



MOUNT MARTY
COLLEGE

Federal Work Study / Campus Employment

Student Handbook

2015 - 2016

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INTRODUCTION

This handbook has been prepared for the benefit of Mount Marty College students, faculty and staff who work with the Work-Study/Campus Employment Program. The purpose of this handbook is to set forth guidelines to clarify the working relationship between the student and the supervisor in order to promote better communication. This handbook will also explain the rights and responsibilities of students and their employers.

Students may participate in the Work-Study/Campus Employment Program if the student has been awarded Federal Work-Study or Campus Employment by the Financial Assistance Office AND if they are maintaining satisfactory academic progress as a full-time student. Full-time status is 12 credit hours per semester.

Students must apply for financial assistance to qualify for federal work study or campus employment. Students cannot be placed in a position unless they have completed this process, regardless if they have had a position in previous years. Work study/campus employment is awarded on a first-come, first-served basis. The first priority date to apply is March 1st.

If you have questions or suggestions concerning student employment, please direct them to:

Financial Assistance Office
Roncalli 100
(605) 668-1589

Ken Kocer, Financial Assistance Director
Bob Prouty, Financial Assistance Counselor
Cyndi Beers, Administrative Assistant

STUDENT EMPLOYMENT PHILOSOPHY

Work-Study is a student assistance program that provides part-time jobs for students with financial need. The purpose of the program is to provide students with employment which will assist them in meeting their academic expenses as well as learning knowledge of work ethics and responsibility.

JOB PLACEMENT

Students are placed in positions based on information provided on their Student Employment Application. Notifications of job assignments are sent to students prior to the beginning of the fall semester. Students who will start during the spring semester will be sent notification of their position prior to the spring semester.

EMPLOYMENT OPPORTUNITIES

There are many departments and offices where students may be assigned a position at Mount Marty College. The Financial Assistance Office staff will try to assign you a position in your area of interest when possible. The following is a listing of departments where students may be placed:

Admissions Office	English Department
Admission Telecounseling	Facility Services Department
America Counts Program**	Financial Assistance Office
America Reads Program**	Hall Assistants
Art Department	Institutional Advancement Office
Athletic Department	Institutional Research
Benedictine Institute	IT Support Services
Biology Department	Math Department
Bookstore	MMC Library **
Business Department	Music Department
Business Office	Nursing Lab
Campus Dining	Nursing – LPN
Campus Ministry	Nursing - MSN
Campus Programming	Psychology
Career Planning & Placement Office	Recreation Management Department
Center for Academic Excellence	Registrar's Office
Chemistry Department	Religious Studies
Child Care Center	Student Affairs
College Relations Office	Theatre Department
Education Department	Watertown Location

** Indicates positions which include community service related duties.

GETTING STARTED

1. Accept your work study award through web advisor or alternatively by signing your award letter and returning your letter to the Financial Assistance Office.
2. Complete the work study application electronically through the MMC website or by submitting a hard copy to the Financial Assistance Office.
3. The Financial Assistance staff will assign a position and notify the student of his/her placement before he/she arrives on campus.
4. Once students arrive on campus: The returning student should report to the Financial Assistance Office to complete his/her paperwork (MMC Confidentiality Agreement). An incoming student must complete his/her paperwork during New Student Orientation prior to the start of classes. Paperwork includes an I-9 (first-time employees), W-4 (first-time employees), and an MMC Confidentiality Agreement. In order to complete the I-9 a student must bring an item from List A or an item from

both List B and List C (see copy of lists A, B, and C in the Forms section of this manual).

5. Once all paperwork is completed, the student will be given a Campus Work Authorization Form. This form must be signed and dated by both the student and the supervisor. The completed form must be returned to the Financial Assistance Office in order for a time sheet to be issued to the supervisor. The student is NOT to work without their supervisor's signature on his/her Campus Work Authorization form.
6. Set up a work schedule for the semester with your supervisor. Be sure to take along your class schedule.

Once a student has accepted a job, he/she will be expected to stay until he/she has earned the amount of his/her authorization. No change in employment may be made without the approval of the Financial Assistance Office.

STUDENT RESPONSIBILITIES

- If this is your first job on campus, complete the federal I-9 and W-4 Forms. Each student must complete annually the MMC Confidentiality Agreement and MMC Campus Work Authorization Form. All of these forms must be completed and on file in the Financial Assistance Office in order for a time sheet to be issued to the supervisor. The student is NOT to work without his/her supervisor's signature on his/her Campus Work Authorization form.
- Complete a work schedule with your supervisor at the beginning of each semester.
- Report for work as scheduled and on time.
- Personally contact your supervisor if you will be absent due to illness as early in the work-day as possible according to your supervisor's instructions.
- Contact your supervisor as early in advance as possible if you need to rearrange your work schedule.
- If you call in, ALWAYS speak to your supervisor; do not let friends or family call in for you unless an emergency occurs.
- Act in a professional manner concerning confidentiality of student and college records that you may have access to as part of your job assignment(s).
- Follow procedures and meet expectations set by your supervisor.
- Discuss any work-related problems you experience (schedules, job expectations, not enough hours, etc.) with your supervisor. If you experience a hostile work environment, harassment, or discrimination please contact the Financial Assistance Office, the Title IX Coordinator or a Deputy Title IX Coordinator directly.

- Keep record of your total earnings, and make sure that you do not exceed your total awarded amount per semester. Your supervisor will receive monthly reports. Upon earning the full amount of your award, employment must be terminated.
- Do not work during your scheduled class times.
- If a student decides to quit a job, he/she is required to give at least a two-week advance written notice to the supervisor and to the Financial Assistance Office. The Financial Assistance Office is under no obligation to locate another position for a student if he/she quits his/her job.

SUPERVISOR RESPONSIBILITIES

- Before allowing a student to work, make sure the student is authorized to work by the Financial Assistance Office. Each student must present you with an MMC Work Authorization Form. The supervisor must sign and date this form before allowing a student to work.
- Set up a work schedule that does not interfere with the student's class schedule. Do not allow a student to work during his/her scheduled class time.
- Fully explain all duties associated with the position, as well as being responsible for training the student so that he/she is able to complete all assigned tasks.
- Complete a job description for each work study title in your department (e.g. dish room, line server, cook assistant). This is to be completed each academic year.
- If a student fails to complete assigned duties in a satisfactory manner; fails to show up at the assigned time; or fails to conduct him/herself in a responsible manner; it is the supervisor's responsibility to counsel the student and complete a Job Performance Warning Form. Refer to discipline procedures.
- Monitor number of hours each student works to insure the student does not earn more than he/she was allocated and to insure that he/she is given the opportunity to earn his/her allocation. Within one week of the student being paid an Hours Remaining report will be emailed to the supervisor. If a student is allowed to work beyond the semester award, the hours to be paid will be given to the HR Specialist and processed with the next scheduled college bi-weekly payroll. The department will be charged 100% of the wages.
- Inform the student of all special safety considerations pertaining to his/her job and work environment.
- Assist the student in properly completing time sheets. Refer to time sheet procedures in this manual.

DETERMINING NUMBER OF HOURS TO WORK EACH WEEK TO EARN FULL ELIGIBILITY

To determine the amount of hours per week a student could work to earn their full eligibility, please use the following calculation as a guide:

$$\begin{aligned} \text{Yearly award} \div 32 \text{ weeks (16 wks/semester)} &= \text{total hours to work} \\ \text{Total hours to work} \div \$8.50/\text{hr} &= \text{hours to schedule per week} \end{aligned}$$

EXAMPLE:

$$\begin{aligned} \$1800 \div 32 \text{ wks} &= 56 \text{ hrs} \\ 56 \text{ hrs} \div \$8.50/\text{hr} &= \mathbf{6.6 \text{ HRS/WK}} \end{aligned}$$

From August through December, a student may earn up to 50% of their authorized award amount, and from January through May (last day of class), they may earn up to 50% of their award. Once these amounts have been earned, the job will be terminated. Departments will be responsible to pay all wages a student works over their allocation. If this occurs, the hours to be paid will be given to the HR Specialist and processed with the next scheduled college bi-weekly payroll. The department will be charged 100% of the wages.

Any amount not earned at the end of each semester will be forfeited. Students cannot carry forward hours they have not worked from one semester to another or pass along hours they have not worked to other work study students. However, supervisors may "lend" their student(s) to another supervisor should the need arise.

TIME SHEETS

A time sheet is a legal document recording hours worked by a student. Any person who knowingly makes a false statement or a misrepresentation on the time sheet shall be subject to a fine of not more than \$20,000 or imprisonment, or both, under provision of the United States Criminal Code.

- At the beginning of the academic year, the student must have all paperwork completed in the Financial Assistance Office before a time sheet can be issued. Remember...a student is not to work without his/her supervisor's signature on his/her Campus Work Authorization form.
- Time sheets will be issued to the supervisor(s) on a monthly basis prior to the beginning of the month. Time sheets will be distributed to the Bede mailboxes. If a time sheet is not received for a student, notify the Financial Assistance Office.
- Time sheets must be completed in **INK** on a **DAILY** basis. **NO PENCIL**. Once a student or supervisor has signed the time sheet, no changes can be made to the hours worked (with the exception of a mathematical correction) unless agreed to by both student and supervisor. All changes should be made by crossing out the incorrect data and both student and supervisor initialing the mark. If data is added,

again both student and supervisor must initial the change. White-out WILL NOT be accepted.

- At the end of the month, review the time sheet and approve by way of signature. Both the student and supervisor signatures are required. Time sheets must be signed by the student in order for a paycheck to be processed.
- Indicate the total weekly hours in the right hand column. Indicate the total monthly hours in the box labeled "Supervisor's Total" (lower right-hand corner).
- Turn in all time sheets, even if a student did not work any hours. If a student did not work, simply indicate this on the time sheet and send it to the Financial Assistance Office.
- Time sheets are due in the Financial Assistance Office (not in the Bede mailboxes) by 5:00 pm on the last day of the month. If the last day falls on a weekend, the time sheets are due on the Friday before the weekend. If this should change because of a holiday, there will be a notice sent by way of email to the supervisor indicating when time sheets are due.
- Late time sheets will be held for payment until the following month.

PLEASE NOTE: THE LAST DAY FOR SUBMITTING TIME SHEETS FOR THE ACADEMIC YEAR IS THE LAST DAY OF CLASSES. DEPARTMENTS WILL PAY FULL WAGE FOR TIME SHEETS RECEIVED AFTER THAT DATE.

PAYCHECKS

Paychecks are distributed to the students campus mailbox on the fifth working day after time sheets are due (e.g. time sheets due on Friday, payday will be the following Friday). Time sheets must be signed by the student in order for a paycheck to be processed.

Students have the option of using direct deposit as a pay method as well. Rather than receiving a check in the Business office, your paycheck would be directly deposited into a savings or checking account that you indicate on the form. The stub is viewable through Web Advisor under pay advice. The student may print out a direct deposit form (available in this handbook) and submit it along with a voided check or printed savings account form from the bank or he/she may stop by the Business office to fill one out. The direct deposit pay method is totally optional.

If a student's work-study check is lost or stolen, it should be reported to the Business Office immediately. There is a \$30.00 charge for stopping payment on the check and issuing a new check.

Work-study/student employment earnings are taxable. Students are issued a W-2 Wage and Income Statement by the Business Office by January 31st. Whether or not taxes must be paid depends on the student's total income for the year.

WAITING LIST

If a student is not originally awarded work-study or campus employment, he/she can be asked to be placed on a waiting list. Once the academic year has begun and if there are openings, the Financial Assistance Office will contact students on the waiting list in the order placed on the list. If a student has been assigned a position on campus and decides to resign that position, he/she can ask to be placed on a waiting list. Students who have not been placed in a position have priority in placement over students who have declined their first position. The Financial Assistance Office has the right to make exceptions due to specific job requirements in certain positions (e.g. Chemistry Lab Assistant, Biology Lab Assistant).

WORKING DURING PERIODS OF NON-ENROLLMENT

Students are allowed to work during periods when classes are not in session. Periods of non-enrollment include Thanksgiving break, Christmas break, Easter break and Spring break. If a student works during a break that occurs within a semester (e.g. Spring break), their earnings will be counted towards that semester's earnings. Students are not allowed to work more than 40 hours/week.

Christmas Break - Students are allowed to work during Christmas break beginning January 1st. No student will be allowed to work from the end of the fall term through December 31st. All money earned during this break will be counted toward spring semester earnings. A student working during the Christmas break is required to be registered for the spring semester.

Summer Employment – Summer employment requires a Summer Financial Assistance application be completed by the student. This form is available in the Financial Assistance Office in March. Positions vary from one year to the next and are based on availability of funds. A student applying for summer positions must qualify for Federal Work Study before he/she is considered for a position. A student working during the summer must be registered for the fall semester.

REHIRING STUDENTS

Once a student has been hired in a department, he/she will remain in that department as long as the student is eligible for student employment and applies for financial assistance by the priority deadline of March 1st. A student will not be placed in the same department if he/she is not eligible for student employment or if he/she has been terminated by his/her supervisor through one of the following procedures: a) Student Employment Discipline Procedure, b) a memo sent to the student by the supervisor indicating termination with a copy sent to the Financial Assistance Office, c) a conversation with the student with documentation sent to the Financial Assistance Office. A student will also not be placed in the same department if the student requests another area at the end of the year. Extenuating circumstances will be reviewed on a case by case basis.

POSITION RESIGNATION

Once a student has been placed in a position, he/she is expected to stay in that position the entire academic year. If a student decides he/she does not want to work in their position, he/she is asked to give a two-week advance written notice to his/her supervisor and to the Financial Assistance Office. The student can be put on a waiting list for another position, but students who have not been placed in a position will be placed before a student who has resigned his/her first position. If a student resigns his/her position, the Financial Assistance Office is under no obligation to locate another position. The Financial Assistance Office has the right to make exceptions due to specific job requirements in certain positions (e.g. Chemistry Lab Assistant, Biology Lab Assistant).

STUDENT EMPLOYEE DISCIPLINE PROCEDURE

In order for student employment to be a legitimate resource on campus, certain procedures must be put in place to ensure accountability. One such procedure is the disciplining of student employees that are not productive and cooperative. Student workers must realize that with any job there are certain expectations. If expectations are not achieved, workers run the risk of not only losing their job, but jeopardizing their opportunities for future employment.

A discipline procedure should be used as a tool for communication. It is important to emphasize to students and supervisors the importance of discussing problems informally before beginning a formal process. If serious misdemeanors occur, a student may be discharged without advance warning.

1st WARNING

Supervisor completes a Job Performance Warning form indicating the date of the incident and an explanation of what occurred. Both the student and supervisor are required to sign the form. This ensures that the student is aware of the consequences of the warning and that further negligence will result in termination. If the student is unavailable to sign the form (e.g. warning being given for not showing up to work), this must be indicated on the student signature line by simply writing N/A. The Warning form has three copies (white - student, yellow - Financial Assistance Office, pink -supervisor). It is the supervisor's responsibility to distribute the copies to the appropriate parties.

2nd WARNING

If after the first warning, the student's behavior does not meet expectations, a second Job Performance Warning form must be completed. Again, indicate the date of the incident and an explanation of what occurred. Both student and supervisor signatures are required. Supervisor must distribute copies to the appropriate parties.

3rd WARNING (TERMINATION)

If after the second warning, the student's behavior does not meet expectations, a third and final warning is issued indicating the date of the incident and an explanation of what occurred. The third warning results in termination of the student employee. Both student and supervisor signatures are required. The supervisor must distribute copies to the appropriate parties. Upon receipt of the third notice, the Financial Assistance Office will send a notice to the student of his/her termination. Once a student is terminated, the Financial Assistance Office will be under no obligation to place the student in another position.

If at any time during the discipline process, agreement regarding actions cannot be reached, the Financial Assistance Director or Financial Assistance Counselor will facilitate a meeting between the supervisor and student in an effort to bring resolution.

A student employee may be discharged at any time, without regard to the preceding steps, if he or she commits an offense for which immediate discharge is specified as a penalty or if, in the supervisor's judgment, the employee's continued presence or continued absenteeism would be contrary to the well-being of the department or the college.

FORMS

There are many forms mentioned throughout this manual that must be completed or used in the work-study/campus employment program. Form 1 and 2 must be completed by each student when beginning his/her **first** position at Mount Marty College. Forms 3-4 must be completed by each student before beginning work each year. Forms 5-6 will be used while the student is working. Form 7 is an optional direct deposit enrollment form that may be printed out, completed and returned to the Business office.

1. Employment Eligibility Verification, I-9 Form
2. Employee Withholding Allowance Certificate, W-4
3. Work-Study/Campus Employment Confidentiality Agreement
4. Campus Work Authorization Form
5. Time Sheet
6. Job Performance Warning Form
7. Direct Deposit Enrollment Form



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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

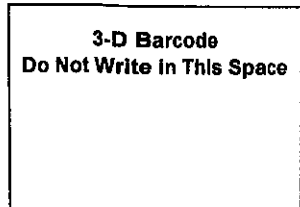
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: _____



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:	Date (mm/dd/yyyy):
------------------------	--------------------

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
1105 W 8th Street		Yankton	SD	57078



Employer Completes Next Page



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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
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 instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			Mount Marty College	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
1105 W 8th Street		Yankton	SD	57078

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:

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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.

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 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.

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.

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.

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.

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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (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/w4.

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: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <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. </div>	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	F	
(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 \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 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	H	
<div style="display: flex; align-items: flex-start;"> <div style="width: 15%; padding-right: 10px;"> <p>For accuracy, complete all worksheets that apply.</p> </div> <div style="width: 85%;"> <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 you 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. </div> </div>			

----- 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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>	OMB No. 1545-0074 <h1 style="margin: 0;">2015</h1>
1 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 withhold 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	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2015, 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.) ▶		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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: { \$12,600 if married filing jointly or qualifying widow(er)
\$9,250 if head of household
\$6,300 if single or married filing separately } 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**WORK-STUDY/CAMPUS EMPLOYMENT
CONFIDENTIALITY AGREEMENT**

Important: Please read all sections below. If you have any questions regarding this agreement, please ask them of your work-study/campus employment supervisor or the Financial Assistance Office.

I recognize and acknowledge that confidentiality is the right of all students, faculty, and staff of Mount Marty College.

I recognize that by reason of my duties as a work-study student, I may come into contact with such confidential information as: academic, financial, or personal matters relating to the students, faculty, or staff of Mount Marty College. I hereby agree that except as directed by the college, I will not, at any time during or after my work-study or campus employment experience, disclose any information which is of a confidential nature to any person whosoever.

I agree I will not ask questions or seek information regarding confidential matters which are not relevant to my assigned duties at Mount Marty College.

I recognize that failure to comply with this agreement may result in the termination of my work-study position, or lead to a civil lawsuit.

By my signature below, I certify that: I have read the foregoing confidentiality agreement; I have had an opportunity to ask any questions I might have; I understand the agreement; and I agree to be bound by the terms.

Student _____ **Date** _____

Witness _____ **Date** _____



MOUNT MARTY COLLEGE

CAMPUS WORK AUTHORIZATION FORM

This student has been awarded work-study/campus employment for the period indicated. Students may not earn more than 50% of their authorized award during the first semester and 50% during the second semester. Any amount not earned at the end of each semester will be forfeited. **Students will not be paid if they earn more than their scheduled amount.** No time sheet will be issued or wages paid until this form is returned to the Financial Assistance Office, Roncalli 100.

NAME:

ID#:

DEPARTMENT:

SUPERVISOR:

HOURLY RATE:

AWARD:

PERIOD:

FCWS OR ICMPE:

COMMENTS: _____

STUDENT CERTIFICATION: I understand that the authorized award is the maximum amount that I may earn for the period indicated and that this offer is conditional upon my satisfactory performance of the job.

Student Signature

Date

EMPLOYER CERTIFICATION: This is to certify that the above named student has been employed by our department and that work performed will be in compliance with Federal Work-Study regulations.

Supervisor Signature

Date

Return completed form to the Financial Assistance Office, Roncalli 100



MOUNT MARTY
COLLEGE

2015-2016
WORK STUDY/CAMPUS EMPLOYMENT TIME SHEET

Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to a fine of not more than \$20,000 or to imprisonment for not more than five years, or both, under provision of the United States Criminal Code.

***** TIME SHEET MUST BE COMPLETED AND SIGNED IN INK TO BE PROCESSED. *****

October 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL WEEKLY HRS
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30 Timesheets due - 5:00	31	

I CERTIFY THAT I HAVE WORKED ALL THE HOURS INDICATED AND THAT THIS TIME SHEET IS CORRECT.

Student's Signature (Must be signed in ink)

I certify that the above named student performed the work reported in a satisfactory manner and that not more than 40 hours were worked during one week.

Supervisor's Signature (Must be signed in ink)

FINANCIAL ASSISTANCE USE ONLY

SUPERVISOR'S TOTAL

Director, Financial Assistance

HRS

HRS

RETURN THIS TIME SHEET TO THE FINANCIAL AID OFFICE (RONCALLI 100) BY 5:00 PM ON THE LAST WORKING DAY OF THE MONTH – EVEN IF THERE ARE NO HOURS WORKED!



MOUNT MARTY
COLLEGE

FEDERAL WORK-STUDY/CAMPUS EMPLOYMENT

Job Performance Warning

Student's Name

Student's Signature

Department

Supervisor's Signature

MO/DAY/YR 1st Notice

MO/DAY/YR 2nd Notice

MO/DAY/YR 3rd Notice

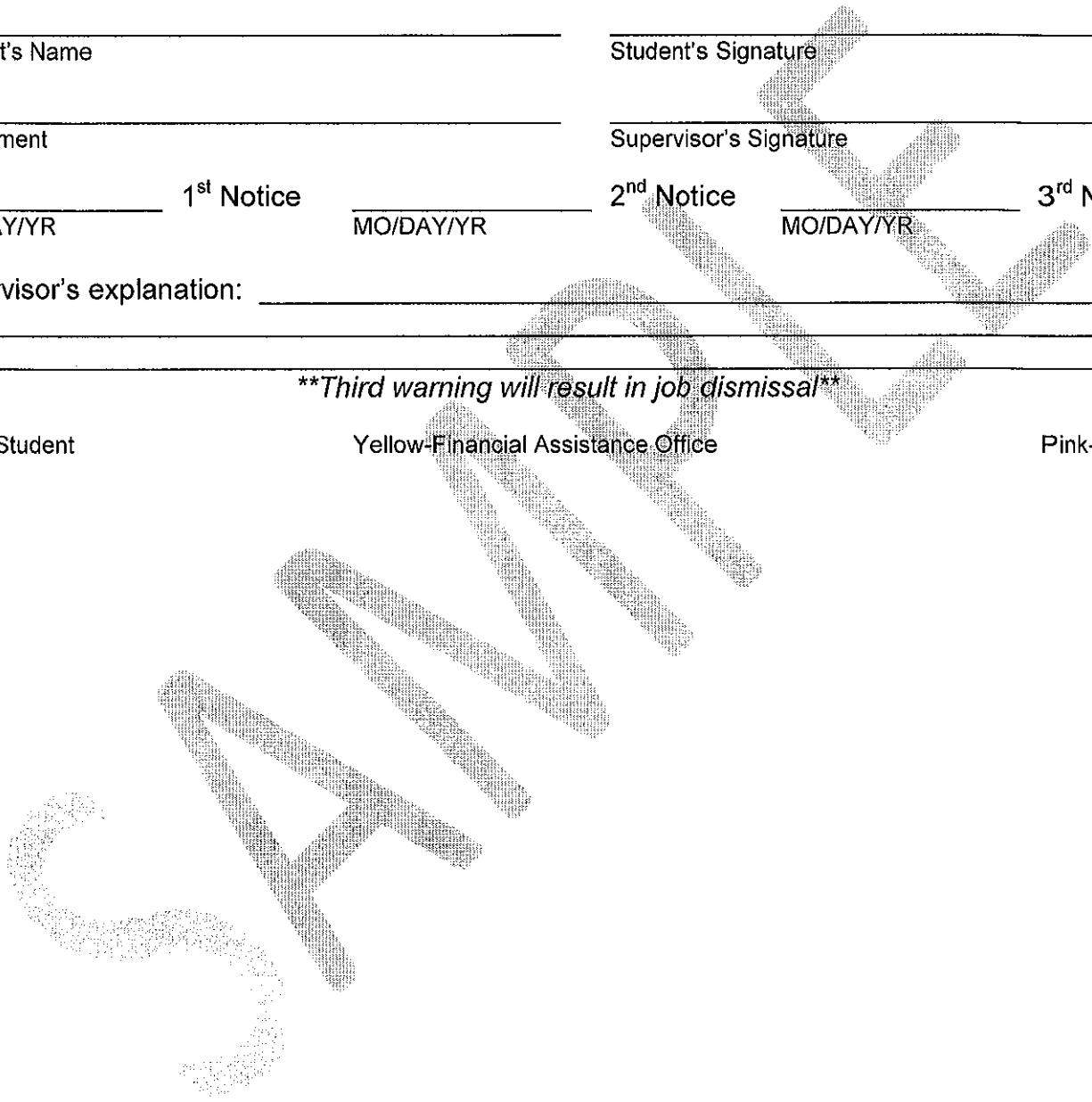
Supervisor's explanation:

****Third warning will result in job dismissal!****

White-Student

Yellow-Financial Assistance Office

Pink-Supervisor



Payroll Direct Deposit Enrollment Form

Mount Marty College, 1105 West 8th Street, Yankton, SD 57078

- By checking this box, I authorize Mount Marty College to use the below bank information for Accounts Payable payments in addition to payroll payments. Accounts Payable payments could be reimbursements, student refunds, etc...

Account 1	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____
Bank Routing* #:	Acct.*#:

Account 2	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____
Bank Routing* #:	Acct.*#:

Account 3	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____
Bank Routing* #:	Acct.*#:

Account 4	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____
Bank Routing* #:	Acct.*#:

I authorize the direct deposit of my net pay into account(s) indicated above. If my employer deposits funds to my account to which I am not entitled, I authorize my employer to direct the above financial institution(s) to return said funds. The agreement will remain in effect unless I provide written notice to the Business Office.

Print your name: _____

Sign your name: _____ Date: _____

Return to Director of Human Resources in Business Office

*Bank Routing #: the first digits of machine-readable type at the bottom of your check.
*Acct#: the digits of machine-readable type to the right of Bank Routing #.

Please attach a cancelled check from your account for checking or contact the bank for your bank routing and account # for savings to verify information and reduce chance of errors.