

# TIMEKEEPER TRAINING FOR STUDENT EMPLOYMENT AND PAYROLL PROCESSES MARCH 5 & 6, 2024

*Last revised March 25, 2024*





## WHAT WE WILL COVER DURING THIS TRAINING

- Definitions
- New Student Hiring Overview
- Rehired Student Hiring Overview
- Current Student Hiring Overview
- Work Authorization Forms
- Hire Periods
- Payroll Packet
- Form I-9 Acceptable Documents
- Background Clearances
- Timeline for Summer & Fall 2024
- Separations
- Next Steps
- Student Payroll Reminders
- eTime
- Position Numbers & Wage Types
- Payroll Deadlines & Calendar



## DEFINITIONS

- New Hire – never worked as a student employee at SU.
- Rehire – previously worked as a student employee at SU.
- Current – actively on payroll as a student employee at SU, whether they are actively working for a department or not.
- *Students working for Dining Services are employed by Aramark, not SU.*
- Student Worker – a student employee position, primarily held by undergraduate students but also open to graduate students; funded by department budget or Federal Work Study (undergraduate only).
- Federal Work Study (FWS) – a source of funding for undergraduate students as determined by the FAFSA and the Financial Aid Office; available during the fall and spring semesters.
- Graduate Assistant (GA) – a student employee position exclusive to graduate students; managed by the Graduate School; hired through Job X.
- Student Payroll Position (SPP) – a student employee position, primarily held by graduate students but also open to undergraduate students; managed by the Graduate School; hired through Job X.



## STUDENT HIRING OVERVIEW FOR **NEW** STUDENT WORKERS

- Department posts position to Handshake; student applies for position and is contacted by Department for an interview.
- Once Student is hired by Department, both parties complete Work Authorization Form and submit it to Human Resources.
  - Please list an actual preferred start date instead of ASAP; we will do our best to accommodate the date you selected.
  - Please provide a descriptive job title other than “student worker” (e.g. Office Assistant, Computer Lab Attendant, etc.), and please avoid using abbreviations (e.g. PA for Program Assistant, EM for Equipment Manager, etc.)
- Human Resources submits Work Authorization Form to Financial Aid Office to determine student’s Federal Work Study eligibility (fall/spring only).
- Student submits payroll packet, clearance forms, social security card, and original I-9 documentation to Human Resources.
- Human Resources emails background check instructions and codes to Student, copying Department.
- Student Payroll processes hire action in SAP and sends “Authorized to Work” email to the Student and Department; email will include eTime instructions, payroll deadlines, and confirmation of hiring period.



## STUDENT HIRING OVERVIEW FOR **REHIRED** STUDENT WORKERS

- Department posts position to Handshake; student applies for position and is contacted by Department for an interview.
- Once Student is hired by Department, both parties complete Work Authorization Form and submit it to Human Resources.
  - Please list an actual preferred start date instead of ASAP; we will do our best to accommodate the date you selected.
  - Please provide a descriptive job title other than “student worker” (e.g. Office Assistant, Computer Lab Attendant, etc.), and please avoid using abbreviations (e.g. PA for Program Assistant, EM for Equipment Manager, etc.)
- Human Resources submits Work Authorization Form to Financial Aid Office to determine student’s Federal Work Study eligibility (fall/spring only).
- Student submits payroll packet and clearance forms to Human Resources. **Student only needs to submit social security card and original I-9 documentation to Human Resources if valid copies are not already on file.**
- Human Resources emails background check instructions and codes to Student, copying Department, **only if their previous clearances have expired.**
- Student Payroll processes hire action in SAP and sends “Authorized to Work” email to the Student and Department; email will include eTime instructions, payroll deadlines, and confirmation of hiring period.



## STUDENT HIRING OVERVIEW FOR **CURRENT** STUDENT WORKERS

- Department posts position to Handshake; student applies for position and is contacted by Department for an interview.
- Once Student is hired by Department, both parties complete Work Authorization Form and submit it to Human Resources.
  - Please list an actual preferred start date instead of ASAP; we will do our best to accommodate the date you selected.
  - Please provide a descriptive job title other than “student worker” (e.g. Office Assistant, Computer Lab Attendant, etc.), and please avoid using abbreviations (e.g. PA for Program Assistant, EM for Equipment Manager, etc.)
- Human Resources submits Work Authorization Form to Financial Aid Office to determine student’s Federal Work Study eligibility (fall/spring only).
- **Student is not required to complete another payroll packet or resubmit their Social Security Card, I-9 Documentation, and Clearances.**
- Student Payroll processes hire action in SAP and sends “Authorized to Work” email to the Student and Department; email will include eTime instructions, payroll deadlines, and confirmation of hiring period.





## WHEN ARE WORK AUTHORIZATION FORMS REQUIRED?

- Only for Student Worker positions
  - Graduate Assistants and Student Payroll Positions are hired based upon the hiring email issued by the Graduate School.
- New Hires & Rehires – submit at time of hire for the appropriate hire period:
  - Fall & Spring (full academic year)
  - Fall only, Winter only, Spring only, Summer only
- Current employees:
  - At the start of every academic year (fall) – annual Federal Work Study review
    - *Work authorization forms are not required for current students working during winter and summer – Student Payroll will reach out to departments to identify students continuing to work during these terms.*
  - Extension to hire period (e.g. fall only hire continuing for spring only)
  - Change to pay rate
  - Change to cost center (e.g. Math department tutor reassigned to Learning Center)
  - Addition of new position
    - Students may hold multiple positions on campus, as long as they do not exceed a combined 40 hours/week.
    - Students receiving FWS are awarded a finite amount of funds; students who continue to work after exhausting those funds may have additional earnings charged to the department's budget. For the 23-24 academic year, the maximum award is \$3,480 (student should refer to their individual award amount in myShip).

If a student's job title changes but there are no other changes to their position (e.g. pay rate or cost center), please notify Student Payroll via email (studentpayroll@ship.edu). A new work authorization form would not be required.



## HIRE PERIODS

- Upon receipt of Work Authorization Form, Student Payroll will assign student a **Hire Period**:

HIRE PERIOD	2023-2024 <small>Dates are approximate and subject to change</small>	2024-2025 <small>Dates are approximate and subject to change</small>
Full Academic Year (Fall & Spring)	8/26/2023-5/10/2024	8/24/2024-5/9/2025
Fall only	8/26/2023-12/15/2023	8/24/2024-12/13/2024
Winter only	12/16/2023-1/19/2024	12/14/2024-1/17/2025
Spring only	1/20/2024-5/10/2024	1/18/2025-5/9/2025
Summer only	5/11/2024-8/23/2024	5/10/2025-8/22/2025

- Upon expiration of **Hire Period**, eTime record will no longer appear, although the student will not be separated from employment until approx. 4-6 months after date of last pay.
- Extending the **Hire Period** will prevent the student's employment from being terminated.
- Departments should still **Submit Terminated Users** in eTime for students they know are not returning.
- PLEASE NOTE**: the end of the **Hire Period** will come *before* the **Term Date** noted in eTime on the **All Active Students** report. This allows extra time for Timekeepers to approve time before payroll closes for the pay period. Student Payroll will communicate with departments when the actual **Hire Period** is coming to an end for their students.





## PAYROLL PACKET

- Student Employee Data Sheet – **NEED LEGAL PERMANENT ADDRESS ON ALL DOCUMENTS; STUDENT CAN ALSO PROVIDE OFF CAMPUS LOCAL ADDRESS FOR MAILING PURPOSES.**
- Form W-4, Employee's Withholding Certificate – **ONLY REQUIRED TO SELECT STANDARD DEDUCTION IN SECTION 1C**
- Local Earned Income Tax Residency Certification Form – **RESIDENT PSD CODE AND RATE ARE NOT REQUIRED**
- Employee's Nonwithholding Application Certificate – **ONLY FOR RESIDENTS OF MD, NJ, OH, VA, WV**
- Local Services Tax - Exemption Certificate (optional) – **MUST BE RENEWED ANNUALLY TO MAINTAIN EXEMPTION**
- Form I-9, Employment Eligibility Verification – **SECTION 1 ONLY**
- Form I-9, Preparer and/or Translator Certification – **ONLY IF APPLICABLE**
- Direct Deposit Authorization Form – **REQUIRED** (voided check or deposit slip recommended to confirm routing and account numbers)
- Confidentiality Statement
- Workers' Compensation Employee Notification and Information (2 forms) – **IF INJURED, MUST REPORT TO HR; WILL BE REFERRED TO DESIGNATED HEALTH CARE PROVIDER FOR TREATMENT. LIST IS AVAILABLE ONLINE: [www.ship.edu/about/offices/hr/health-and-safety/workers-compensation](http://www.ship.edu/about/offices/hr/health-and-safety/workers-compensation)**
- SU Information Release Authorization – **ALL CLEARANCES MUST BE COMPLETED AND RESULTS SUBMITTED WITHIN 45 DAY PROVISIONAL HIRE PERIOD**
- SU FBI Fingerprint Questionnaire
- SU Background Clearance Certification – **MUST CHECK OFF ALL BOXES IN SECTION 4**



# SHIPPENSBURG UNIVERSITY



## Student Employee Data Sheet

Name \_\_\_\_\_ (as it appears on Social Security Card)

**\*Permanent Address (this is your home address--the address used to file your taxes)**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Township/Borough \_\_\_\_\_

**\*Local Mailing Address (if different than Permanent Address above)**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Township/Borough \_\_\_\_\_

Date of Birth \_\_\_\_\_ SU Campus Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Gender: (check one)

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ Other

\_\_\_\_\_ Prefer not to answer

Marital Status: (check one)

\_\_\_\_\_ Single

\_\_\_\_\_ Married

\_\_\_\_\_ Widowed

\_\_\_\_\_ Divorced

\_\_\_\_\_ Separated

\_\_\_\_\_ Other

\_\_\_\_\_ Prefer not to answer

Race: (check the one(s) which best describe you)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Ethnicity: (check one)

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Not Hispanic/Latino

For local off campus  
address, not SU on  
campus address

Form **W-4**

## 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.

**2024**

Your withholding is subject to review by the IRS.

### Step 1:

Enter  
Personal  
Information

(a) First name and middle initial

Last name

(b) Social security number

Address

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).

City or town, state, and ZIP code

(c) ☐ Single or Married filing separately

☐ Married filing jointly or Qualifying surviving spouse

☐ 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.)

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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

### Step 2:

Multiple Jobs  
or Spouse  
Works

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.

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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:

Claim  
Dependent  
and Other  
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here 3 \$

### Step 4

(optional):

Other  
Adjustments

(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) \$

(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  
Here

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

Employee's signature (This form is not valid unless you sign it.)

Date

Employers  
Only

Employer's name and address

Shippensburg University  
1871 Old Main Drive  
Shippensburg, PA 17257

First date of  
employment

Employer identification  
number (EIN)

23-2500361

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

Cat. No. 10220Q

Form **W-4** (2024)



# SHIPPENSBURG UNIVERSITY

CLGS-32-6 (6-13)



## 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 to the local EIT collector. 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. Use the Address Search Application at [www.newPA.com/Act32](http://www.newPA.com/Act32) to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER	
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER EFIN	
Shippensburg University		232500361	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
1871 Old Main Drive			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
Shippensburg	PA	17257	717-477-7447
MUNICIPALITY (City, Borough or Township)			
Shippensburg Township			
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE	
Cumberland	210704	1.000%	

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 Pennsylvania Department of Community & Economic Development website:

[www.newPA.com/Act32](http://www.newPA.com/Act32)



REV-419

EMPLOYEE'S NONWITHHOLDING  
APPLICATION CERTIFICATE

2024

4190020105

Please print or type. A fill-in form may be obtained from [www.revenue.pa.gov](http://www.revenue.pa.gov).

SECTION I EMPLOYEE INFORMATION	
Employee Name: first, middle initial, last	
Street Address	Social Security Number
City	Telephone Number
State	
Zip Code	Tax Year (not necessary if checking Box b below)

SECTION II EXEMPTION INFORMATION	
I claim exception from withholding because:	
<input type="checkbox"/> a. I qualified for Tax Forgiveness of my PA personal income tax liability last year, and had a right to a full refund of all income tax withheld and/or I expect to qualify for Tax Forgiveness of my PA personal income tax liability this year and expect to have a right to a full refund of all income tax withheld.	
<input type="checkbox"/> b. I declare I am a resident of the reciprocal state checked below: <input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> OHIO <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.	
<input type="checkbox"/> c. I certify I am a legal resident of the state of _____ and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended, and as set forth in revised Personal Income Tax Bulletin 2010-01.	

SECTION III CERTIFICATION	
Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.	
Employee Signature	Date
Employer Name	Federal Employer Identification Number
Shippensburg University	23-2500361
Business Address	Telephone Number
1871 Old Main Drive	717-477-7447
City	State
Shippensburg	PA
Zip Code	17257
Employer's Signature	Employee's Quarterly Compensation (not required for applicants checking Box b or c above)
	\$

**ALL STUDENT EMPLOYEES PAY RESIDENCY TAX TO PENNSYLVANIA EXCEPT FOR STUDENTS WITH A LEGAL PERMANENT ADDRESS IN MARYLAND, NEW JERSEY, OHIO, VIRGINIA, AND WEST VIRGINIA WHO SUBMIT THIS FORM.**

**ALTHOUGH THE COMMONWEALTH OF PENNSYLVANIA HAS A RECIPROCITY AGREEMENT WITH INDIANA, PASSHE DOES NOT.**

4190020105

4190020105



# SHIPPENSBURG UNIVERSITY

## LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

2024  
Tax Year

### APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- No exemption will be approved until proper documentation has been received.

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REASON FOR EXEMPTION

1. \_\_\_\_\_ MULTIPLE EMPLOYERS: 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 employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.
2. \_\_\_\_\_ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN Shippensburg Township (municipality or school district) WILL BE LESS THAN \$ 12,000 : Attach copies of your last pay statements or your W-2 for the year prior.  
  
If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. \_\_\_\_\_ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. \_\_\_\_\_ 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.

**EMPLOYER:** Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: Cumberland County Tax Bureau  
Address: 21 Waterford Drive, Suite 201 Phone #: 717-590-7997  
City/State: Mechanicsburg, PA Zip: 17050

### IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

LST Exemption 10-07

**Employment Information:** List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

	1. PRIMARY EMPLOYER	2.	3.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

### PLEASE NOTE:

All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LST Exemption 10-07

Only need to provide information for off campus employers





# SHIPPENSBURG UNIVERSITY



## Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)
Address (Street Number and Name)			
Apt. Number (if any)		City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>			
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the Instructions.):			
<input type="checkbox"/> 1. A citizen of the United States			
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
If you check Item Number 4., enter one of these:			
USCIS A-Number		OR	Form I-94 Admission Number
		OR	Foreign Passport Number and Country of Issuance
		OR	
Signature of Employee		Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.				
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
Shippensburg University		1871 Old Main Drive, Shippensburg, PA 17257		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

HR is required to complete section 2 within 3 days of employee's start date.



## Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)		City or Town	State ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)		City or Town	State ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)		City or Town	State ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)		City or Town	State ZIP Code



## FORM I-9 ACCEPTABLE DOCUMENTS

- One item from List A or one item each from List B and List C
- Must present original documentation to HR staff in person.
- All students need to present their Social Security Card to ensure their legal name is entered in the payroll system (SAP).
- If the student is using their Social Security card to satisfy Form I-9 (List C), they must present their original card; if they are only presenting it to verify their legal name for payroll, a copy of the card will suffice.
- Comprehensive list with samples available at: <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents>

### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a

combination of one selection from List B and one selection from List C.

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. 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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://www.uscis.gov/i-9-central">uscis.gov/i-9-central</a> . The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				
<b>Acceptable Receipts</b> May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.
• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.				
• Form I-94 with "RE" notation or refugee stamp issued to a refugee.				

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.





# SHIPPENSBURG UNIVERSITY

## SUBMIT FORM IN PERSON TO HUMAN RESOURCES, OLD MAIN 109



### DIRECT DEPOSIT AUTHORIZATION FORM

#### How Direct Deposit works –

The Pennsylvania State System of Higher Education notifies your financial institution electronically of the funds to be deposited on your behalf. Your financial institution records this transaction into an account of your choice, creating immediate access on the day of deposit. You receive an earnings statement documenting this payment. If you desire to make a direct deposit into more than one institution, you must complete a form for each institution. Only one deposit can be made to one account at each institution.

- ✓ **It's convenient** – saves you a trip to the bank.
- ✓ **It's faster** – most banks post the funds to your account at the beginning of the day's business on payday allowing immediate access.
- ✓ **It's safer** – Direct Deposit eliminates the worry of a lost or stolen paycheck.
- ✓ **It's confidential** – funds are automatically processed and you can instruct your bank to apply them to your savings or checking account.

Name \_\_\_\_\_ Personnel Number \_\_\_\_\_  
(may be found on pay statement)

I hereby authorize the Pennsylvania State System of Higher Education to **(circle one) Start / Change / Stop** total biweekly payroll deduction to the Financial Institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Payroll will notify you if the institution you choose does not qualify.

Financial Institution Name \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type (Savings/Checking) \_\_\_\_\_

Deduction Amount (\$ Amount) **FULL AMOUNT UNLESS SPLITTING BETWEEN ACCOUNTS**

Effective with pay date of **IMMEDIATELY, UNLESS SPECIFIED - BASED ON WHEN FORM IS RECEIVED WITHIN THE PAYROLL CYCLE**

I have an established account at the Financial Institution indicated above and authorize the Pennsylvania State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) listed above. **I have provided a copy of a voided check** (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. My authorization will remain in effect until revoked by me in writing or until I terminate my employment with the Pennsylvania State System of Higher Education.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Signature (Required if Joint Account) \_\_\_\_\_

### Confidentiality Statement

As an employee/student employee/graduate assistant/volunteer/contractor of Shippensburg University of Pennsylvania, I understand that I may have access to confidential, personal data and/or records of University employees, students, customers and other related constituents. I agree that I will access, use, discuss, release and/or divulge only the data that is needed to perform my job. I understand that I am prohibited from accessing, using, discussing, releasing and/or divulging this data unless doing so is a requirement of my job.

I further understand that unauthorized disclosure of confidential information and records applies to all information on the University computing/networking systems, all printed information, as well as formal and informal verbal conversations.

I understand that any release of this information will be done only through authorized protocols. Breaches in confidentiality of such data may result in disciplinary action up to and including separation from employment and in the case of student employees and graduate assistants, possible University judicial action. A violation of this agreement also may result in legal action if it is determined that any local, state, or federal laws have been violated.

I have reviewed this statement and understand that if I have questions, or would like to discuss this responsibility with a representative of the University I can make that request by contacting the Human Resources office at 717-477-1124 or [hr@ship.edu](mailto:hr@ship.edu).

By my signature below, I certify that I have read, understand, and agree to abide by the provisions of this statement.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

9/2017

Students without a traditional bank account can use a finance app, such as Cash App or Venmo. Bank account updates must be submitted by close of business Wednesday during a payroll processing week (refer to Payroll Calendar).

If a student's direct deposit does not go through, the student will be contacted by Student Payroll to update their banking information and a check will be mailed to them from PASSHE (typically on Tuesday following pay date).

Personnel Number is assigned at time of hire and is available in eTime



# SHIPPENSBURG UNIVERSITY

For Use Beginning August 23, 1996

## WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider, however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. You must obtain treatment from one of these providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another and that treatment will be paid for by your employer.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for treatment rendered by the provider whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days after the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE WORKER'S COMPENSATION ACT AS SET FORTH HEREIN.

\_\_\_\_\_  
Date Employee Name Employee Signature

## EMPLOYEE RE-NOTIFICATION

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Worker's Compensation Act. I have received a copy of this Worker's Compensation employee notification form.

\_\_\_\_\_  
Date Employee Name Employee Signature

## Workers' Compensation Information

The following information is being provided to you in compliance with 34 Pa. Code § 121.3b.

- 1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
- 2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
- 3) You should report immediately any injury or work-related illness to your employer.
- 4) Your benefits could be delayed or denied if you do not notify your employer immediately.
- 5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
- 6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); [www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SHIPPENSBURG UNIVERSITY

## SHIPPENSBURG UNIVERSITY

### INFORMATION RELEASE AUTHORIZATION Student Employee

PLEASE PRINT ALL INFORMATION CLEARLY AS REQUESTED

I, \_\_\_\_\_, hereby authorize any educational institution, any past or present employer (including any branch of the armed services), any local, state, or federal government agency (including any laws enforcement or security agencies) to release to Shippensburg University through its authorized representative(s) bearing this authorization, all information concerning me. *I understand that all required clearances must be submitted within the 45 day provisional hire period. Failure to submit all clearances by the end of the 45 day provisional hire period will result in an employment hiatus, and subsequently, termination of employment.*

I voluntarily agree to this investigation of my background with the knowledge and understanding that whatever information is obtained is for the official use of Shippensburg University and will not be released to any other parties.

I further understand any information obtained during such investigation may only be used to determine my fitness, competence, and ability for the purpose of working at Shippensburg University.

I release Shippensburg University from any liability which may result from making this investigation. Furthermore, I hereby forever release anyone who has knowledge or information concerning my employment history and criminal history from any claims or demands from liability or damages for disclosure of true and accurate information provided by this investigation. This authorization shall supersede and countername any prior request or authorizations to the contrary.

I further authorize the use of photocopies of this authorization and agree to provide copies of search results if they are sent directly to me.

### PLEASE PRINT CLEARLY BELOW

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Home/Cell/Work Phone: \_\_\_\_\_ SU Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Hiring Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Timekeeper: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Were you previously employed at Shippensburg University (this does not include Dining Services, Bookstore, or UPS Store)? (please circle one) YES or NO

Have you completed employment or internship clearances in the past five years? (please circle one) YES or NO

## Shippensburg University FBI Fingerprint Questionnaire Applicant Information for Act 114 FBI Criminal Search With Fingerprints

Name: \_\_\_\_\_  
Last First MI

Alias: \_\_\_\_\_  
Including Maiden Names

Phone: \_\_\_\_\_  
Home/Cell/Work

Address: \_\_\_\_\_  
Home/Permanent Campus, if different

City/State/Zip City/State/Zip

Email: \_\_\_\_\_  
Ship.edu Personal

Place of Birth: \_\_\_\_\_  
City and State

Country of Citizenship: \_\_\_\_\_  
Country

Gender: ☐ Male ☐ Female Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Feet/Inches Pounds

Race: ☐ Asian ☐ Caucasian/Latino  
☐ Black ☐ Unknown  
☐ Native American

Signature \_\_\_\_\_ Date \_\_\_\_\_





**Shippensburg University**  
**Background Clearance Certification**  
**for Provisional Employment or Volunteering**  
*(Under the Child Protective Services Law)*

1 of 2

Please read this entire form carefully before completing it. This form is to be used by prospective employees/volunteers to meet the written certification requirement to be considered as a provisional hire or volunteer assignment. In certain limited circumstances, current employees/volunteers may need to complete this form.

## Section 1. Personal Information

Full Legal Name: \_\_\_\_\_

Any former names or aliases by which you have been identified: \_\_\_\_\_

## Section 2. Instructions

Please submit this form to Human Resources. [To be completed by the university.]

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

### List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. §6344(c), consists of one or more of the following:

- Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania:
  - Chapter 25 relating to criminal homicide
  - Section 2702 relating to aggravated assault
  - Section 2709.1 relating to stalking
  - Section 2901 relating to kidnapping
  - Section 2902 relating to unlawful restraint
  - Section 3121 relating to rape
  - Section 3122.1 relating to statutory sexual assault
  - Section 3123 relating to involuntary deviate sexual intercourse
  - Section 3124.1 relating to sexual assault
  - Section 3125 relating to aggravated indecent assault
  - Section 3126 relating to indecent assault
  - Section 3127 relating to indecent exposure
  - Section 4302 relating to incest
  - Section 4303 relating to concealing death of a child
  - Section 4304 relating to endangering welfare of children
  - Section 4305 relating to dealing in infant children
  - A felony offense under Section 5902(b) relating to prostitution and related offenses
  - Section 5903(c) or (d) relating to obscene and other sexual materials and performances
  - Section 6301 relating to corruption of minors
  - Section 6312 relating to sexual abuse of children
- An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," committed within the preceding five-year period.
- A founded report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.

## Section 3. No Conviction

- ☐ By checking this box, I certify that I have not been convicted of any Reportable Offense or an offense similar in nature to a Reportable Offense under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania. (See Section 2 for a list of Reportable Offenses.)

## Section 4. Application for Background Checks

I certify that I have applied or will apply for the following required background clearance checks:

- ☐ A report of criminal history record from the Pennsylvania State Police (PSP) or statement from the PSP that no criminal record exists.
- ☐ Certification from the Pennsylvania Department of Human Services as to whether I am named in the statewide database as a perpetrator in a pending child abuse investigation or in a founded report or indicated report of child abuse.
- ☐ A report of federal criminal history record information. *I understand that I must submit a full set of fingerprints to the PSP to obtain this report if I have not been a resident of Pennsylvania for the entirety of at least the last 10 consecutive years prior to the date of this application.*
- ☐ I further certify that I have provided or will provide copies of the completed request forms and results for these background clearance checks to Shippensburg University. (Appropriate forms may be attached to this Certification Form.)

## Section 5. Certification

*By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, correct, and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



## BACKGROUND CLEARANCES

- Students are hired under a one-time 45-day provisional hire period, beginning with their employment start date.
- If a student quits one job to fulfill another, they are still bound by their original provisional hire period; their 45-day window will not restart.
- All clearances must be completed and submitted to Human Resources within the provisional hire period in order for employment to continue.
- If a student fails to complete and provide all necessary clearances within 45 days, they will be locked out of eTime and must stop working immediately.
- Shortly thereafter, the student's employment will be terminated, and they will be separated from payroll.





## TIMELINE FOR SUMMER & FALL 2024

Student Employee Population by Term	Action	Proposed Date for Extending Hire Period/Submission of Work Auth Form
Current students continuing for Summer 2024	Student Payroll will reach out to departments to identify which students plan to work over the summer; their hire period end date will be extended <b>without</b> work authorization forms.	April 26, 2024
New students beginning in Summer 2024	Submit work authorization forms; student payroll packets will be processed in the order in which they are received; due to the influx of paperwork, it may take up to two weeks to process new hires in SAP.	May 3, 2024
Current students continuing for Fall 2024	Submit work authorization forms prior to the end of the spring semester.	May 10, 2024
New students beginning in Fall 2024	Submit work authorization forms; student payroll packets will be processed in the order in which they are received; due to the influx of paperwork, it may take up to two weeks to process new hires in SAP.	August 2, 2024





## SEPARATIONS

Student Payroll is notified to terminate student employment in the following ways:

- Terminated users submitted by department through eTime (**preferred**)
- Inactive student report from Registrar's Office (graduation, transfers, non-returning students)
- Students without payment activity within past 4-6 months (PASSHE report and/or routine audit by Student Payroll)



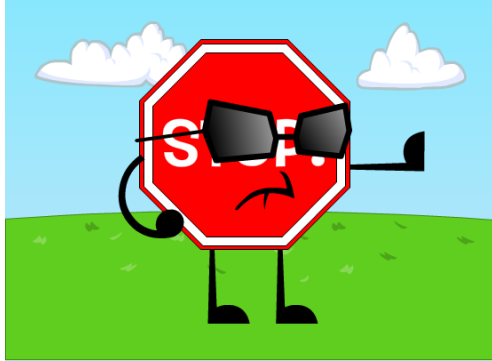
## NEXT STEPS

Student Payroll is looking to further improve the hiring process by:

- Requiring clearances only for those positions that have “direct care, supervision, guidance or control” of minors
- Hosting group hiring sessions for fall new hires
- Updating the work Authorization Form (hard copy)
- Transitioning the Work Authorization Form to DocuSign
- Transitioning the Student Payroll Packet to DocuSign



## STUDENT PAYROLL REMINDERS



Students cannot work until all paperwork and required documents are submitted and an “Authorized to Work” email has been sent by the Student Payroll office.

Students are not permitted to work during times they are scheduled to be in class.



Students may work during fall and spring breaks, finals week, and on holidays (should your office remain open).



## eTIME CAPABILITIES

### STUDENTS:

- Can enter time **only** for the current pay period.
- Can sign time for previous and current pay periods.
- Must enter **and** sign hours by the established deadline to ensure timely payment.

### TIMEKEEPERS:

- Can enter student time for previous and current pay periods.
- Cannot sign time for students.
- Can approve student time even if students have not signed their hours. It is ***strongly encouraged*** that you approve hours as students work them instead of waiting until the end of the pay period.
- Can delete student time as long as they have not already approved the hours.
- *Please ensure that students are entering their time accurately; do not approve hours until after they have been worked. Back-to-back shifts require a 15-minute gap in eTime – it is understandable that hours will not be accurate in this instance.*

**STUDENT PAYROLL** can intervene in situations that cannot be resolved by Timekeepers.



## TIME APPROVAL

- Select a department and you will be taken to the **Time Approval** tab.
- A list of **Unapproved Students** will appear (This is only students with unapproved time).
- You can change the view to **All Students** to see all students assigned to your department.
- When you select a student, you will see the dates and times they entered.
- It will also show the date they signed their time.
- Put a checkmark next to each entry and select **Approve**. (You can also **Delete** erroneous entries which will allow the student to re-enter their time correctly).
- If you approve time and then realize it was incorrect, please contact Student Payroll for assistance, [studentpayroll@ship.edu](mailto:studentpayroll@ship.edu).



## Welcome to eTime Brandi South

### My Departments

A B C D E F G **H** I J L M N O P R S T U W

- **HIRE ME #2 ( ) [63 Unapproved]**
- History & Philosophy Department ( ) [1 Unapproved]
- Honors Program ( ) [14 Unapproved]
- Human Communication Studies Department ( ) [5 Unapproved]
- **Human Resources [2 Unapproved]**

\*\* - denotes this dept is a virtual dept

number denotes this dept's virtual dept count

{ } - denotes this virtual dept's real dept name when its name doesn't fully contain it

Or enter the Cost Center Number

## Human Resources

**Time Approval** Add Time Timesheets Messages TimeKeepers Virtual Depts Email Reports Submit Terminated Users

Unapproved Students | All Students

☐ [redacted] - 2 signed, unapproved entries.

## Human Resources

**Time Approval** Add Time Timesheets Messages TimeKeepers Virtual Depts Email Reports Submit Tern

Unapproved Students | All Students

☒ [redacted] - 2 signed, unapproved entries.

Personnel Num: 00237012 | Position: 65300001 (SHIP-Std 1-FedWorkStudy) | Pay Rate: \$7.25 | Work Dates: 8/13/2022 - 5/8/2024

Feb 24 to Mar 8, 2024

<input type="checkbox"/>	Mon, Mar 4	10:30AM - 12:30PM	2.00	Signed Mar 4	Mar 4
<input type="checkbox"/>	Mon, Mar 4	2:30PM - 4:00PM	1.50	Signed Mar 4	Mar 4

Week 1 total:

0.00

Week 2 total:

3.50

Pay Period Total:

3.50

Select: All, None, Signed, Unsigned |





## Human Resources

Time Approval

Add Time

Timesheets

Messages

TimeKeepers

Virtual Depts

Email

Reports

Submit Terminated Users



Unapproved Students

All Students



[REDACTED]



[REDACTED]

[This position will no longer be listed after Mar 7]



[REDACTED]

- 2 signed, unapproved entries.

A pink eTime record indicates that the student's position has been terminated, not necessarily the student. This can happen in cases where pay rates are updated or the funding source changes (department funded to FWS). If you see that the student has more than one record, then they have not been terminated.



You can select the **Timesheets** tab to see all students in your department and their timesheets for the current and previous pay periods.

The screenshot shows the 'Human Resources' section with a navigation bar containing tabs: Time Approval, Add Time, Timesheets, Messages, TimeKeepers, Virtual Depts, Email, Reports, and Submit Terminated Users. The 'Timesheets' tab is highlighted. Below the tabs, there is a dropdown menu labeled 'Select an employee' and a date range selector showing 'Mar 9 to Mar 22, 2024 | paid Apr 5, 2024'. A 'View' button is located below the dropdown menu.

The **Add Time** tab will allow you to add time on a student's behalf (e.g., in cases where they missed the Friday deadline). ***When timekeepers manually enter time for a student, they still need to approve it separately and the student must still sign their hours in order to get paid.***

The screenshot shows the 'Human Resources' section with the 'Add Time' tab selected. Below the tabs, there is a 'Student' section with a dropdown menu labeled 'Select an employee'. Below this, there is a 'When' section with a date picker and a time range selector showing '10:45 am' to '11:00 am (15 mins)'. A 'Save' button is located to the right of the time range selector.



You can **delete** hours worked as long as you have not already approved them (if approved, you will need to contact Student Payroll to have the hours removed). Go to the **Timesheets** tab, put a **checkmark** to the right of the shift(s), and hit the **Remove** button.

Human Resources Home | Administrative Tools | Help

[Time Approval](#) [Add Time](#) [Timesheets](#) [Messages](#) [TimeKeepers](#) [Virtual Depts](#) [Email](#) [Reports](#) [Submit Terminated Users](#)

☐ Display deleted records Print Page

[View](#) College of Business | Display All

Cost Center	Position	Pay Rate	Date	Time Worked	Hours	Approval Status	Sign Status	Date Entered	
	10143901	\$10.00	Mar 11	9:45AM - 10:45AM	1.00			Mar 11	<input type="checkbox"/>
	10143901	\$10.00	Mar 12	9:00AM - 9:15AM	0.25			Mar 12	<input type="checkbox"/>
	10143901	\$10.00	Mar 13	10:00AM - 6:00PM	8.00	Unapproved		Mar 13	<input type="checkbox"/>
					Total Entered Hrs:	9.25			
					Total Paid Hrs:	1.25			

[Remove](#)



## TERMINATED STUDENTS

- Go to Submit Terminated Users tab
- “Please click here to load the student list”
- Select student(s)
- A Notes box will appear that allows you to enter the reason for termination and/or the termination date (optional)
- Hit Submit
- Students will appear on a report for Student Payroll to terminate position/employment in SAP.

The screenshot shows the 'Human Resources' section of a web application. A horizontal menu contains several tabs: 'Time Approval', 'Add Time', 'Timesheets', 'Messages', 'TimeKeepers', 'Virtual Depts', 'Email', 'Reports', and 'Submit Terminated Users'. The 'Submit Terminated Users' tab is highlighted with a red circle. Below the menu, a light blue box contains the following text: 'Choose the students which are to be terminated from their position; you may add a note as to a specific termination payroll administrator(s) notifying them of the list of student to be terminated in SAP. You cannot "undo" a student on'. Below this text is a link that says 'Please click here to load the student list', which is also circled in red. At the bottom of the light blue box, there is a smaller line of text: 'Due to the large size of some departments, this list is hidden by default. Click the link below to display the students.'



# SHIPPENSBURG UNIVERSITY

## Human Resources

[Time Approval](#) [Add Time](#) [Timesheets](#) [Messages](#) [TimeKeepers](#) [Virtual Depts](#) [Email](#) [Reports](#) [Submit Terminated Users](#)

Choose the students which are to be terminated from their position; you may add a note as to a specific termination date or reasons as to why the student is terminated. Once you select the **Submit** payroll administrator(s) notifying them of the list of student to be terminated in SAP. You cannot "undo" a student once you select Submit.

Due to the large size of some departments, this list is hidden by default. Click the link below to display the students.

Notes	Student Name	Per Number	Position	Hire Date	Term Date	Rate
<input type="checkbox"/> Add Note...			10143901	02/07/2024	05/23/2024	\$10.00
<input type="checkbox"/> Add Note...			10143901	08/12/2023	02/23/2024	\$10.00
<input type="checkbox"/> Add Note...			65300001	08/13/2022	05/08/2024	\$7.25

[Submit](#)

## Human Resources

[Time Approval](#) [Add Time](#) [Timesheets](#) [Messages](#) [TimeKeepers](#) [Virtual Depts](#) [Email](#) [Reports](#) [Submit Terminated Users](#)

Choose the students which are to be terminated from their position; you may add a note as to a specific termination date or reasons as to why the student is terminated. Once you select the **Submit** payroll administrator(s) notifying them of the list of student to be terminated in SAP. You cannot "undo" a student once you select Submit.

Due to the large size of some departments, this list is hidden by default. Click the link below to display the students.

Notes	Student Name	Per Number	Position	Hire Date	Term Date	Rate
<input type="checkbox"/> Add Note...			10143901	02/07/2024	05/23/2024	\$10.00
<input checked="" type="checkbox"/> <div><div></div></div> <div><a href="#">Cancel Note</a></div>			10143901	08/12/2023	02/23/2024	\$10.00
<input type="checkbox"/> Add Note...			65300001	08/13/2022	05/08/2024	\$7.25

[Submit](#)



## eTIME REPORTS





I would encourage you to look at the existing reports in eTime to see if they may help you manage your student employees and their time. The **All Active Students** report will show you the eTime Term Dates for each position.

### Human Resources

[Time Approval](#) [Add Time](#) [Timesheets](#) [Messages](#) [TimeKeepers](#) [Virtual Depts](#) [Email](#) [Reports](#) [Submit Terminated Users](#)



Below are a list of reports for your department. If you have any questions please contact your payroll administrator.

- **Student Hours** |  **Download to Excel**  
Lists all the hours approved and signed for the students in this department for the current and the previous pay periods.
- **Student Overworked Hours**  
Lists the students in this department who worked over 40 hours **already sent to SAP** The report allows you to change the overtime number from 40 to whatever number works best for your department.
- **Student Time**  
Lists all the hours approved and signed for the students in this department for the default date range of 1/1/2020 to 12/31/2021.
- **Student Time - All Depts**  
Lists all the hours approved and signed for the students in this department and all the departments those students belong to for the default date range of 1/1/2020 to 12/31/2021.
- **Unapproved Time** |  **Download to Excel**  
Lists all the unapproved hours in this department.
- **Approved, Unsigned Time** |  **Download to Excel**  
Lists the entries where the time has been approved, but the student has not yet signed their time in this department.
- **Active Student**  
Search for a student in this department to see if they are active in eTime.
- **All Active Students** |  **Download to Excel**  
List all active students in this department.






# SHIPPENSBURG UNIVERSITY

Data is loaded to eTime daily at 6AM, 1PM, and 8PM

The **Position Number** is tied to the student's source of funding for that position. Each position a student holds will be assigned a different **Position Number**.

Human Resources [REDACTED] All Active Students Report

 Download to Excel

Student Locked	Name	Per #	Primary Timekeeper	Cost Center #	Cost Center	Position	Pay Rate	Per eTime	Hire Date	Term Date
	[REDACTED]			[REDACTED]	Human Resources	10143901	\$10.00		02/07/2024	05/22/2024
					Human Resources	65300001	\$7.25		08/13/2022	05/08/2024

This report can be downloaded to Excel for sorting and saving.

The **Personnel Number** is the payroll equivalent of a Student ID number.

The **Hire Date** is the start of the student's Hire Period for that specific position. The date will change as updates are made to the position (Position Number/Funding and Pay Rate changes). **PLEASE NOTE:** a student will not appear in eTime until their **Hire Date** begins.

The **Term Date** is the last day that the student's position will appear in eTime. It is *close to but not necessarily the same as* the end of the **Hire Period** (last day to work). Student Payroll will communicate with departments when the actual **Hire Period** is coming to an end for their students. For Spring 2024, the exact dates are as follows:

Student Population	Hire Period end date (last day to work)	Term Date (last day record in eTime)
Federal Work Study	5/3/2024	5/8/2024
All other positions	5/10/2024	5/22/2024

The **Hire Period / Term Date** will be extended by email notification to Student Payroll (summer/winter) or by submission of a Work Authorization Form (fall/spring).



## POSITION NUMBERS & WAGE TYPES

Funding Source	Wage Type	G/L Account	Position Numbers	Student Population
Department Funded	0134	510585	10113883 10157561 10157562 10259848 10259849 10259850 10259901 65300004	Undergrad & Grad
Federal Work Study	0027	510591	10113880 10259176 10259177 10259178 10259179 10259180 10259206 65300001	Undergrad Only
Federal Work Study <i>America Reads</i>	0136	510596	65300007	Undergrad Only
Federal Work Study <i>Community Service</i>	0137	510595	65300006	Undergrad Only
Graduate Assistant <i>The Graduate School</i>	0126	510581	10143722 10143723 10143724 10143725 10143901 10143902 10143903 10143904 10143905	Grad Only

Funding Source	Wage Type	G/L Account	Position Numbers	Student Population
Grant Funded	0139	510590	10190420 10200579 10259906 10259909 10259910 65300010	Undergrad & Grad
Institutional/Commonwealth Funded	0135	510580	10113881 10259902 10259903 10259904 10259905 65300002 65300008 65300011	Undergrad & Grad
Student Payroll Position <i>The Graduate School</i>	0126	510581	10113882 65300003	Grad & Undergrad

- You can identify a student's **Funding Source** based on their **Position Number**.
- The **Wage Type** corresponds to the **G/L Account** in your departmental budget.
- If you notice a discrepancy with a student's position number/funding source, please notify Student Payroll.



## PAYROLL DEADLINES & REMINDERS

- Students must have their time entered by end of day on Friday (11:59 PM) prior to each payroll processing week. Timekeepers can enter hours for students the following Monday by noon.
- Students must have their time signed by noon on Monday of each payroll processing week.
- Timekeepers must approve all time by noon on Monday of each payroll processing week.
- **Any time that is not entered/signed/approved by the deadline will not be paid until the following pay date.**
- The eTime approval deadline does not change, even when payroll processing Monday falls on a holiday. In those cases, please make sure to approve student hours the Friday before the holiday.
- If you are a primary timekeeper, please ensure that a secondary timekeeper assumes your role in your absence.
- It is highly recommended that students track their hours on an independent tracking sheet in addition to eTime.



## PAYROLL CALENDAR

Pay Period begins (Saturday)	Pay Period Ends; Deadline for Students to enter time by end of day @ 11:59 PM (Friday)	Deadline for Students to sign time and Timekeepers to approve time by noon (Monday)	Deadline for direct deposit updates; payroll closes @ 4:00 PM (Wednesday) unless otherwise noted	Check Date (Friday) unless otherwise notes
2/24/2024	3/8/2024	3/11/2024	3/13/2024	3/22/2024
3/9/2024	3/22/2024	3/25/2024	3/27/2024	4/5/2024
3/23/2024	4/5/2024	4/8/2024	4/10/2024	4/19/2024
4/6/2024	4/19/2024	4/22/2024	4/24/2024	5/3/2024
4/20/2024	5/3/2024	5/6/2024	5/8/2024	5/17/2024
5/4/2024	5/17/2024	5/20/2024	5/22/2024	5/31/2024
5/18/2024	5/31/2024	6/3/2024	6/5/2024	6/14/2024
6/1/2024	6/14/2024	6/17/2024	6/20/2024 @ 11 AM	6/28/2024
6/15/2024	6/28/2024	7/1/2024	7/2/2024	7/12/2024
6/29/2024	7/12/2024	7/15/2024	7/17/2024	7/26/2024
7/13/2024	7/26/2024	7/29/2024	7/31/2024	8/9/2024
7/27/2024	8/9/2024	8/12/2024	8/14/2024	8/23/2024
8/10/2024	8/23/2024	8/26/2024	8/28/2024	9/6/2024
8/24/2024	9/6/2024	9/9/2024	9/12/2024 @ 11 AM	9/20/2024
9/7/2024	9/20/2024	9/23/2024	9/25/2024	10/4/2024
9/21/2024	10/4/2024	10/7/2024	10/9/2024	10/18/2024
10/5/2024	10/18/2024	10/21/2024	10/23/2024	11/1/2024
10/19/2024	11/1/2024	11/4/2024	11/6/2024	11/15/2024
11/2/2024	11/15/2024	11/18/2024	11/20/2024	11/27/2024
11/16/2024	11/29/2024	12/2/2024	12/4/2024	12/13/2024
11/30/2024	12/13/2024	12/16/2024	12/18/2024	12/27/2024

Any manual updates made between the time eTime closes and payroll closes (Monday PM-Wednesday PM) will not be reflected in eTime.

Extra processing time Thursday AM due to Juneteenth Holiday  
Processing closes early on Tuesday PM due to Independence Day Holiday

Extra processing time Thursday AM due to Patriot Day (not an SU Holiday)

Early pay date on Wednesday due to Day After Thanksgiving Holiday

The eTime deadline to enter time does not change; please encourage your students to enter their hours prior to the Thanksgiving Holiday.



## Questions?

### Student Worker hiring; Payroll Processing & eTime for all students

Brandi South

Student Payroll & Employment  
Coordinator

*Human Resources*

[studentpayroll@ship.edu](mailto:studentpayroll@ship.edu) (preferred)

[brsouth@ship.edu](mailto:brsouth@ship.edu)

[www.ship.edu/hr/payroll](http://www.ship.edu/hr/payroll)

717-477-1124, option 2

### Handshake

Carole Rosenberry

Career Center Coordinator

*Career Center*

[carose@ship.edu](mailto:carose@ship.edu)

717-477-1484

### Clearances

Crissy Diehl

HR Office Assistant

*Human Resources*

[cediehl@ship.edu](mailto:cediehl@ship.edu)

717-477-1124, option 4

### Workers Compensation

Anita Weaver

Benefits Manager

*Human Resources*

[amweav@ship.edu](mailto:amweav@ship.edu)

717-477-1124, option 1

### GA & SPP hiring

Tammy Myers

Management Technician

*Graduate School*

[tlmyers@ship.edu](mailto:tlmyers@ship.edu)

717-477-1148