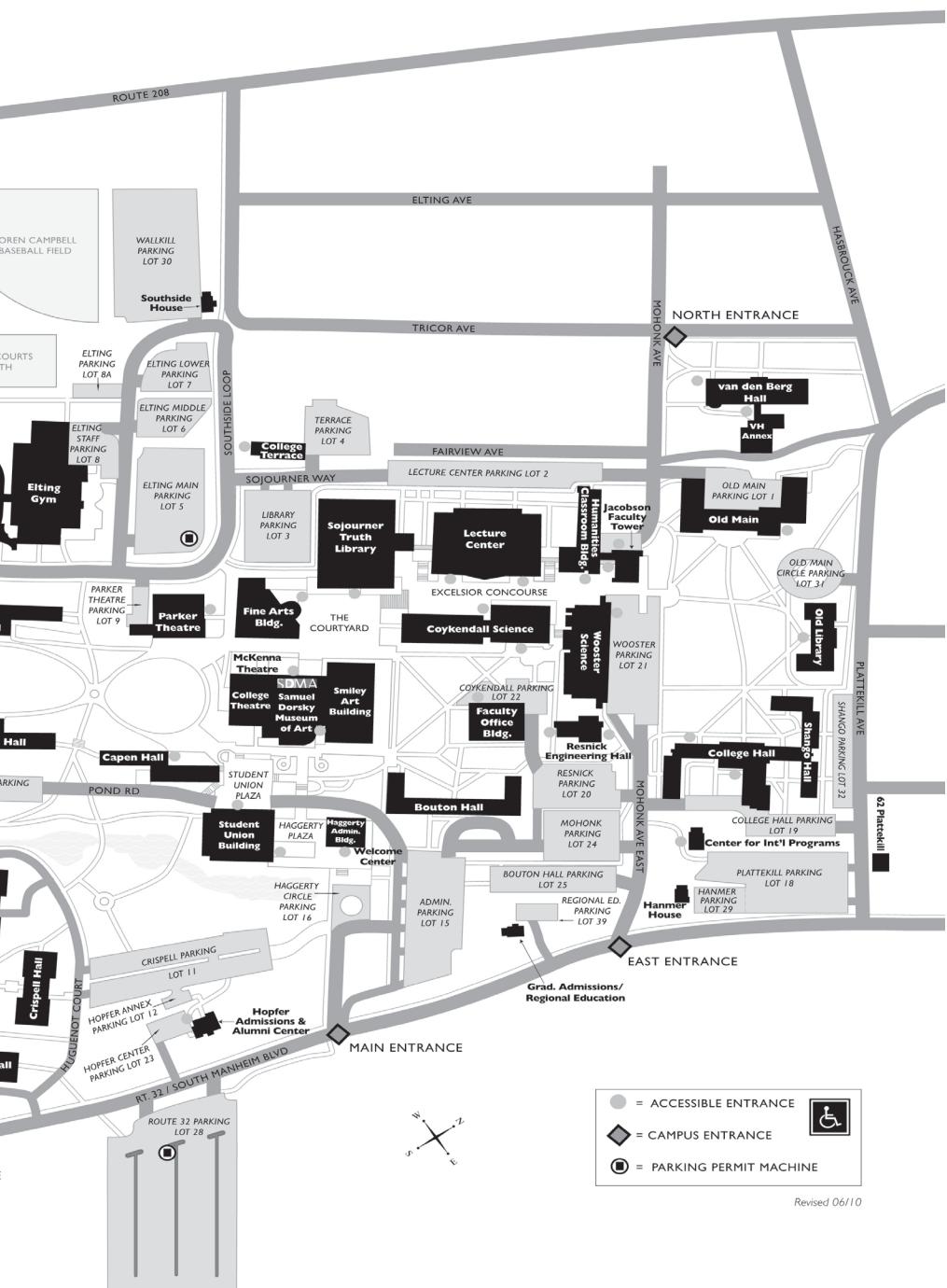
- 1) Students will be referred to departments based on the FWS request form submitted each spring. Departments should contact the Financial Aid Office if their needs change during the year.
- 2) When hiring FWS students be sure to explain exactly what will be expected of them in terms of job duties, attendance, and performance. It is helpful to put this in writing.
- 3) **Do not allow a student to work before you have signed their clearance form and I-9 form.** Supervisors should retain a copy of the clearance form and have the student return the clearance form and I-9 to the Financial Aid Office. Tax forms should be dropped off in Payroll (HAB 301). Students

cannot be paid until all forms are submitted. **If a time sheet is rejected it must be resubmitted after the problem is resolved.**

NOTE: Employer-retained copies of student clearance forms should not have students' social security numbers on them.

- 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 the Payroll Office 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.





Revised 06/10

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	Position
Academic Computing	Labs/Classrooms	Lab Assistant
Accounting Services	HAB 302	Office Assistant
Administrative Services	HAB 40	Office Assistant
Admissions	HAC	Office Assistant
Alumni Relations	HAB 501	Office Assistant
AMP/C-STEP	WSB 3	Office/Computer Asst, Tutor
Anthropology	WSB 124	Office Assistant
Art - Foundations	SAB 120B	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, Office Asst, Rec Asst, Equipment Supervisor
Biology	CSB 215	Office/Lab Assistant
Black Studies	FOB W-2	Office Assistant
Black Studies	FOB W-2	Office Assistant
Business Office	HAB 510	Office Assistant
Career Resource Center	HUM 105	Office Assistant
Center for Student Development	SUB 301	Office Assistant
Child Find of America	Highland	Office Asst, Peer Counselor/Tutor
Children's Center of New Paltz	CC 125	Teaching Assistant
Commencement	HAB 503C	Office Assistant
Communication & Media	CSB 51	Office Assistant
Communication Disorders	HUM 19	Office Assistant
Costume Shop	PT 115	Office Asst, Restocking, Stitchers
Curriculum Materials Center	STL 2nd Floor	Office Assistant
Dean's Office - LA & S.	JFT 614	Office/Research Assistant
Design & Printing Services	HAB 511 / HAB 8	Graphic Artist, Print Shop Asst
Development	HAB 510	Office Assistant
Disability Resource Center	SUB 205	Office Assistant
Dorsky Art Museum	SDMA	Monitor
Economics	JFT814	Office Assistant
Educational Studies	SCB 153	Office Assistant
Electrical/Computer Engineering	REH 103	Office Asst, Computer Asst
Elementary Ed Advising	SCB 112	Office Assistant
Elementary Education	SCB 154	Office Assistant
English	JFT 714	Office Assistant

Equal Opportunity Program	HAB 401	Office Assistant
Facilities Operations - Admin	SB 11	Office Assistant
Facilities Operations - Custodial	CH 32	Office Assistant
Facilities Operations - Warehouse	SB 2nd Floor	Office Assistant
Family of New Paltz	New Paltz	Crisis Counselor
Financial Aid	HAB 603	Office Assistant
Fine & Performing Arts	CT 118	Office Assistant
Foreign Languages	JFT 414	Office Assistant
History	JFT 916	Office Assistant
Honors Department	CH - H111	Office Assistant
Hudson Valley Blood Services	Kingston, Poughkeepsie	Office Assistant
Human Resources	HAB 201	Office Assistant
Institutional Research	HAB 602	Office Assistant
Instructional Media	LC 2	Media Operator
Library	STL	Library Clerk
Mail Services	HAB 26	Mail Clerk
Mathematics	FOB E7	Tutor
Migrant Education	VLC Annex	Office Assistant
Music	CH - G 212/219	Event Recorder, Lab Monitor
Music - College Youth Symphony	CHG 100	Office/Event Assistant
Music Therapy	CH G 214A	Office Assistant
New Paltz Central Schools	New Paltz	Office Asst, Aide
New Paltz Youth Program	New Paltz	Recreation Asst, Peer Tutor/Mentor
Nursing	VH 201	Office Assistant
Payroll	HAB 301	Office Assistant
Philosophy	JFT 916	Office Assistant
Physics	WSB 130	Lab Assistant
Political Science	JFT 814	Office Assistant
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	SCB 107	Office Assistant
Secondary Education	SFB 101	Office Assistant
Sociology	JFT 516	Office Assistant
Student Accounts	HAB 210	Office Assistant
Student Activities & Union Services	SUB 209	Information Desk, Office Asst, Set-up Crew
Student Health Services	HLC	Office Assistant
Student Teaching Office	SCB 104	Office Assistant
Theatre Arts - Technical	CT	Office Asst, Stage Prep
UCCAC Inc Head Start	Kingston	Tutor, Teacher Asst
VP - Student Affairs	HAB 701	Office Assistant
Wallkill High School	Wallkill	Mentor, Tutor
Women's Studies	Southside House	Office Assistant

Appendix A

THE STUDENT EMPLOYMENT CLEARANCE FORM

Below is an example of a properly completed clearance form. This form must be on file in the Financial Aid Office for a student to be paid through FWS.

 New Paltz STATE UNIVERSITY OF NEW YORK	
Financial Aid Office 200 Hawk Drive/State University of New York at New Paltz/New Paltz, NY 12561-2438	
FEDERAL WORK STUDY: 2010-2011 STUDENT EMPLOYMENT CLEARANCE FORM	
To the Student: Print this form. Complete the student section and have your supervisor complete the employer section. Students are to return completed forms to the Financial Aid Office, Haggerty Administration Building, room 603.	
STUDENT SECTION	
Name <u>JANE SMITH</u>	
Student ID <u>NO0123456</u>	Social Security No (mandatory for employment) <u>123-45-6789</u>
Freshman <u>Year in School</u>	Business <u>Major</u>
123 Hawk Blvd., New Paltz <u>Local Address</u>	5/20/92 <u>DOB</u> F <u>Gender: M F</u>
123 Green St., Newburgh NY 12550 <u>Perm. Address</u>	County <u>255-5555</u> 555-666-7777 <u>perm. phone</u> <u>jsmith89@newpaltz.edu</u> <u>Local Phone</u> <u>perm. phone</u> <u>Email Address</u>
Have you participated in Work-Study on this campus in the last year? <u>no</u> If No, you must complete an I-9.	
Students may only have one Work study position. A new clearance is needed if you change jobs. Notify the Payroll Office if the change in jobs will result in hours for two different departments being reported on the same timesheet. The fall clearance form will automatically renew itself for the spring semester if you return to the same job.	
Students are required to read the Federal Work-Study Handbook for Students and Supervisors. The Handbook and other FWS Forms are available at: http://www.newpaltz.edu/financialaid/workstudy.html	
I understand that as a part-time New York State employee, I may enroll in the New York State Employees' Retirement System (ERS). Enrollment in ERS is optional and requires the enrollee to contribute 3% of their salary towards the retirement system. Enrollees must satisfy the equivalent of a ten-year, full-time vesting requirement in order to commence retirement benefits. More information is available at http://www.osc.state.ny.us/retire/employers/tier-5/index.php . I understand that if I would like more information or to enroll in ERS, I need to contact the Benefits Office in Haggerty 203 at x3169, and that failure to enroll within 39 days of signing this statement will indicate a default to decline enrolling in a retirement system at this time.	
Student's Signature <u>Jane Smith</u>	Date <u>8/23/10</u>
EMPLOYER SECTION	
I agree to hire this student to work <u>10</u> hours per week at the rate of <u>7.25</u> per hour beginning <u>8/23/10</u>	
Supervisor's signature <u>John Jacob</u>	Supervisor's name (please print) <u>John Jacob</u>
Title <u>Sr. Advisor</u>	Email Address <u>jacobj@newpaltz.edu</u>
Department <u>BUSINESS</u>	Location <u>VT 22</u>
Phone <u>4455</u>	FWS Account Number (Two digit) <u>11</u>
FOR FINANCIAL AID OFFICE USE ONLY:	
Total academic year allocation _____ First Placement / Change of Job _____	
Approved by Financial Aid Staff _____	
Date given to student _____ Date returned _____ Date sent to Payroll _____	
For Payroll Use Only: I-9 _____ W-4 _____ IT-2104 _____ Citizenship Status _____ Line # _____	
Revised 8/2010	

Appendix B

I-9 FORM

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

<p>Department of Homeland Security U.S. Citizenship and Immigration Services</p> <p>OMB No. 1615-0047; Expires 08/31/12 Form I-9, Employment Eligibility Verification</p>																																						
<p>Read instructions carefully before completing this form. The instructions must be available during completion of this form.</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.</p>																																						
<p>Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)</p> <table border="1"><tr><td>Print Name: Last SMITH</td><td>First JANE</td><td>Middle Initial P</td><td>Maiden Name</td></tr><tr><td colspan="2">Address (Street Name and Number) 123 GREEN ST.</td><td>Apt. #</td><td>Date of Birth (month/day/year) 5/18/1988</td></tr><tr><td>City NEWBURGH</td><td>State NY</td><td>Zip Code 1111</td><td>Social Security # 123-45-6789</td></tr></table>				Print Name: Last SMITH	First JANE	Middle Initial P	Maiden Name	Address (Street Name and Number) 123 GREEN ST.		Apt. #	Date of Birth (month/day/year) 5/18/1988	City NEWBURGH	State NY	Zip Code 1111	Social Security # 123-45-6789																							
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City NEWBURGH	State NY	Zip Code 1111	Social Security # 123-45-6789																																			
<p>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.</p> <p><i>Jane R. Smith</i></p> <p>Employee's Signature</p> <p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input checked="" type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alicn #) _____ <input type="checkbox"/> An alien authorized to work (Alicn # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____</p> <p>Date (month/day/year) 8/29/09</p>																																						
<p>Preparer and/or 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 assisted in the completion of this form and that to the best of my knowledge the information is true and correct.</p> <table border="1"><tr><td>Preparer's/Translator's Signature</td><td>Print Name</td></tr><tr><td colspan="2">Address (Street Name and Number, City, State, Zip Code)</td></tr><tr><td colspan="2">Date (month/day/year)</td></tr></table>				Preparer's/Translator's Signature	Print Name	Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)																														
Preparer's/Translator's Signature	Print Name																																					
Address (Street Name and Number, City, State, Zip Code)																																						
Date (month/day/year)																																						
<p>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).)</p> <table border="1"><thead><tr><th>List A</th><th>OR</th><th>List B</th><th>AND</th><th>List C</th></tr></thead><tbody><tr><td>Document title:</td><td></td><td>EX: SUNY NP ID CARD</td><td></td><td>EX: SOCIAL SECURITY CARD</td></tr><tr><td>Issuing authority:</td><td></td><td></td><td></td><td>123-45-6789</td></tr><tr><td>Document #:</td><td></td><td></td><td></td><td></td></tr><tr><td>Expiration Date (if any):</td><td></td><td></td><td></td><td></td></tr><tr><td>Document #:</td><td></td><td></td><td></td><td></td></tr><tr><td>Expiration Date (if any):</td><td></td><td></td><td></td><td></td></tr></tbody></table>				List A	OR	List B	AND	List C	Document title:		EX: SUNY NP ID CARD		EX: SOCIAL SECURITY CARD	Issuing authority:				123-45-6789	Document #:					Expiration Date (if any):					Document #:					Expiration Date (if any):				
List A	OR	List B	AND	List C																																		
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<p>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/day/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.)</p> <p><i>John Jacob</i></p> <p>Signature of Employer or Authorized Representative</p> <p>Print Name JOHN JACOB</p> <p>Title SR. ADVISOR</p> <p>Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) SUNY NEW PALTZ 1 HAWK DRIVE, NEW PALTZ NY 12561</p> <p>Date (month/day/year) 8/29/09</p>																																						
<p>Section 3. Updating and Reverification (To be completed and signed by employer.)</p> <table border="1"><tr><td>A. New Name (if applicable)</td><td>B. Date of Rehire (month/day/year) (if applicable)</td></tr><tr><td colspan="2">C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.</td></tr><tr><td>Document Title:</td><td>Document #:</td><td>Expiration Date (if any):</td></tr><tr><td colspan="3">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.</td></tr><tr><td colspan="2">Signature of Employer or Authorized Representative</td><td>Date (month/day/year)</td></tr></table>				A. New 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 #:	Expiration Date (if any):	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		Date (month/day/year)																						
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Appendix C

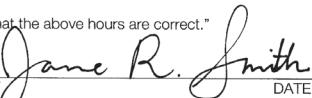
COLLEGE WORK-STUDY TIME SHEET

STATE UNIVERSITY OF NEW YORK AT NEW PALTZ COLLEGE WORK STUDY TIME SHEET

1. Time sheet must be completed in ink and be legible. Hours worked must be in even units of hours and quarter hours. For example: 1, 1 $\frac{1}{4}$, 1 $\frac{1}{2}$, or 1 $\frac{3}{4}$.
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 I-9 are on file in Payroll.
3. You may not work more than 20 hours a pay week for all jobs combined while school is in session. You must take a half hour break when 6 consecutive hours have been worked.
4. Time sheets are due in Payroll by the scheduled deadline. Please refer to the *Payroll Schedule - Work Study and Student Assistant*, for deadline dates and paycheck dates.
5. Incomplete time sheets will be returned to the department and will delay payment to the student. **All fields must be completed.**

DAY	DATE	IN	LUNCH		OUT	HOURS WORKED
			OUT	IN		
THURS	9/13	12:00	—	—	4:00	4.0
FRI	9/14					
SAT	9/15					
SUN	9/16					
MON	9/17	10:00	—	—	12:00	2.0
TUES	9/18					
WED	9/19	12:00	—	—	4:00	4.0
			WEEKLY TOTAL			10.0

"I certify that the above hours are correct."

STUDENT  DATE

"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."

SUPERVISOR _____ DATE _____

SUPERVISOR - PRINTED NAME _____

FULL NAME JANE R. SMITH
(PRINT CLEARLY)

LAST 4 DIGITS OF SOCIAL SECURITY # 1 2 3 4

2 DIGIT WS ACCOUNT NUMBER 52

DEPARTMENT FINANCIAL AID

TYPE OF WORK OFFICE ASSISTANT

DAY	DATE	IN	LUNCH		OUT	HOURS WORKED
			OUT	IN		
THURS	9/21	12:00	—	—	4:00	4.0
FRI	9/22					
SAT	9/23					
SUN	9/24					
MON	9/25	10:00	—	—	12:00	2.0
TUES	9/26					
WED	9/27	12:00	—	—	4:00	4.0
			WEEKLY TOTAL			10.0

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

RATE OF PAY 7.25

AMOUNT DUE 145.00

Distribution: White - Payroll Office
Yellow - Supervisor
Pink - Student

Appendix D

W-4 FORM

Below is a sample of a properly completed W-4 form for a student who is claiming "1" for federal tax purposes. This form must be on file in the Payroll Office. You can also use this form to claim "Exempt" for federal tax purposes by writing EXEMPT on line seven.

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exempt from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes tax-exempt interest or unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on authorized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than \$500 in expenses of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of allowances. For example, credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nontaxable income. If you have a large amount of nontaxable income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or other income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on your tax return from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent
B	Enter "1" if: { <ul style="list-style-type: none">• You are single and have only one job;• You are married, have only one job, and your spouse does not work;• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }.
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$61,000 (\$39,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.• If your total income will be between \$61,000 and \$84,000 (\$39,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2009

Employee's Withholding Allowance Certificate
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial.	Last name	2 Your social security number
JANE R.		123-45-6789
Home address (number and street or rural route)		123 GREEN ST.
City or town, state, and ZIP code		NEWBURGH, NY 12550
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption.		
<ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		
If you meet both conditions, write "Exempt" here ► 7		

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

Employee's signature

(Form is not valid unless you sign it.) ►

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

Appendix E1

IT-2104 FORM

Below is a sample of a properly completed IT-2104 form for a student claiming "1" for New York State tax purposes. This form or the IT-2104E must be on file in the Payroll Office. Use the IT-2104E form if you are claiming "EXEMPT".

 2010		New York State Department of Taxation and Finance	
Employee's Withholding Allowance Certificate			
New York State • New York City • Yonkers			
Print or type		IT-2104	
First name and middle initial JANE R.		Last name SMITH	
Permanent home address (number and street or rural route) 123 GREEN ST.		Apartment number 	
City, village, or post office NEWBURGH		State NY ZIP code 1111	
Are you a resident of New York City? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Complete the worksheet on page 3 before making any entries.			
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) 1. <input type="checkbox"/> 1			
2 Total number of allowances for New York City (from line 31) 2. <input type="checkbox"/>			
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.			
3 New York State amount 3. <input type="checkbox"/>			
4 New York City amount 4. <input type="checkbox"/>			
5 Yonkers amount 5. <input type="checkbox"/>			
I certify that I am entitled to the number of withholding allowances claimed on this certificate.			
Employee's signature <i>Jane R. Smith</i>		Date 8/29/09	
Penalty — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.			
Employee: detach this page and give it to your employer; keep pages 3 and 4 for your records.			
Employers only: Please mark an X in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:			
Employee is a new hire <input type="checkbox"/>		Employee claimed more than 14 exemption allowances for New York State <input type="checkbox"/>	
Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.)		Employer identification number	
Instructions			
Changes effective for 2009 As a result of recent law changes, the New York State personal income tax and Yonkers resident personal income tax surcharge rates have increased for certain taxpayers. Employers have been notified of any new withholding tables to ensure that the proper amount of tax is withheld for 2009 without any further action on your part. However, in certain instances the new tables may result in an insufficient amount of tax being withheld. If you have more than one job, or if you are married and both spouses work, you should complete this revised Form IT-2104 and give it to your employer. If you do not file a revised Form IT-2104 in these circumstances, you may be underwithheld for New York State and Yonkers purposes (see <i>Avoid underwithholding</i> on page 2).			
Who should file this form This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld. If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following: <ul style="list-style-type: none">• You started a new job.• You are no longer a dependent.			
Exemption from withholding You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, <i>Certificate of Exemption from Withholding</i> , with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time			

Appendix E2

IT-2104E FORM

The IT-2104E form is used only for claiming "EXEMPT" for New York State tax purposes. Do not complete both the IT-2104 and the IT-2104E form. If you are unsure about which form to complete please consult the Payroll Office.

New York State Department of Taxation and Finance Certificate of Exemption from Withholding New York State • New York City • Yonkers		IT-2104-E		
To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet all of the following conditions:				
<ul style="list-style-type: none">• you must be under age 18, or over age 65, or a full-time student under age 25; and• you did not have a New York income tax liability for 2008; and• you do not expect to have a New York income tax liability for 2009.				
If you do not meet all of the above conditions, stop; you cannot claim exemption from withholding.				
Print or type	First name and middle initial JANE R.	Last name SMITH	Social security number 123-45-6789	Filing status: Mark an X in only one box <input checked="" type="checkbox"/> A Single <input type="checkbox"/> B Married <input type="checkbox"/> <input type="checkbox"/> C Qualifying widow(er) with dependent child, or head of household with qualifying person
Mailing address (number and street or rural route) 123 GREEN ST.	Apartment number 1111	Date of birth (mm/dd/yyyy) 5/18/1988	Employee's signature <i>Jane R. Smith</i>	Date 8/29/09
City, village, or post office NEW BURGH	State NY	ZIP code 10511	Are you a full-time student? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Employer identification number 000-00-0000
I certify that the information on this form is correct and that, for my year 2009, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.			Mark an X if a newly hired employee <input type="checkbox"/>	
Employer name and address (Employer: complete this section only if you must send a copy to the NYS Tax Department; see instructions)				
Cut here and give the above certificate to your employer				
Instructions				
Employee Who qualifies — You may claim exemption from withholding if: (1) you are under age 18, over age 65, or a full-time student under age 25, and (2) you had no New York income tax liability for 2008, and (3) expect none for the year 2009. (For this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld.)				
If you meet these conditions, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.				
Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,000.				
If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.				
A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.				
When to claim exemption from withholding — File this certificate with your employer if you meet all the conditions listed above. You must file a new certificate each year if you wish to continue to claim the exemption.				
Liability for estimated tax — If, as a result of this exemption certificate, your employer does not withhold income tax from your wages and you later fail to qualify for exemption from tax, you may be required to pay estimated tax and be subject to penalty if it is not paid. For further information, see Form IT-2105, <i>Estimated Tax Payment Voucher for Individuals</i> .				
Multiple employers — If you have more than one employer, you may claim exemption from withholding with each employer as long as your total expected income will not cause you to incur a New York income tax liability for the year 2009 and you had no liability for 2008.				
Revocation by employee — You must revoke this exemption certificate (1) within 10 days from the day you expect to incur a New York income tax liability for the year 2009, or (2) on or before December 1, 2009, if you expect to incur a tax liability for 2010.				
If you are required to revoke this certificate, if you no longer meet the age requirements for claiming exemption, or if you want income tax withheld from your pay (because, for example, you expect your income to exceed \$3,000), you must file Form IT-2104, <i>Employee's Withholding Allowance Certificate</i> , with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax.				
Filing status — Mark an X in one box on Form IT-2104-E that shows your present filing status for federal purposes.				
Need help? — If you need help completing this form, call toll free 1 800 225-5829 (for employees) or 1 877 698-2910 (for employers). From areas outside the U.S. and outside Canada, call (518) 485-6800.				
Employer				
Keep this certificate with your records. If an employee who claims exemption from withholding on Form IT-2104-E usually earns more than \$200 per week, you must send a copy of that employee's Form IT-2104-E to: NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227 .				
The Tax Department will not accept this form if it is incomplete. We will review these certificates and notify you of any adjustments that must be made.				
Due dates for sending certificates received from employees who claim exemption and earn more than \$200 per week are:				
Quarter	Due date	Quarter	Due date	
January – March	April 30	July – September	October 31	
April – June	July 31	October – December	January 31	
Revocation by employer — You must revoke this exemption within 10 days if, on any day during the calendar year, the date of birth stated on the certificate filed by the employee indicates the employee no longer meets the age requirements for exemption. The revocation must be in the form of a written notice to the employee.				
New hires — If you are submitting a copy of this form because you are choosing to use this form to comply with New York State's New Hire Reporting Program, mark an X in the box and mail a copy of the completed form, within 20 days of hiring, to:				
NYST TAX DEPARTMENT, NEW HIRE NOTIFICATION PO BOX 15119, ALBANY NY 12212-5119				
To report newly-hired employees online go to www.nynewhire.com .				
Privacy notification — The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, section 8-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of the Tax Law, and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).				
This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.				
Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.				
Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.				
This information is maintained by the Director of Records Management and Data Entry NYS Tax Department W A Harriman Campus Albany NY 12227- telephone				

DIRECTOR OF FINANCIAL AID

DANIEL SISTARENICK

STUDENT EMPLOYMENT COORDINATOR

CYNTHIA HARKINS

STATE UNIVERSITY OF NEW YORK AT NEW PALTZ

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