

STUDENT SUPERVISOR BOOT CAMP

HEATHER DUNN
DUNNH@DICKINSON.EDU
OLD WEST-3RD FLOOR

STUDENT EMPLOYMENT WEBSITE

- Please bookmark the Student Employment website for future reference.
- http://www.dickinson.edu/info/20082/financial_operations/1530/student_employment
- From the Dickinson Home Page:
 - Click 'About'
 - Click 'Administrative Offices'
 - Click 'Financial Operations'
 - Click 'Student Employment'
- Primary means of communication.
- Most up to date information.
- Resource for both Students and Supervisors.

PAYROLL FORMS

- **New Hires** (students who have never worked anywhere on campus before).
 - Payroll Contract
 - W4
 - Form I-9
 - Direct Deposit
 - LST Form
 - COR Form
- **Re-Hires** (students who have worked on campus before in any department).
 - Payroll Contract
 - LST Form

GETTING STARTED

- All forms must be completed prior to starting employment.
- Students should use their home address on all forms.
- Students who need to obtain a Social Security Number, may begin work prior to having a Social Security number.
 - Students will not be paid for their hours worked until a Social Security Number is received.
 - Once a Social Security number is entered into Banner, the student will be paid for all hours previously worked.

PAYROLL CONTRACT

- The payroll contract acts as the agreement between the supervisor and the student for:
 - The position or job title that the student is being hired for within the department.
 - The wage per hour the student will receive for the position.
 - The job duration or dates of employment the position will fulfill.

For Student Payroll Office Use Only

☐ Direct Deposit Form
☐ I-9 Form

☐ W-4 Form
☐ COR Form

Dickinson College Payroll Contract

Date:

Student Name	Student ID #	Student Hub Box #
Department	Banner Student Wage Account #	Position Title
Student Is: (check one)	Wage Category (check one)	Dates of Employment
<div style="display: flex; justify-content: space-between;"> <div>First Year <input type="checkbox"/></div> <div>Cat A (\$5.75-6.75) <input type="checkbox"/></div> <div>Fall Semester <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Sophomore <input type="checkbox"/></div> <div>Cat B (\$6.00-7.00) <input type="checkbox"/></div> <div>Spring Semester <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Junior <input type="checkbox"/></div> <div>Cat C (\$6.25-7.25) <input type="checkbox"/></div> <div>Other (specify dates below)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Senior <input type="checkbox"/></div> <div>Cat D (\$6.50-7.50) <input type="checkbox"/></div> <div>From: </div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>Rate of Pay per Hour: </div> <div>To: (Dates)</div> </div>		

By signing below both the student and the supervisor acknowledge that they have read and understand the information contained within the Dickinson College Student Employment Handbooks. The Handbooks are an overview of policies and procedures, and the policies and procedures may be amended, modified or discontinued at any time by the Student Employment Office and/or Dickinson College.

The student further agrees that they are responsible for maintaining the security and confidentiality of any information that is received as a student employee, as required by federal law and college policy.

Primary Approver of hours worked:
(Print)

Primary Approver of hours worked: _____
(Signature)

Secondary Approver of hours worked:
(Print)

Student Employee Signature: _____
(Signature)

PLEASE NOTE: ALL INFORMATION ON THIS FORM IS REQUIRED. PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.

COPIES: **WHITE-STUDENT PAYROLL COPY** **CANARY-STUDENT COPY** **PINK-DEPARTMENT COPY**

- Banner FOAPAL
 - 60401 (IWS) vs 60402 (FWS)
 - 60403 (IWS CS) vs. 60404 (FWS CS)
- Specify Rate per hour.
- Select Dates of Employment. (if the student was hired to work all Academic Year, please select Fall and Spring)
- Designate a Primary and Secondary Approver for timecards.

W4 FORM

- The Internal Revenue Service requires a **W-4 form**.
- The manner in which this form is completed determines the amount of federal tax withheld.
- Most students claim '0' or '1' exemptions.

Form W-4 (2011)

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.

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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.

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 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.

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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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. 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 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, 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 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent A _____</p> <p>B Enter "1" if: {</p> <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. <p>_____ B _____</p> <p>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 _____</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . E _____</p> <p>F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . F _____</p> <p>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 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 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children G _____ <p>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 _____</p> <p>For accuracy, complete all worksheets that apply. {</p> <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 (\$10,000 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. 	<p>_____ A _____</p> <p>_____ B _____</p> <p>_____ C _____</p> <p>_____ D _____</p> <p>_____ E _____</p> <p>_____ F _____</p> <p>_____ G _____</p> <p>_____ H _____</p>
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Cut here and give Form W-4 to your employer. Keep the top part for your records.

<p>Form W-4</p> <p>Department of the Treasury Internal Revenue Service</p>	<p>Employee's Withholding Allowance Certificate</p> <p>► 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.</p>	<p>OMB No. 1545-0074</p> <p style="font-size: 2em; font-weight: bold;">2011</p>
<p>1 Type or print your first name and middle initial. Last name</p>		<p>2 Your social security number</p>
<p>Home address (number and street or rural route)</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.</p> <p>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p> <p>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"/></p>
<p>City or town, state, and ZIP code</p>		
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>		<p>5 _____</p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		<p>6 \$ _____</p>
<p>7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.</p> <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. <p>If you meet both conditions, write "Exempt" here ► 7 _____</p>		
<p>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.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ►</p>		<p>Date ►</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional) 10 Employer identification number (EIN)</p>

W4 FORM FOR NON-RESIDENT ALIENS

- Check only **"Single"** marital status on line 3 (regardless of actual marital status).
- Claim only **one** withholding allowance on line 5, unless a resident of Canada, Mexico, or South Korea, or a US National.
 - Individuals from one of the excepted countries may claim additional exemptions if they meet certain criteria per their tax treaty.
- Write **"Nonresident Alien" or "NRA"** above the dotted line on line 6.
- **Do not claim "Exempt"** withholding status on line 7.

Cut 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 is required to send a copy of this form to the IRS.		OMB No. 1545-0074 2011
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but hold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		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 2011, and I certify that I meet both of the following conditions for exemption.		8 NRA		
• Last year I had a right to a refund of all federal income tax withheld because I had no liability and • This year I expect a refund of all federal income tax withheld because I expect to have no 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.) ▶		Date ▶		
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)

FORM I-9

- This form is required to verify an individual's identity and employment eligibility.
- A new employee must complete Section 1 of a Form I-9 no later than the close of business on his/her first day of work.
- Supporting documentation is not required to verify the information that is contained within Section 1.

FORM I-9-SECTION 1

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) Doe		First Name (Given Name) John		Middle Initial A	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 Main Street		Apt. Number 1	City or Town Washington		State DC	Zip Code 20000
Date of Birth (mm/dd/yyyy) 01/01/1960	U.S. Social Security Number 000-00-0000		E-mail Address johndoe@email.com			Telephone Number (202) 123-4567

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) 02/28/2015. 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: 1 2 3 4 5 6 7 8 9

OR

2. Form I-94 Admission Number: _____

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:

John A. Doe

Date (mm/dd/yyyy):

**Date Employee
Completes Section 1**

- To be completed by the Employee.

FORM I-9-SECTION 1

Employees must provide their:

- Full legal name
 - Include his or her middle initial, if the employee has a middle name.
- Current address, including street name and number (**no P.O. Box**), city, state and ZIP code
- Date of birth
- Check mark next to the appropriate box to indicate whether they are a U.S. citizen or national, lawful permanent resident of the United States, or an alien authorized to work in the United States.
 - Alien Registration/USCIS or Form I-94 Admission number and the date employment authorization expires (if applicable) as listed on a DS-2019 or Form I-20
- Signature and date

FORM I-9-SECTION 2

- The entire Form I-9 must be completed no later than the close of business on the employee's ***third day*** of employment.
- **The employer completes section 2 of the Form I-9**
 - The employer must review documentation presented by the employee and record the applicable document information on the form.

FORM I-9-SECTION 2

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR 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.)

Employee Last Name, First Name and Middle Initial from Section 1: Doe, John A

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: EAD		Document Title:		Document Title:
Issuing Authority: DHS/USCIS		Issuing Authority:		Issuing Authority:
Document Number: XXX1234567891		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 02/28/2015		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): See Above (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Alice Smith</i>	Date (mm/dd/yyyy) Date Employer Completes Section 2	Title of Employer or Authorized Representative HR Manager	
Last Name (Family Name) Smith	First Name (Given Name) Alice	Employer's Business or Organization Name Widgets, Inc.	
Employer's Business or Organization Address (Street Number and Name) 567 Maple Street	City or Town Washington	State DC	Zip Code 20000

FORM I-9-SECTION 2

- The list of acceptable documents is contained on page 9 of the Form I-9.
 - List A Documents establish both identity and work-eligibility.
 - List B Documents establish identity only.
 - List C Documents establish work-eligibility only.
- Only original , **non-expired** documents are satisfactory.

FORM I-9-SECTION 2

- The employee may present any document contained in List A.
(establishes both identity and work eligibility)
- If the employee does not have a document contained in List A, the employee may present
 - (1) document from List B.
(establishes identity)

AND

- (1) document from List C.
(establishes work eligibility)

DIRECT DEPOSIT FORM

- The college pays by direct deposit.
- It is important for this form to be completed and signed in order to be paid in a timely fashion.
- Prior to submitting this form, please verify the following information from a voided check:
 - The ABA Routing Number
 - The checking account number
- A sample check appears on the next slide and can be used to assist you in completing the form.
- A voided check should accompany this form.

DIRECT DEPOSIT FORM

Jane Doe
1800 Columbia Road
Washington DC 20009

Date _____

0636

Check Number

Pay to _____ \$

_____ Dollars

Memo _____

⑆021001088⑆

⑆ ABA Routing Number ⑆

0011222⑆

Checking Account Number ⑆

0636

Check Number

MICR Line

DIRECT DEPOSIT FORM

DICKINSON COLLEGE PAYROLL DIRECT DEPOSIT INPUT FORM

EMPLOYEE INFORMATION

Name: _____ Last 4 digits of SSN: _____

Address: _____

Payroll Cycle (check one) ☐ Semi-monthly ☐ Bi-weekly ☐ Dickinson Student

ACTION TO BE TAKEN (check all that applies)

☐ Start Direct Deposit ☐ Change of Financial Inst. ☐ Change of Account Number

ACCOUNT INFORMATION

Please Note: Do not use the routing number from a deposit slip
Do not use the number from a MAC/Debit card for the account number

Account #1

Bank Name _____ Account Number _____
() Savings () Checking

Address _____

Routing Number _____

Phone Number _____ Dollar Amount to be deposited \$ _____ or NET

Account #2 (remainder to be deposited to this account)

Bank Name _____ Account Number _____
() Savings () Checking

Address _____

Routing Number _____

Phone Number _____

IF AVAILABLE, PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION

Forms submitted without a voided check or bank verification generally become effective after one complete payroll cycle.

AUTHORIZATION

Unless otherwise indicated above, I hereby authorize the net amount of my periodic pay for crediting to _____ and authorize the financial institution to credit the same to _____.

This authorization will remain in effect until I initiate this authorization to terminate this authorization.

I agree to notify the College if I wish to change my direct deposit information and to deposit 30 days prior to the effective date of such change.

Employee Signature _____

BANK VERIFICATION (use if voided check is not available)

(Signature of Financial Institution Personnel) _____

Jane Doe
1800 Columbia Road
Washington DC 20009

Date _____

0636

Check Number

Pay to _____ \$ _____

Dollars

Memo _____

021010888

ABA Routing Number

0011222

Checking Account Number

0636

Check Number

MICR Line

LST EXEMPTION FORM

- This form is to claim exemption from paying the \$52 annual Local Services Tax.
- Any person making less than \$12,000 is exempt from paying the \$52 tax.
- This form must be completed each **calendar year**.

2011 APPLICATION FOR EXEMPTION FROM THE LOCAL SERVICES TAX (LST)

For use with Taxing Jurisdictions whose LST is collected by the Capital Tax Collection Bureau (CTCB) (12/26/10 version)

I am requesting an exemption from the following LST: Municipality Carlisle Borough
County Cumberland

- If you're requesting an exemption from the LST for an **occupation thru an employer**, YOU must file this completed application and any required attachments **with YOUR EMPLOYER**.
- If you're requesting an exemption from the LST for an **occupation thru self-employment**, or thru an employer that is not required to withhold the LST, YOU must file this completed application and any required attachments **with the TAX BUREAU (CTCB)**.
- This application for exemption from the LST must be signed and dated BY THE TAXPAYER at the bottom of this page.

Social Security No.	Phone No.	IF EMPLOYED THRU AN EMPLOYER:
Employee Name:		Employer No. 23-1365954
Street Address:		Employer Name: Dickinson College
City/State/Zip:		Store No./Location: Carlisle, PA, 17013

REASON FOR EXEMPTION

Important Note: Exemption numbers 1-4 below result in total exemption. Exemption number 5 often only results in a partial exemption. Refer to SCHEDULE I on the back of this form to determine the amount of any possible exemption for number 5 (Low-Income Exemption).

1. <input type="checkbox"/>	MULTIPLE CONCURRENT OCCUPATIONS (for credit for LST paid on prior occupations in this tax year use Form LST-Credit): If your principal occupation is thru an employer that is withholding the LST, attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld & List all your occupations on the reverse side of this form in SCHEDULE III. If your principal occupation is thru self-employment or an employer that is not required to withhold the LST, attach a copy of your tax receipt verifying payment of the current year LST to the taxing jurisdiction(s) of the location of your self-employment & list all your occupations on the reverse side of this form in SECTION III. If your principal occupation changes during the tax year, you are required to notify any non-principal employers of such within two weeks of the change.
2. <input type="checkbox"/>	ACTIVE DUTY MILITARY EXEMPTION: Attach a copy of your orders directing you to active duty status.
3. <input type="checkbox"/>	CLERGY EXEMPTION: My occupation is that of a clergy. Enter the name, address, phone number & contact person & title for the church, temple, etc., for which you are employed: _____
4. <input type="checkbox"/>	MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.
5. <input checked="" type="checkbox"/>	LOW-INCOME EXEMPTION (Refer to SCHEDULE I on the back of this form to determine appropriate entries for the blanks below): I affirm that I reasonably expect my total earned income and net profits from all sources within the municipality of <u>Carlisle Borough</u> to be less than \$12,000 (Column C). I therefore qualify for an exemption of \$52 (Column D) reducing my employer's withholding responsibility to \$0 (Column E). I will notify this employer immediately should my 2011 earned income and net profits earned in this municipality equal or exceed \$12,000 during this tax year. You must attach any immediate prior year copies of your last pay statements or your W-2s, and any PA Schedule C, F, or RK-1 if self-employed, for occupations in the taxing jurisdiction(s) for which you're requesting this exemption.

EMPLOYER: If the exemption requested is for reason Number 5 above and there is a \$5.00 school district LST, the \$5.00 must be remitted along with this exemption form. The employer must forward a copy of the Exemption form (no attachments & only the front of the form unless for Exemption # 1 in which case a copy of the back must be also be forwarded) to CTCB and retain the originals of all exemption forms & attachments for 3 years from the remittance due date for the 4th calendar quarter for the tax year in question (January 30th following the tax year). Once an employer receives this completed and signed Exemption Certificate along with its required attachments it must not withhold the LST. However, you must begin or reinstate withholding if notified by either the employee or CTCB that the exemption is invalid, or in the case of a low income exemption, upon payment to the employee of earned income within the taxing jurisdiction in an amount equal to or in excess of \$12,000 in the tax year. Note that where an exemption is found to be invalid, an employer is required to do "catch-up" withholding on the employee, which consists of withholding the regular payroll period pro-rated amount, plus an amount equal to all the withholding missed due to the invalid exemption.

I DECLARE UNDER PENALTY OF LAW THAT ALL THE INFORMATION STATED ON AND SUBMITTED WITH THIS FORM IS TRUE, CORRECT AND COMPLETE

Taxpayer Signature: _____ Date: _____

CERTIFICATE OF RESIDENCE FORM

- This form is required by the Borough of Carlisle.
- Pennsylvania residents must complete this form in its entirety using their permanent address and not a temporary residence (e.g. college address).
- Grey shaded boxes/areas do not get completed.



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER		
STREET ADDRESS (No PO Box, RD# or RR#)					
SECOND LINE OF ADDRESS					
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER		
MUNICIPALITY (City, Borough or Township)		SCHOOL DISTRICT			
COUNTY		RESIDENT PSD CODE <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name) Dickinson College			EMPLOYER EIN 23-1365954		
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD, or RR#) 28 N College St					
SECOND LINE OF ADDRESS					
CITY Carlisle	STATE PA	ZIP CODE 17013	PHONE NUMBER		
MUNICIPALITY (City, Borough, or Township) Carlisle Boro					
COUNTY Cumberland		WORK LOCATION PSD CODE 210301		WORK LOCATION NON-RESIDENT EIT RATE 1.0	

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the following website:

www.dickinson.edu/uploadedFiles/about/offices/human-resource-services/content/2011_Residency_PSD_Codes.pdf

FWS VS. INSTITUTIONAL

- Institutionally funded on-campus employment:
 - Provides part-time job opportunities for currently enrolled students, regardless of financial need.
 - Dickinson College pays 100% of the student wage.
- Federally funded (Federal Work Study) on-campus and off-campus employment:
 - Federal Work Study provides job opportunities for students demonstrating financial need to help pay for educational expenses.
 - Federal work study eligibility is reviewed each year and is determined by the FAFSA (Free Application for Federal Student Aid).
 - If a student is eligible for federal work study, the work study award will be included in the financial aid package.

BUDGETING

FWS VS. INSTITUTIONAL

- Approximately 20% of each department's total Student Wage budget is allocated to FWS and 80% to Institutional.

Sample Budget

- **Equestrian Studies:**
 - IWS: \$8,000
 - FWS: \$2,000
 - Total: \$10,000
- Preference should be given to FWS students if possible. However, you should hire the best candidate for the job.
- Departments should try to expend 100%+ on FWS funds.
- If Equestrian Studies spends \$8,000 in FWS and \$1,000 in IWS, that is fine as long as they stay within the total budget allocation of \$10,000.

STUDENT EMPLOYMENT POLICIES

National Student Employment Week

- 2014 Student Employee and Supervisor of the Year Nominees
- National Student Employment Week Events

Payroll and Tax Forms

- Payroll Contract
- W-4 Form
- Form I-9
- Certificate of Residence
- Local Services Tax Exemption Form
- Direct Deposit Form

Policies and Procedures

- [Student Handbook](#)
- [Supervisor Handbook](#)

Information and Links

- [Wage Scale](#)
- [Payroll Schedule](#)
- [List of FWS Eligible Students](#) (password protected)
- [On-campus Jobs for First-year Students](#)
- Information for International Students
- Zero-Based Budget Examples

Q&A / DISCUSSION