

**Idaho State University
New Hire Packet
Temporary or Student Employees**

PLEASE READ AND FOLLOW DIRECTIONS:

I-9: Complete the top portion, Section 1. DO NOT write below the signature line. Be prepared to show original identification for the lists in Section 2. Lists showing the documentation that will be accepted are on the third page of the form. If you don't have the required documents, federal law prohibits us from allowing you to work.

W-4: Federal Income Tax Deduction. Use your permanent home mailing address and name as it appears on your social security card. If you are not a United States citizen, you must contact Human Resources.

Personnel Action Request: Use your legal name and obtain your department's signature.

Selective Service: Use your legal name and sign the form.

Affirmative Action Identification: This is voluntary information to assist in data collection for the Affirmation Action Program.

Tax withholding on student employees: Students are exempt from FICA and Medicare tax withholding if they are carrying at least a half-time credit load (6 credit hours undergraduate; 5 credit hours graduate).

Upon completion of the above, submit all of the original forms in person to the Human Resources Office, Administration building, Room 312. These forms must be completed within 3 working days of the first day of work.

Questions? Human Resources 282-2517



IDAHO STATE UNIVERSITY

Personnel Action Request for Temporary or Student Workers (PARTS)

THIS FORM MUST BE COMPLETED AND SUBMITTED TO

HUMAN RESOURCES PRIOR TO THE EMPLOYEE COMMENCING WORK!

New employees must complete new hire paperwork within three working days of hire. Failure to submit new hire paperwork within 3 working days could subject the department to monetary penalties by the federal government.

EMPLOYEE TYPE: Student Employee Work Study Student Employee (please note Financial Aid will review CWS positions)

Do you want a student position set up after financial aid funds expire? Yes OR No

Temporary Employee (non-student) Temporary Position for a Benefited ISU Employee (Overtime form required if classified)

EMPLOYEE STATUS: New Employee to ISU (new hire paperwork must be completed within 3 working days)

Existing Employee: Please indicate changes New Position Pay Rate Index Other: _____

PERSI Eligible Retiree (Enter Last Check Date): _____

EMPLOYEE INFORMATION: Bengal/Student/Employee # _____

Employee Name: _____ **Employee Phone Number:** _____
(print or type legal name as it appears on the employee's Social Security Card)

Employee Mailing Address: _____

HIRING INFORMATION: Work Location City: _____ Work Location State: _____

Department: _____ **Phone:** _____ **Campus Box:** _____

Start Date of this Position: _____ *If you need to add more than 4 positions please attach 2nd form*

Job Title <small>work study titles (pre-established classification titles)</small>				
Hourly Rate of Pay *				
<small>*Rates exceeding the maximum listed for the pre-established classification titles require prior Human Resources approval</small>				
Est. Hours Worked (per fiscal year)				
Est. Total Earnings (auto calculated)				
Index(s) to be charged**				
HR/FINAID USE ONLY-Position # & Suffix				

****NOTE:** If you intend to split one position between two or more indexes, identify the percent allocation after the index within the index box. If you want multiple positions paid 100% from a single index, you must list each index separately in a new column with the appropriate title, pay rate, estimated hours, and estimated total earnings

PARTS processing deadline is close of business on the last Friday of the pay period. Any PARTS form and new employee paperwork received after this deadline may result in the employee not being paid until the following pay period.

APPROVER, TIME ENTRY & TIME SHEET ORGANIZATION INFORMATION

Time Approver: _____ (mandatory approval)

Time Sheet Organization: _____

Time Entry Method: Employee BengalWeb Time Entry Department Time Entry

APPROVAL SIGNATURES:

Department Authorization of Funds: _____ **Date:** _____

UBO or Fiscal Officer _____ **Date:** _____

I hereby acknowledge this employment arrangement is temporary. Employment in a student or temporary position at Idaho State University does not guarantee consideration for, or subsequent employment in, regular positions that may become available. As a temporary employee, I am subject to the same campus-wide policies that apply to all university students, staff and faculty.

As a temporary employee at Idaho State University, I understand I have the right to terminate my employment at any time and Idaho State University retains the right to terminate my employment at any time, with or without prior notice or cause, regardless of any other documents or oral or written statements issued by Idaho State University or its representatives.

New Employee Signature: _____ **Date:** _____

New employees must submit the completed New Hire Packet with qualifying identification (refer to I9 form to see eligible documents) to Human Resources, Room 312, Administration Building within three working days of hire. Existing employees with information changes only must submit this completed Personnel Action Request to Human Resources. Questions? Call Human Resources 282-2517

Idaho State University
Affirmative Action Identification
Temporary or Student Employees

IDAHO STATE UNIVERSITY ASKS APPLICANTS TO VOLUNTEER THE FOLLOWING INFORMATION FOR OUR AFFIRMATIVE ACTION PROGRAM; THIS INFORMATION IS HELD IN CONFIDENCE BY THE AFFIRMATIVE ACTION OFFICE AND IS **NOT** ROUTINELY SUPPLIED TO ANY OTHER UNIVERSITY DEPARTMENT. YOUR COOPERATION IS GREATLY APPRECIATED.

PERSONAL DATA

Temporary Employee (non-student) **Student Employee**

Employee Name (print or type legal name):

Department:

Male **Female**

Date of Employment:

Birth date:

Disabled

AN INDIVIDUAL WHO (1) HAS A PHYSICAL OR MENTAL IMPAIRMENT WHICH SUBSTANTIALLY LIMITS ONE OR MORE OF SUCH PERSON'S MAJOR LIFE ACTIVITIES; (2) HAS A RECORD OF SUCH IMPAIRMENT OR; (3) IS REGARDED AS HAVING SUCH IMPAIRMENT.

RACE/ETHNIC ORIGIN (Check only one)

American Indian/Alaskan Native

A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICAN AND WHO MAINTAINS CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.

Asian/Pacific Islander

A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUB-CONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, JAPAN, KOREA, THE PHILIPPINE ISLANDS AND SAMOA.

Black (Not of Hispanic origin)

A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.

Hispanic

A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OF ORIGIN, REGARDLESS OF RACE.

White (Not of Hispanic origin)

A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST.

VETERAN STATUS (Check all that apply)

Disabled Veteran

A VETERAN WITH A DISABILITY THAT WAS INCURRED IN THE LINE OF DUTY, OR A DISABILITY RATED AT 30% BY THE VETERANS ADMINISTRATION.

Vietnam Veteran

CITIZENSHIP STATUS (Check only one)

U.S. Citizen

Permanent U.S. Resident

Other, please explain

RECRUITMENT SOURCE (Check all that apply)

Chronicle of Higher Education

Higherjobs.com

Idaho State Journal

Idaho State University Website

Idaho Statesman

Morning News (Blackfoot)

Other, please explain _____

Post Register

Salt Lake Tribune

Times News (Twin Falls)

Trade publication/Web site

**Idaho State University
Selective Service Statement
Temporary or Student Employees**

Name: _____

Date: _____

Registration Compliance

Idaho Code 46-504 provides that no person is eligible for employment with the state of Idaho or a political subdivision of the state, unless that person is in compliance with the federal selective service act. Failure to truthfully answer these questions may be grounds for rejection of your application or dismissal from employment.

I certify that I am not required to be registered with the federal military selective service act.

I certify that I am registered with the federal military selective service act.

Employee Signature: _____ **Date:** _____

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

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

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

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