Student Employment Documents Checklist

Student Name ____________________________________________

Timekeeper __________________________   Timekeeper’s Email ______________________________

Hiring Department ____________________________________________

___ Apply to position via Ship Career Connection OR ___ GA List

___ Work Authorization Form

___ Student Employee Data Form

___ W-4 Form

___ Residency Certification Form

___ Local Services Tax Form

___ Employment Eligibility Verification Form (1-9)

___ Student Payroll Completion of I-9

___ Social Security Card (must be signed)

___ Photo ID (current)

___ Direct Deposit (attach voided check or Financial Institution information sheet)

___ Confidentiality Statement

___ SU Information Release Authorization

___ SU Background Clearance Certification

___ SU Application Information for ACT 114

  FBI Criminal Search with Fingerprints

  APPROVED TO BEGIN WORKING BY AN HR STAFF REPRESENTATIVE

  __________________________

  INITIALS AND DATE

  _____ emailed timekeeper

  _____ emailed student

  Work Auth. sent to FA ___/___

  Work Auth. returned ___/___

  Intake performed by ____________

International Students

___ Social Security Card (proof applied for)

___ I-20 Certificate of Eligibility for Nonimmigrant Student Status Form

___ I-94 U.S. Customs & Border Protection

___ Passport – Required to copy all pages
# Student Employment
## Work Authorization Form

**Student Employee Responsibilities:** If you are a new student employee (not previously employed at Shippensburg University) you will have to complete a student payroll packet and submit all the paperwork to Human Resources/Payroll BEFORE you begin working. Students cannot work until all paperwork and required documents are submitted and approved by the HR/Payroll office. Students are not permitted to work during times they are scheduled to be in class. There are no exceptions to this rule. Students should only enter hours in eTime for dates and times they have worked. If you need assistance with eTime, please work with your department’s timekeeper. Student employees are expected to appear on time for their scheduled work hours or provide advance notice if absent or delayed. My signature below indicates that I agree and understand these requirements. This offer of employment is contingent upon available resources; if budgetary adjustments are made, this offer of employment may be withdrawn.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle):</th>
<th>SU email: @ship.edu</th>
</tr>
</thead>
<tbody>
<tr>
<td>SU Student ID:</td>
<td>Are you a current employee of the University?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Hiring Department Responsibilities:** Department representatives are responsible to notify Human Resources/Payroll of any changes in the student’s employment status. This includes, but is not limited to, changes to start and end dates. Departments are responsible to ensure that student employees remain within their budget amounts of hours and earnings. Departments should make every effort to accommodate the constraints that academics impose on students when developing work schedules. Department timekeepers must only approve hours that the student employee actually worked and are responsible to ensure the student employee's time is accurate. Students cannot work until all paperwork and required documents are submitted and approved by the HR/Payroll office.

<table>
<thead>
<tr>
<th>Student Position Title:</th>
<th>Employment Start Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly Rate of Pay:</td>
<td>Is this position a Graduate Assistantship or SPP? (circle one)</td>
</tr>
<tr>
<td></td>
<td>GA</td>
</tr>
<tr>
<td>New hire of the department:</td>
<td>Rehire of the department:</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Department:</td>
<td>Cost Center Number:</td>
</tr>
<tr>
<td>Timekeeper:</td>
<td>Timekeeper’s email:</td>
</tr>
<tr>
<td>Timekeeper’s extension:</td>
<td></td>
</tr>
<tr>
<td>Department Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**HR Office Use Only:** M ______ S ______ Wage Type ______ Position # ________________________
0554 ______ Assign. M ______ S ______ Wage Type ______ Position # ________________________

**Financial Aid Office Use Only:**

<table>
<thead>
<tr>
<th>Credits Enrolled:</th>
<th>SAP:</th>
<th>Wage Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAO Signature:</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
Student Employee Data Sheet

Please Print

Name_____________________________________________(as it appears on Social Security Card)

*Legal Address (this is your home address…the address used to pay your federal taxes)

Street______________________________________________

City________________________________________ State___________ Zip Code_________

County__________________________________________ Township/Borough_____________________

Date of Birth________________________________________

SU Campus E-Mail_________________________ Phone________________________

Ethnicity: (check one)

_____ Hispanic/Latino (of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race)

_____ Not Hispanic/Latino

Race: (check the one which best describes you)

_____ American Indian or Alaska Native

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ White

02/28/2018 drm
Form W-4

**Employee’s Withholding Certificate**

- 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.

### Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Single or Married filing separately</td>
<td>[ ] Married filing jointly or Qualifying widow(e)</td>
</tr>
<tr>
<td>[ ] 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)</td>
<td></td>
</tr>
</tbody>
</table>

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: 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.

- Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
- Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- 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 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

### Step 3: Claim Dependents

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 and enter the total here.

### Step 4: 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.

- **(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.

- **(c) Extra withholding.** Enter any additional tax you want withheld each pay period.

### 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 | First date of employment | Employer identification number (EIN) |

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions
Section references are to the Internal Revenue Code.

Future Developments
For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW-4.

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you and your spouse have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1. **Two jobs.** If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1 $ 

2. **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a. Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $ 

   b. Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b $ 

   c. Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c $ 

3. Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3 

4. Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4 $ 

Step 4(b) — Deductions Worksheet (Keep for your records.)

1. Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1 $ 

2. Enter:

   + $25,900 if you’re married filing jointly or qualifying widow(er)
   + $19,400 if you’re head of household
   + $12,950 if you’re single or married filing separately

   2 $ 

3. If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter “-0-”.

   3 $ 

4. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.

   4 $ 

5. Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5 $ 

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(c) 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 with no other entries on the form; 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.
## Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$30,000 - 39,999</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
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</tr>
<tr>
<td>$70,000 - 79,999</td>
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<tr>
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</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

## Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
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<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

## Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
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<tr>
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<td>$80,000 - 99,999</td>
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<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

Form W-4 (2022)
LOCAL EARNED INCOME TAX
RESIDENCY CERTIFICATION FORM

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

<table>
<thead>
<tr>
<th>EMPLOYEE INFORMATION - RESIDENCE LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (Last, First, Middle Initial)</td>
</tr>
<tr>
<td>FIRST LINE OF ADDRESS (If PO Box, please include actual street address)</td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough, Township)</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER INFORMATION - EMPLOYMENT LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER NAME (Use Federal ID Name)</td>
</tr>
<tr>
<td>Shippensburg University</td>
</tr>
<tr>
<td>FIRST LINE OF ADDRESS (If PO Box, please include actual street address)</td>
</tr>
<tr>
<td>1871 Old Main Drive</td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Shippensburg</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough, Township)</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE OF EMPLOYEE</td>
</tr>
<tr>
<td>PHONE NUMBER</td>
</tr>
</tbody>
</table>

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
Select Get Local Gov Support, >Municipal Statistics
LOCAL SERVICES TAX – EXEMPTION CERTIFICATE
2022
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 University (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: _________________________________
Address: ___________________________________ Phone #: _____________________________________
City/State: _________________________________ Zip: _________________________________________

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.

<table>
<thead>
<tr>
<th>1. PRIMARY EMPLOYER</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status (FT or PT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Earnings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>5.</th>
<th>6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status (FT or PT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Earnings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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 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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee’s E-mail Address</th>
<th>Employee’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 "NA" 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.

1. Alien Registration Number/USCIS Number:

2. Form I-94 Admission Number:

3. Foreign Passport Number:

   Country of Issuance:

Signature of Employee

Today's Date (mm/dd/yyyy)

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. (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 Date (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Additional Information

QR Code - Sections 2 & 3
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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

### Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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 | Today’s Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |

Form I-9 10/21/2019

Page 2 of 3
# 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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
</table>
| 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 |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport, and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| 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 | 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 |
|                                    | 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 |

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

Refer to the instructions for more information about acceptable receipts.
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 ________________

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) _____________________________________________________

Effective with pay date of ________________________________________________________

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.

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
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 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.

Name: Last __________________________________ First __________________________________ M.I. ______

Please print clearly

Home/Cell/Work Phone: _______________ Email Address: _______________

Current Address: _______________________________________________________

City/State/Zip Code: ___________________________________________________

Hiring Department: _____________________________________________________

Signature: ___________________________ Date: ____________________________

DO NOT WRITE BELOW THIS LINE: FOR UNIVERSITY USE ONLY

Date of Birth: _________________________ SS#: _____________________________

Timekeeper: __________________________ Timekeeper’s email: ___________________

Previously Employed? YES or NO

Rev. 09/2022 KES
Shippensburg University
Background Clearance Certification
for Provisional Employment or Volunteering
(Under the Child Protective Services Law)

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 ___________________________________. [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:

1. 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

2. 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.

3. 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
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                  ☐ Hispanic
☐ Female                  ☐ Non-Hispanic

Ethnicity:  

Hair Color:  

Eye Color:  

Height:  

Feet/Inches

Weight:  

Pounds

Race:  

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

Signature  

------------------

Date