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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.studentemployment.ngwebsolutions.com/>.

A FWS award is not a guarantee of a job. The number of work study positions is limited so prepare ahead of time. Apply on-line and bring your documentation required to complete the I-9 form. Keep in mind that you will be interviewing with department supervisors 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 \$9.00 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. You will be contacted by Department Supervisors to set up an interview. During an interview, job descriptions and responsibilities will be discussed.
- 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. Please note that documents with and expiration date cannot be expired.

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

3) You must go to the Payroll Office (HAB 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 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 (I-9, W-4, IT2104/E) has been completed and is on file in the Payroll Office. Student must apply using the online hire process.
- 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.

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 your tax advisor.

		New York State Department of Taxation and Finance Certificate of Exemption from Withholding New York State • New York City • Yonkers		IT-2104-E This certificate will expire on April 30, 2015.	
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 the conditions in either Group A or Group B: Group A • 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 2013; and • you do not expect to have a New York income tax liability for 2014 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld). Group B • you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See <i>Military spouses</i> . If you do not meet all of the conditions in either Group A or Group B above, stop ; you cannot claim exemption from withholding (see Note below).					
First name and middle initial JANE R.		Last name SMITH		Social security number 123-45-6789	
Mailing address (number and street or rural route) 123 GREEN ST.		Apartment number		Date of birth (mm-dd-yyyy) City, village, or post office NEWBURGH,	
State NY		ZIP code 11111		Filing status: Mark an X in only one box A Single <input checked="" type="checkbox"/> B Married <input type="checkbox"/> C Qualifying widower (with dependent child, or head of household with qualifying person)..... <input type="checkbox"/>	
Are you a full-time student?..... Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you a military spouse exempt under the SCRA? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I certify that the information on this form is correct and that, for the year 2014, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.					
Employee's signature (give the completed certificate to your employer) <i>Jane R. Smith</i>					Date 8/10/14
Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).					
Employer name and address				Employer identification number	
Mark an X in the box if a newly hired employee or a rehired employee <input type="checkbox"/>					
First date employee performed services for pay (mm-dd-yyyy) (see instructions): _____					
Are dependent health insurance benefits available for this employee? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, enter the date the employee qualifies (mm-dd-yyyy): _____					
Employee Who qualifies – 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 the conditions in either Group A or Group B: Group A • 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 2013; and • you do not expect to have a New York income tax liability for 2014 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld). Group B • you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See <i>Military spouses</i> . If you meet the conditions in Group A or Group B, 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			Instructions 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. Note: If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, 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 purposes.		

Appendix E1

IT-2104 FORM

Below is a sample of a properly completed IT-2104 form for a student who is not a NY City or Yonkers resident and 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". If you are unsure which form or have questions, consult your tax advisor.

 New York State Department of Taxation and Finance Employee's Withholding Allowance Certificate New York State • New York City • Yonkers		IT-2104 (8/14)
First name and middle initial JANE R.	Last name SMITH	Your social security number 123-45-6789
Permanent home address (number and street or rural route) 123 GREEN ST.		Apartment number <input checked="" type="checkbox"/> Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher single rate
City, village, or post office NEWBURGH,	State NY	ZIP code 11111
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 17) <input type="text" value="1"/> 2 Total number of allowances for New York City (from line 28) <input type="text" value="2"/>		
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	<input type="text" value="3"/>	<input type="text" value="3"/>
4 New York City amount	<input type="text" value="4"/>	<input type="text" value="4"/>
5 Yonkers amount	<input type="text" value="5"/>	<input type="text" value="5"/>
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 8/10/14	
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 a copy for your records.		
Employers only: Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.): A Employee claimed more than 14 exemption allowances for NYS A <input type="checkbox"/> B Employee is a new hire or a rehire ... B <input type="checkbox"/> First date employee performed services for pay (mm-dd-yyyy) (see instr.): <input type="text"/> Are dependent health insurance benefits available for this employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, enter the date the employee qualifies (mm-dd-yyyy): <input type="text"/>		
Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department)		Employer identification number

Instructions

Changes effective for 2014

Beginning with tax year 2014, the Yonkers resident personal income tax surcharge rate has increased. Employers have been notified of new withholding tables to ensure that the proper amount of tax is withheld for 2014 without any further action on your part. However, if you completed Form IT-2104 and requested an additional dollar amount of Yonkers withholding on line 5, you should complete this revised 2014 Form IT-2104 and give it to your employer.

In addition, the worksheet on page 3 used to compute your withholding allowances and the charts beginning on page 4 used to enter an additional dollar amount of withholding were revised. If you filed a Form IT-2104 prior to 2014 and used the worksheet or charts, you should complete a new 2014 Form IT-2104 and give it to your employer.

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:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$104,600 or more during the tax year.
- The total income of you and your spouse has increased to \$104,600 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

1) Paychecks are available every other Thursday in the Telecommunications Office (HAB 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.

- 2) 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.
- 3) You must have identification to pick up paychecks.
- 4) 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.
- 5) Paychecks that arrive after the semester ends will be mailed to you if you have provided the Telecommunications Office (HAB 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 to complete the on-line hiring process and can resume working for the spring semester.** The on-line hiring process is always needed when changing jobs. The last day to work for the spring semester is Commencement. *For seniors who are graduating the last day to work is the last day of classes.*

- 5) Work-Study allocations must be earned during the period in which they are awarded. Awards not earned by the end of the academic year cannot be carried forward. Each year a student must complete the FAFSA to determine if the student is eligible for work study the following academic year. It is important to apply early as awards are made until the funds are exhausted and students selected for verification will not become eligible until verification is complete. Students awarded work study are not guaranteed an award the next academic year.
- 6) Students are responsible for monitoring their earnings. Students can get a current balance by contacting the Payroll Office.
- 7) Students must stop working when their allocation is exhausted.
- 8) 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.
- 9) Students' allocations and authorization to work periods are subject to change at any time due to possible funding shortfalls, etc.
- 10) 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.
- 11) 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. If a student has a Student Assistant position in addition to a work study position the same rule applies Students cannot work more than twenty hours while classes are in session or exceed eight hours of work in a day. Students who are not in compliance may lose their work study eligibility.
- 12) Students cannot work more than six hours at a time without a half hour break.
- 13) Students who claim "EXEMPT" on the W-4 & IT 2104/E form must complete new ones at the beginning of each new calendar year.
- 14) Students should be aware of confidentiality issues, responsibilities, policies, and procedures when working in an office. If a student will

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. If you are not sure how to complete the W-4 consult your tax advisor.

Form W-4 (2014)		The exceptions do not apply to supplemental wages greater than \$1,000,000.		Nonwage income. If you have a large amount of nonwage 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 annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.	
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.		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 itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.		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 all jobs using worksheets 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. 505 for details.	
Exemption 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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.		Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs 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.		Nonresident alien. If you are a nonresident alien, see Notice 1592, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.	
Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$50 of unearned income (for example, interest and dividends).		Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$150,000 (Single) or \$150,000 (Married).		Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4 .	
Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee: <ul style="list-style-type: none"> • is age 65 or older, • is blind, or • Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return. 		Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.			
Personal Allowances Worksheet (Keep for your records.)					
A	Enter "1" for yourself if no one else can claim you as a dependent				A
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 				B
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)				C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return				D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)				E
F	Enter "1" if you have at least \$2,000 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.)				F
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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 				G
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 are single and have more than one job or are married and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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. 					
Separate here and give Form W-4 to your employer. Keep the top part for your records.					
Form W-4 Department of the Treasury Internal Revenue Service		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.			OMB No. 1545-0074 2014
1	Your first name and middle initial JANE R.	Last name SMITH	2 Your social security number 123-45-6789		
Home address (number and street or rural route) 123 GREEN ST. City or town, state, and ZIP code NEWBURGH, NY 11111			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 1
6	Additional amount, if any, you want withheld from each paycheck				6 \$
7	I claim exemption from withholding for 2014, 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 (This form is not valid unless you sign it.) ▶ <i>Jane R. Smith</i>			Date ▶ <i>8/10/14</i>		
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)	
For Privacy Act and Paperwork Reduction Act Notice, see page 2.					
			Cat. No. 102200		Form W-4 (2014)

Appendix A

I-9 FORM (cont'd)

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

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
1. U.S. Passport or U.S. Passport Card		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security
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	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	
4. Employment Authorization Document that contains a photograph (Form I-766)	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	
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.	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	
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	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	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	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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

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.

Do not allow a student to work before the I-9 form is completed. Supervisors should have the student return the I-9 and tax withholding forms to the Payroll Office (HAB 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: EMPLOYER SHOULD NOT RETAIN COPIES OF THE I-9 OR TAX WITHHOLDING FORMS.

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.

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.

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. Departments/Agencies will post available work study positions using the on-line application process. To access the on-line go to the work study webpage (<http://www.newpaltz.edu/financialaid/workstudy.html>) and click on the link Students. The posting will provide a job description, contact information and other important information. Students will be contacted by the Department/Agency Supervisor to schedule an interview.

Academic Advising	Dean's Office-	New Paltz Youth Program
Academic Computing	Electrical/Computer Engineering	Payroll
Accounting Services	Dean's Office - LA & S	Philosophy
Administrative Services	Design & Printing Services	Physics
Admissions	Development	Political Science
Alumni Relations	Disability Resource Center	Property Control
AMP/C-STEP	Dorsky Art Museum	Psychological Counseling Center
Anthropology	Economics	Psychology
Art - Foundations	Educational Administration	Receiving
Art - Printmaking	Educational Studies	Records & Registration
Art - Sculpture	Electrical/Computer Engineering	Regional Education/CRREO
Art - Wood Design	Elementary Ed Advising	Fine and Performing Arts
Art Education	Elementary Education	Residence Life
Art Studio - Ceramics	English	Office of Special Events
Art Studio - Computer Lab	Equal Opportunity Program	Hull Hallock Free Library
Art Studio - Metals	Extended Learning	Scholar's Mentorship Program
Art Studio - Photography	Family of New Paltz	School of Business
Athletics & Recreation	Financial Aid	School of Education - Dean
Biology	Fine & Performing Art History	Secondary Education
Black Studies	Graduate School	Sociology
Business Office	History	Sponsored Programs
Campus Auxiliary Services	Honors Department	Student Accounts
Career Resource Center	Hudson Valley Blood Services	Student Activities & Union Services
Center for Student Development	Human Resources	Student Health Services
Chemistry	Instructional Media	Student Teaching Office
Child Find of America	Languages, Literatures, & Cultures	Theatre Arts - Technical
Children's Center of New Paltz	Library	UCCAC Inc Head Start
Commencement	Mail Services	Walkkill High School
Communication & Media	Mathematics	Women's Studies
Communication Disorders	Migrant Education	
Computer Science Dean's Office	Music	
Costume Shop	Music - College Youth Symphony	
Counseling Center	Music Therapy	
Curriculum Materials Center	New Paltz Central Schools	

Appendix A


I-9 FORM (cont'd)

Below is an example of a properly completed I-9 form, page 8. This form must be completed and returned to the Payroll Office before a student can be put on the payroll.

Section 2. Employer or Authorized Representative Review and Verification			
<i>(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</i>			
Employee Last Name, First Name and Middle Initial from Section 1: SMITH, JANE R.			
List A	OR	List B	AND
Identity and Employment Authorization		Identity	Employment Authorization
Document Title:		Document Title: EX: SUNY NP ID CARD	Document Title: EX: SOCIAL SECURITY CARD
Issuing Authority:		Issuing Authority: SUNY NP	Issuing Authority: SOCIAL SECURITY ADMINISTRATION
Document Number:		Document Number: N0000-1234	Document Number: 123-45-6789
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			
3-D Barcode Do Not Write in This Space			
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): <u>08/20/2014</u> (See instructions for exemptions.)			
Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
<i>John Jacob</i>	08/10/2014	SR. ADVISOR	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
JACOB	JOHN	SUNY NEW PALTZ	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code
1 HAWK DRIVE	NEW PALTZ	NY	12561
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)			
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):	
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	
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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:	
Form I-9 03/08/13 N			
Page 8 of 9			

I-9 FORM (3-page form)

Below is an example of a properly completed I-9 form, page 7. This form must be completed and returned to the Payroll Office before a student can be put on the payroll.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
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 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 (Family Name) SMITH		First Name (Given Name) JANE		Middle Initial R.	Other Names Used (if any)	
Address (Street Number and Name) 123 GREEN ST.		Apt. Number	City or Town NEWBURGH		State NY	Zip Code 11111
Date of Birth (mm/dd/yyyy) 5/18/1990	U.S. Social Security Number 123-45-6789	E-mail Address N00001234@hawkmail.newpaltz.edu			Telephone Number 845-256-5555	

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):

A citizen of the United States

A noncitizen national of the United States (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): _____

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Jane R. Smith</u>	Date (mm/dd/yyyy): <u>8/10/2014</u>
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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.

Signature of Preparer or Translator:	Date (mm/dd/yyyy):		
Last Name (Family Name) _____ First Name (Given Name) _____			
Address (Street Number and Name)	City or Town	State	Zip Code

STOP

Employer Completes Next Page

STOP

Form I-9 03/08/13 N Page 7 of 9

COLLEGE WORK-STUDY TIME SHEET

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

- 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, 1½, 1¾, or 1⅞.
- 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.
- 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.
- 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.
- Incomplete time sheets will be returned to the department and will delay payment to the student. **All fields must be completed.**

FULL NAME JANE R. SMITH
(PRINT CLEARLY)

LAST 4 DIGITS OF SOCIAL SECURITY #

1	2	3	4
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2 DIGIT WS ACCOUNT NUMBER 52

DEPARTMENT FINANCIAL AID

TYPE OF WORK OFFICE ASSISTANT

DAY	DATE	IN	LUNCH		OUT	HOURS WORKED
			OUT	IN		
THURS	9/11	12:00	—	—	4:00	4.0
FRI	9/12					
SAT	9/13					
SUN	9/14					
MON	9/15	10:00	—	—	12:00	2.0
TUES	9/16					
WED	9/17	12:00	—	—	4:00	4.0
WEEKLY TOTAL						10.0

"I certify that the above hours are correct."

Jane R. Smith

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 _____

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

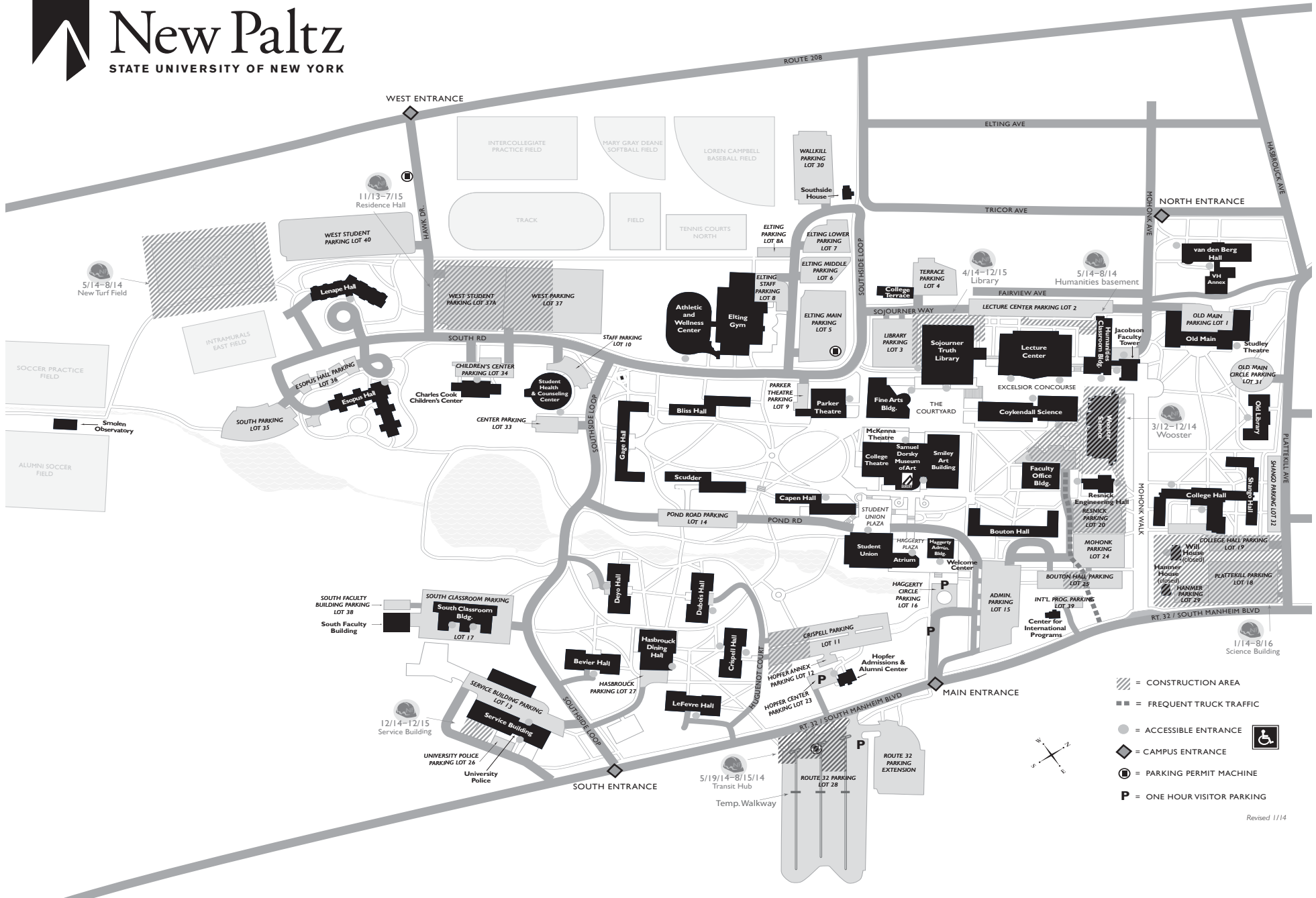
AMOUNT DUE 145.00

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



New Paltz

STATE UNIVERSITY OF NEW YORK



- = CONSTRUCTION AREA
- = FREQUENT TRUCK TRAFFIC
- = ACCESSIBLE ENTRANCE
- = CAMPUS ENTRANCE
- = PARKING PERMIT MACHINE
- = ONE HOUR VISITOR PARKING