Office of Student Employment

APPALACHIAN STATE UNIVERSITY

U.S. Citizen & Permanent Resident Student Employee New-Hire Paperwork

Congrats on landing your first on campus job!

In order to start work and be paid on time you must complete the new-hire process by following directions outlined below:

Schedule an Appointment with Student Employment Staff via Handshake:

- Log onto Handshake using this link or QR code https://app.joinhandshake.com
- From the homepage of Handshake, click "Career Center"
- Select "Appointments" then "Schedule a New Appointment" with "Student Employment"
- Under "New-Hire Student Employee Processing" select an available date and time
- Once requested Student Employment staff will confirm in an email your scheduled processing time and location (please note that this **appointment is not conducted virtually or over zoom**)
- Ü^portÁţ Áয় @ ÁDĖV@ { æ Á₽ æļ room 390 (or Plemmons Student Union room 222, beginning Fall of 2021)
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- 1. Student Temporary Authorization (to complete with your supervisor, page 2)
- 2. I-9 documentation for employment verification, must be **ORIGINAL and UNEXPIRED** (see page 6 for the list of acceptable combinations)
- 3. Section 1 of I9 (see page 5)
- 4. NC-4EZ (State Tax Form, see page 4)
- 5. W-4 (Federal Tax Form, see page 3)

Please have at your convenience:

 Your bank routing and account number - to complete the online direct deposit enrollment form on theÁ <u>AppalNet</u> employee self-service tab

This packet is for students who have secured employment on campus, not an application for employment. Departments must have written Chancellor Cabinet level approval prior to new student employees processing with this office.

Please contact our office for additional questions - studentemployment@appstate.edu or 828-262-4099



Tier 1 Tier 2 SM/Admin

Appalachian State University Student Employee Information Form for EPAF positions

Student Name:			Bann	er ID#:	
	First	Middle	I		
Date of Birth (MM/DD/YY):		ASU Box:			
Permanent Address:		Marital Status:	S_	M	
(city, state, zip code):		Citizenship:	_Y	_N	
		Nonresident:	Y	N Resident Alien:	_YN
Employing Department:	_FOAP code #:			Org Code:	
Beginning Date:	Ending Date:			Pay Rate:	
I certify that I am not required to be I am Female I am in the armed services I have not reached my 18 I was born before 1960 I am a permanent residen I am a non-immigrant alie	s on active dutչ տ birthday ւt of the Trust T	/ (Note: Members of the Re	eserves and	National Guard are not considered c	
Student Signature			Date		
 Disclosure of your Social Security Number is mandated (including 26 U.S.C. 6011 and 26 U.S.C. 6051) to obtain your Social Security Number to comply with federal effort and the second second	in your Social Se employment tax file a Student Emplor Appalachian State's es supervision of the hed payroll deadline	curity for employm laws and regulation byment Authorization, to Office of Student Emp person(s) in charge of to s. All authorizations no	nent and ns. the NC4 loyment o their areas t properly	tax purposes. The Univer [EZ] and W4 tax forms, and an or Office of Human Resources s of assignment submitted will be returned to th	sity will use n I9 ne

	the your paycheck. All student temporary employees are required to enroll in direct deposit via "Employee" tab of AppalNet.
5.	Your employment as a student temporary employee is "at will". That is, just as you may resign from your employment with Appalachian at any

- time and for any reason, Appalachian may terminate your employment at any time and for any lawful reason.
- 6. Your employment in this position is contingent upon the continued availability of funds supporting this position.

For Departmental Use Only:	For Office of Student Employment Use Only:
Entered in EPAF	EPAF Position
Entered in TCP	Employee Populated in TCP
For the Use of WS Overage	For the Use of WS Overage

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ► Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.

Department of the Treasury Internal Revenue Service

Works

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Step 1:	(a) F	irst name and middle initial	Last name	(b) \$	Social security number
Enter Personal Information	Addre	ess		name card	es your name match the on your social security If not, to ensure you get
mormation		or town, state, and ZIP code		SSA	for your earnings, contact at 800-772-1213 or go to ssa.gov.
	(c)	Single or Married filing separately			
		Married filing jointly or Qualifying widow(er)			

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can

claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy. Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. **Multiple Jobs** or Spouse

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependents			
	Multiply the number of other dependents by \$500 ▶ <u></u>		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.							
Here	Employee's signature (This form is not valid unless you sign it.)	• •	Date					
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)					

For Privacy Act and Paperwork Reduction Act Notice, see page 3.



NC-4EZ Employee's Withholding Allowance Certificate

Filing Status (Mark one box only) Single or Married Filing Separately	Head of Household Married Filing Jointly or Surviving Spouse
Social Security Number	
First Name M.I.	Last Name
Address	County (Enter first five letters)
City	State Zip Code Country (If not U.S.)

Instructions. Use Form NC-4EZ if you:

- Plan to claim the N.C. Standard Deduction
- Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions)
- Do not plan to claim N.C. tax credits

Employee's Signature

Qualify to claim exempt status (See Lines 3 or 4 below)

Important. If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

If you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.

Single & M	arried Filing Separately	Married Filing	lointly & Surviving Spouse	Head of Household		
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17	
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10	
	# of Allowances		# of Allowances		# of Allowances	
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000		40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	

1.	Total number of allowances	vou are claiming	(Enter zero (0).	. or the number of allowan	ces from the table above
		, • • • • • • • • • • • • • • • • • • •	(

2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars)	00
 3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions: Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and This year, I expect a refund of all State income tax withheld because I expect to have no tax liability. 	Check Here
4. I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicen Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition (See Form D-401, North Carolina Individual Income Tax Instructions, for more information.)	
If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective $\gamma\gamma\gamma\gamma$	<u>Y</u>
5. I certify that I no longer meet the requirements for an exemption on Line 3 or Line 4 (Check application of the context of the c	
Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based number of allowances entered on Line 1 and any additional amount entered on Line 2.	l on the Check Here
CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains informa basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished are subject to a penalty of 50% of the amount not properly withheld.	

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or 4, whichever applies.

Date



U.S. Citizenship and Immigration Services

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee	Information	and A	ttesta	ation (E	Employees mu	ist complete and	l sign Se	ection 1 of	f Form I-9 no later
than the first day of employment , but not before accepting a job offer.)									
Last Name (Family Name) First			First Name (Given Name)		Middle Initial	Other L	Other Last Names Used (if any)		
Address (Street Number and Name) Apt. N				umber	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Security Number En					ee's E-mail Add	ress	E	mployee's ⁻	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 boxes):

1. A citizen of the United States	
2. A noncitizen national of the United States (See instructions)	
3. A lawful permanent resident (Alien Registration Number/USCIS Number):	
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	QR Code - Section 1 Do Not Write In This Space
1. Alien Registration Number/USCIS Number:	
OR	
2. Form I-94 Admission Number:	
OR	
3. Foreign Passport Number:	
Country of Issuance:	

Signature of Employee

Today's Date (mm/dd/yyyy)

STOP

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

STOP

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's D	ate (<i>mm/d</i>	d/уууу)
Last Name <i>(Family Name)</i>		First Name (Given Name)			
Address (Street Number and Name)	City or	Town		State	ZIP Code

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

A COMBINATION OF THESE DOCUMENTS MUST BE SUBMITTED WITH YOUR NEW-HIRE PACKET

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	LIST B			LIST C			
	Documents that Establish Both Identity and Employment Authorization	R	Documents that Establish Identity		Documents that Establish Employment Authorization			
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form		 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 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 		 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 Certification of report of birth issued by the Department of State (Forms) 			
5.	I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	9.	 School ID card with a photograph Voter's registration card U.S. Military card or draft record 	3.	DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal			
	 b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 		5 1		Native American tribal document U.S. Citizen ID Card (Form I-197)			
(2) An no tha	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		 Native American tribal document Driver's license issued by a Canadian government authority 	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)			
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		or persons under age 18 who are unable to present a document listed above:		Employment authorization document issued by the Department of Homeland Security			
6.	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		 School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 					