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

This form must be completed and submitted to Human Resources prior to the employee commencing work. In order to ensure payment resulting from changes in the rate of pay, or for new employees, paperwork should be submitted during the first week of the bi-weekly pay period. If the paper work is not submitted in a timely manner, no electronic timesheet will be generated and the employee will not be able to enter time prior to the payroll deadline. *New employees must complete new hire paperwork within three working days of hire.*

TYPE OF EMPLOYEE: ☐Student Employee ☐ Work Study Student Employee ☐Temporary Employee (non-student)

For a work study student position do you want a student position set up for when funds run out? ☐Yes OR ☐ No

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STATUS OF EMPLOYEE: ☐New Employee (all blanks must be filled) ☐Existing Employee – information change

PERSI Eligible Retiree (Enter Last Check Date): ____________________ ☐Pay Rate ☐Funding ☐Other: _________

EMPLOYEE INFORMATION:

Bengal/Student/Employee # ________________Employee Name: ____

(print or type legal name as it appears on the employee's Social Security Card)

Employee Mailing Address: ____

Employee Phone Number: ____

HIRING INFORMATION:

Department: ____ Campus Box: ____________________

Hiring Manager: ____ Manager Phone: ____________________

Start Date of this position: _________________________Estimated End Date of this position: ____________________

Classification Title: ____

*Select a title from http://www.isu.edu/humanr/employment.shtml *If you require specific suffixes please list the number clearly after the title

Hourly Rate of Pay: ____

*Hourly rate in excess of the range maximum listed for the classification requires Human Resources approval.

Index(s) to be charged: ____

____

* If you are going split 1 position between 2 or more accounts please put in percentages, if you want multiple positions paid 100% to 1 account please list each account separately

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APPROVER, TIME ENTRY & TIME SHEET ORGANIZATION INFORMATION

Time Approver 1: ____ (mandatory approval)

Optional Time Approver 2: ____ (☐mandatory or ☐FYI approval)

Optional Time Approver 3:____ (☐ mandatory or ☐FYI approval)

Time Sheet Organization (if known): ____

Time Entry Method: ☐Employee BengalWeb Time Entry ☐Department Time Entry

☐Time Clock Plus (please include suffix # next to title above)

APPROVAL SIGNATURES:

Department Authorization of Funds: ____ Date: ____________________

UBO or Fiscal officer ____ Date: ____________________

Dean/or equivalent ____ Date: ____________________

I hereby acknowledge this employment arrangement as 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 staff member at Idaho State University, I understand that I have the right to terminate my employment at any time as Idaho State University retains the same 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.

Employee Signature: ____ Date: ____________________

New employees should submit the completed New Hire Packet with qualifying identification (see I9 form to see eligible documents) to Human Resources, Room 312, Administration Building within three days of hire. Existing employees with information changes only should 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: **Date of Employment:**

☐ **Male** ☐ **Female** **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
☐ Higheredjobs.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 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

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

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

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:
- 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 $1,800 of **child or dependent care expenses** for which you plan to claim a credit . . **F** ______

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- 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 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 plus "1" **additional** if you have six or more eligible children.

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.**
- 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 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 ($25,000 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.

Cut 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

Employee's Withholding Allowance Certificate

▶ **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.**

OMB No. 1545-0074

2009

1 Type or print your first name and middle initial.	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ 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.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5** ______

6 Additional amount, if any, you want withheld from each paycheck . . . . **6** $ ______

7 I claim exemption from withholding for 2009, and I certify that I meet **both** of the following conditions for exemption.
- 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
(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, claim certain credits, adjustments to income, or an additional standard deduction.

1	Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over $166,800 ($83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.)	1	$
2	Enter: { $11,400 if married filing jointly or qualifying widow(er); $ 8,350 if head of household; $ 5,700 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.)	5	$
6	Enter an estimate of your 2009 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 $3,500 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 $50,000 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 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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

Married Filing Jointly: If wages from **LOWEST** paying job are—	Enter on line 2 above	All Others: If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $4,500	0	$0 - $6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly: If wages from **HIGHEST** paying job are—	Enter on line 7 above	All Others: If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $65,000	$550	$0 - $35,000	$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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.