SUNY
DOWNSTATE
MEDICAL
CENTER

2019-2020 Federal Work Study Request Form

Student Name: __________________________ ID#: _________________________

<table>
<thead>
<tr>
<th>Requested Amount</th>
<th>Start Date: MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Federal work-study positions are available online.

CHECK ALL THAT APPLY:

New – first time using work-study at SUNY Downstate  Changing Employer

Previously on work-study for:  18/19  17/18  16/17 or before enter the year ___

Were you employed through the FWS program at another CUNY or SUNY school?

Yes  No

I understand that I cannot begin working until all employment forms are completed and submitted to the Financial Aid Office.

______________________________  __________________________  ____________
Supervisor Signature          Supervisor Name             Date

______________________________  ____________
Student Signature              Date

<table>
<thead>
<tr>
<th>Financial Aid Office use only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Requests? __ Approved:</td>
</tr>
</tbody>
</table>
| Comments:                     Denied:   Staff Initials: _______

Office of Student Financial Aid
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
Phone: (718) 270-2488
Fax: (718) 270-7592
Financialaid@downstate.edu
Federal College Work-Study
Employment Interview Form – Supervisor only

Student Name: ________________________________  Student ID #: ________________________________

Address: ____________________________________

Date of Birth: ____________________  Phone: ____________________  Expected Graduation Date: ____________

College:  
- Medicine  □ MED1 □ MED2 □ MED3 □ MED4
- Nursing  □ Undergraduate □ Graduate
- CHRP  □ Diagnostic Med. Imaging □ Health Info. Mgmt. □ Midwifery
- Graduate Studies  □ OT □ PT □ PA

Supervisor’s Name: ________________________________

Department of Employment: ________________________________  Payroll Account #: ________________________________

Location: ________________________________  Telephone: ____________________  Box#: __________________

Period of Employment: From ____________________ To ____________________

Job Title: ________________________________  Number of Hours per week: ____________________

Job Description: ________________________________

____________________________________________________________________________________

Student’s Signature: ________________________________  Date: __________________

Supervisor’s Signature: ________________________________  Date: __________________

____________________________________________________________________________________

Financial Aid Office use only:

Start date: __________  Award amount: __________  Hourly rate: __________  Date: __________

Approved by: ________________________________

Office of Student Financial Aid
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
Phone: (718) 270-2488
Fax: (718) 270-7592
Financialaid@downstate.edu
Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if both of the following apply.

• For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions
If you aren’t exempt, the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how much of the amount of tax you’re having withheld compares to your projected total tax for 2019. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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
Personal Allowances Worksheet
Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:
Generally, you may claim head of household filing status on your tax return only if you’re unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as a qualifying child who doesn’t meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Employee’s Withholding Allowance Certificate
Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

<table>
<thead>
<tr>
<th>W-4</th>
<th>Department of the Treasury</th>
<th>Internal Revenue Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>OMB No. 1545-0074</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Your first name and middle initial</td>
<td>Last name</td>
</tr>
<tr>
<td>3</td>
<td>□ Single □ Married □ Married, but withheld at higher Single rate.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>□ If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you’re claiming (from the applicable worksheet on the following pages)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</td>
<td></td>
</tr>
</tbody>
</table>

If you meet both conditions, write "Exempt" here. Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge, it is true, correct, and complete.

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

Date |

9 | First date of employment |
10 | Employer identification number (EIN) |

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q Form W-4 (2019)
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows:

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).
<table>
<thead>
<tr>
<th></th>
<th>Personal Allowances Worksheet (Keep for your records.)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Enter “1” for yourself</td>
<td>B</td>
<td>Enter “1” if you will file as married filing jointly</td>
<td>C</td>
<td>Enter “1” if you will file as head of household</td>
</tr>
</tbody>
</table>
| D | Enter “1” if:  
  • You’re single, or married filing separately, and have only one job; or  
  • You’re married filing jointly, have only one job, and your spouse doesn’t work; or  
  • Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less. |   |   |   |   |
| E | **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.  
  • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter “4” for each eligible child.  
  • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter “2” for each eligible child.  
  • If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter “1” for each eligible child.  
  • If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter “-0-” | F | **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.  
  • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter “1” for each eligible dependent.  
  • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter “1” for every two dependents (for example, “-0-” for one dependent, “1” if you have two or three dependents, and “2” if you have four dependents).  
  • If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter “-0-” | G | **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter “-0-” on lines E and F |
| H | Add lines A through G and enter the total here |   |   |   |   |

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $53,000 ($24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 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 above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details.  
   1 $ 

2. Enter:  
   - $24,400 if you’re married filing jointly or qualifying widow(er)  
   - $18,350 if you’re head of household  
   - $12,200 if you’re 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 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).  
   4 $ 

5. Add lines 3 and 4 and enter the total.  
   5 $ 

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest).  
   6 $ 

7. Subtract line 5 from line 4. If zero, enter “-0-”. If less than zero, enter the amount in parentheses.  
   7 $ 

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction.  
   8 $ 

9. Enter the number from the Personal Allowances Worksheet, line H, above.  
   9 $ 

10. Add lines 8 and 9 and enter the total here. If zero or less, enter “-0-”. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.  
    10 $
Two-Earners/Multiple Jobs Worksheet

Note: Use the worksheet only if the instructions under line H from the Personal Allowances Worksheet directs you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the
   Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that
   worksheet) ____________________________ 1

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're
   married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for
   you and your spouse are $107,000 or less, don't enter more than "3". ____________________________ 2

3. If line 1 is more or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0")
   and on Form WT-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 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 2019. For example, divide by 18 if you're paid every 2
   weeks and you complete this form on a date in late April when there are 18 pay periods remaining in
   2019. 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>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 19,500</td>
<td>2</td>
</tr>
<tr>
<td>19,501 - 35,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 - 46,000</td>
<td>5</td>
</tr>
<tr>
<td>46,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 125,000</td>
<td>12</td>
</tr>
<tr>
<td>125,001 - 155,000</td>
<td>13</td>
</tr>
<tr>
<td>155,001 - 185,000</td>
<td>14</td>
</tr>
<tr>
<td>165,001 - 175,000</td>
<td>15</td>
</tr>
<tr>
<td>175,001 - 180,000</td>
<td>16</td>
</tr>
<tr>
<td>180,001 - 195,000</td>
<td>17</td>
</tr>
<tr>
<td>195,001 - 205,000</td>
<td>18</td>
</tr>
<tr>
<td>205,001 and over</td>
<td>19</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $24,900</td>
<td>420</td>
</tr>
<tr>
<td>24,901 - 34,450</td>
<td>500</td>
</tr>
<tr>
<td>34,451 - 173,900</td>
<td>910</td>
</tr>
<tr>
<td>173,901 - 326,950</td>
<td>1,000</td>
</tr>
<tr>
<td>326,951 - 413,700</td>
<td>1,330</td>
</tr>
<tr>
<td>413,701 - 617,850</td>
<td>1,450</td>
</tr>
<tr>
<td>617,851 and over</td>
<td>1,540</td>
</tr>
</tbody>
</table>

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 possess makers 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 aren't required to provide the information requested on a form that's 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.
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.)

Last Name (Family Name)  First Name (Given Name)  Middle Initial  Other Last Names Used (if any)

Address (Street Number and Name)  Apt. Number  City or Town  State  ZIP Code

Date of Birth (mm/dd/yyyy)  U.S. Social Security Number  Employee’s E-mail Address  Employee’s Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions)

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See Instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:

An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________

   OR

2. Form I-94 Admission Number: ____________________________

   OR

3. Foreign Passport Number: ____________________________

   Country of Issuance: ____________________________

Signature of Employee: ____________________________

Today's Date (mm/dd/yyyy): ____________________________

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): ____________________________

Last Name (Family Name)  First Name (Given Name)

Address (Street Number and Name)  City or Town  State  ZIP Code
## Section 2. Employer or Authorized Representative Review and Verification

(Workers 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 "List of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee info from Section 1</th>
<th>List A Identity and Employment Authorization</th>
<th>List B Identity</th>
<th>AND</th>
<th>List C Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>M.I.</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Additional Information

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 ZIP Code</td>
</tr>
</tbody>
</table>

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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 |
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>OR</th>
<th>LIST B</th>
<th>AND</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td></td>
<td>Documents that Establish Employment Authorization</td>
<td></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>5. U.S. Military card or draft record</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>6. Military dependent's ID card</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td>10. School record or report card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
AGREEMENT BY STUDENT EMPLOYEE TO MAINTAIN CONFIDENTIALITY AND PRIVACY OF RECORDS PERTAINING TO STUDENTS, FACULTY AND STAFF

I understand that in my capacity as a student employee at Downstate Medical Center of The State University of New York, whether as a full-time, part-time, work-study student or otherwise, I may have access to confidential and private records of students, faculty, staff, and applicants for admission or employment.

I understand that I am not permitted to discuss or share this information with other students, friends, family, or other employees.

I understand that under the policies of The State University of New York, as well as Federal and State privacy laws, these records are protected from disclosure to third parties unless pursuant to narrow exceptions. Student records in particular are protected by The State University’s Student Records Access Policy and the United States Family Educational Rights and Privacy Act (also known as “FERPA” and the “Buckley Amendment”).

I understand that if as part of my job responsibilities I am supposed to release information regarding students, faculty, staff, or applicants for admission or employment, I will receive specific written instructions from my college supervisor.

I understand that I must ask my college supervisor for instructions if I have any questions about the release of information regarding any student, faculty or staff member, or applicant.

I agree to maintain the confidentiality and privacy of all records of students, faculty, staff, and applicants, during and after the period of my employment.

I shall not, directly or indirectly, communicate to any person other than my supervisor or his or her superiors, or an individual approved my supervisor, any information concerning such records. I understand that any such prohibited disclosure may be grounds for termination of my employment, denial of future employment, and possible student disciplinary action including suspension or expulsion.

I have read and understand my responsibilities in the protection of student information under FERPA. I acknowledge that failure to adhere to the code above, intentional or otherwise, may result in a failing grade, termination of employment and/or referral to Student Conduct for disciplinary action, and could subject me to criminal and or civil penalties.

Signature ___________________________ Print Name ___________________________

Date: ________________
**Direct Deposit Form for NYS Employees**
(To be used for enrollment, changes and cancellations)

**Section A: Employee Information**

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MI)</th>
<th>WORK PHONE #</th>
<th>LAST FOUR DIGITS OF SOCIAL SECURITY #</th>
<th>AGENCY/DEPT CODE</th>
</tr>
</thead>
</table>

For more than three accounts or if you prefer to list each Financial Institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (net pay) deposit.

**Section B: Account Type**

<table>
<thead>
<tr>
<th>New or Additional *</th>
<th>Change Joint Account Holder *</th>
<th>Change Amount or Percentage</th>
<th>Cancel</th>
<th>Name of Financial Institution</th>
<th>Account Number</th>
<th>Amount, Percentage or Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>(√)</td>
<td></td>
<td>(√)</td>
<td>(√)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. [ ] Savings  [ ] Checking
2. [ ] Savings  [ ] Checking
3. [ ] Savings  [ ] Checking

*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.*

**Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee’s name MUST appear on the account(s).**

As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.

1. NAME OF FINANCIAL INSTITUTION: ____________________________
   Depositor’s Account Number (EFT Format): ___________________
   Account Type: [ ] Savings  [ ] Checking
   Routing Number: ____________________________
   Print or Type Representative’s Name: _______________________
   Signature of Representative: ____________________________
   Telephone Number: ____________________________
   Date: ____________________________

2. NAME OF FINANCIAL INSTITUTION: ____________________________
   Depositor’s Account Number (EFT Format): ___________________
   Account Type: [ ] Savings  [ ] Checking
   Routing Number: ____________________________
   Print or Type Representative’s Name: _______________________
   Signature of Representative: ____________________________
   Telephone Number: ____________________________
   Date: ____________________________

3. NAME OF FINANCIAL INSTITUTION: ____________________________
   Depositor’s Account Number (EFT Format): ___________________
   Account Type: [ ] Savings  [ ] Checking
   Routing Number: ____________________________
   Print or Type Representative’s Name: _______________________
   Signature of Representative: ____________________________
   Telephone Number: ____________________________
   Date: ____________________________

**Section D: Employee/Joint Account Holders Certification:** I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature: ____________________________ Date: ____________________________
B-1 Joint Account Holder: ____________________________ Date: ____________________________
B-2 Joint Account Holder: ____________________________ Date: ____________________________
B-3 Joint Account Holder: ____________________________ Date: ____________________________
INSTRUCTIONS: Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS: Employee must complete Sections A, B, and D for each new/additional account or for changes in account holders. See instructions below for Section C.

Section A: Indicate your name, work phone number and Agency/Department code. For your personal privacy, enter only the last four digits of your social security number.

Section B: To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the “New or Additional” column. For changes in account holders, place a check mark in the account type and in the appropriate “Change” column. Indicate the name of the financial institution, account number, and amount or percentage to be deposited.
- Employees may choose up to seven fixed amount or percentage deposits, as well as one excess (net pay) deposit. This form accommodates up to three accounts. For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary.
- Account number is obtained from a personal check, bank statement, or the financial institution.
- To deposit a fixed amount, enter a specific amount (may include cents, e.g. $100.25). To deposit a portion of the paycheck, enter a specific percent (must be a full percentage, e.g. 50%). Write the word “excess” to deposit the remainder of monies after all other distributions.

Section C: For Savings Accounts, this section must be completed by your financial institution(s). For Checking Accounts, this section must be completed by your financial institution(s) if you are not attaching a voided personal check. The employee’s name must appear on the account.

Section D: The Employee/Joint Account Holder Certification must be signed by the employee in all instances and any joint account holder if this is a new/added account. By signing this form, the employee and any joint account holder each allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

CHANGES TO MONEY OR PERCENTAGE AMOUNT: Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections A, B, and D of a new Direct Deposit Form. Section C does not need to be completed for these changes. In Section B, place a check mark in the appropriate “Change” column. New fixed amount or percentage direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits. For example, if an employee’s pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be taken.

To change direct deposit priorities, please contact your agency payroll or personnel office. Financial institution changes may take up to two payroll periods to become effective. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee’s direct deposit transaction, employees may experience a delay in payments. Joint account holder’s signature is not required for these transactions.

CANCELLATIONS: The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. To cancel the agreement, the employee must complete Sections A, B and D of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder’s signature is not required. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee’s direct deposits when internal control policies would be compromised by this form of salary payment.

NOTE: Direct deposit advice statements are distributed by the enrollee’s agency. If the statement is unclaimed, it will be held by the agency for thirty (30) days after which time the statement will be destroyed.

Additional Information

The information on this form is required pursuant to Part 102 of the Codes, Rules and Regulations of New York State (2 NYCRR 102). This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete a new form. The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure by the employee to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program of the Bureau of State Payroll Services, NYS Office of the State Comptroller.
Federal Work Study Payroll Rights and Responsibilities

Please check:

☐ I understand that my payroll funds will be remitted to me by Direct Deposit.

☐ I also understand that a “check notification” will be issued each pay period, containing information regarding the disposition of my payroll funds (withholding amounts, etc.).

☐ I understand that it is my responsibility to pick up the notification in the Financial Aid Office on the Thursday during the week following the submission of the timesheet.

☐ I give my permission to have the notification mailed to me at the address that appears on it, in the case that I neglect to pick it up within a week of its issuance.

☐ I understand that I am responsible to notify either the Financial Aid Office or the Payroll Office of any change of address.

☐ In the case that I fail to do so, and the “check advice” is returned as a result of a bad address, I understand that it will be considered unclaimed property and will be sent to the New York State Department of Tax and Finance, Division of Treasury.

Signature ___________________________ Date _____________
<table>
<thead>
<tr>
<th>Pay Period</th>
<th>Time Sheets Are Due On: <strong>Thursday</strong></th>
<th>Pay Day Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/21/19 – 04/03/19</td>
<td>04/04/19</td>
<td>04/25/19</td>
</tr>
<tr>
<td>04/04/19 – 04/17/19</td>
<td>04/18/19</td>
<td>05/09/19</td>
</tr>
<tr>
<td>04/18/19 – 05/01/19</td>
<td>05/02/19</td>
<td>05/23/19</td>
</tr>
<tr>
<td>05/02/19 – 05/15/19</td>
<td>05/16/19</td>
<td>06/06/19</td>
</tr>
<tr>
<td>05/16/19 – 05/29/19</td>
<td>06/03/19</td>
<td>06/20/19</td>
</tr>
<tr>
<td>05/30/19 – 06/12/19</td>
<td>06/13/19</td>
<td>07/03/19</td>
</tr>
<tr>
<td>06/13/19 – 06/26/19</td>
<td>06/27/19</td>
<td>07/18/19</td>
</tr>
<tr>
<td>06/27/19 – 07/10/19</td>
<td>07/11/19</td>
<td>08/01/19</td>
</tr>
<tr>
<td>07/11/19 – 07/24/19</td>
<td>07/25/19</td>
<td>08/15/19</td>
</tr>
<tr>
<td>07/28/19 – 08/07/19</td>
<td>08/08/19</td>
<td>08/29/19</td>
</tr>
<tr>
<td>08/08/19 – 08/21/19</td>
<td>08/22/19</td>
<td>09/12/19</td>
</tr>
<tr>
<td>08/22/19 – 09/04/19</td>
<td>09/05/19</td>
<td>09/26/19</td>
</tr>
<tr>
<td>09/05/19 – 09/18/19</td>
<td>09/19/19</td>
<td>10/10/19</td>
</tr>
<tr>
<td>09/19/19 – 10/02/19</td>
<td>10/03/19</td>
<td>10/24/19</td>
</tr>
<tr>
<td>10/03/19 – 10/16/19</td>
<td>10/17/19</td>
<td>11/07/19</td>
</tr>
<tr>
<td>10/17/19 – 10/30/19</td>
<td>10/31/19</td>
<td>11/21/19</td>
</tr>
<tr>
<td>10/31/19 – 11/13/19</td>
<td>11/14/19</td>
<td>12/05/19</td>
</tr>
<tr>
<td>11/14/19 – 11/27/19</td>
<td>*11/28/19</td>
<td>12/19/19</td>
</tr>
<tr>
<td>11/28/19 – 12/11/19</td>
<td>12/12/19</td>
<td>01/02/20</td>
</tr>
<tr>
<td>12/12/19 – 12/25/19</td>
<td>*12/25/19</td>
<td>01/16/20</td>
</tr>
<tr>
<td>12/26/19 – 01/08/20</td>
<td>01/09/20</td>
<td>01/30/20</td>
</tr>
<tr>
<td>01/09/20 – 01/22/20</td>
<td>01/23/20</td>
<td>02/13/20</td>
</tr>
<tr>
<td>01/23/20 – 02/05/20</td>
<td>02/06/20</td>
<td>02/27/20</td>
</tr>
<tr>
<td>02/06/20 – 02/19/20</td>
<td>02/20/20</td>
<td>03/12/20</td>
</tr>
<tr>
<td>02/20/20 – 03/04/20</td>
<td>03/05/20</td>
<td>03/26/20</td>
</tr>
<tr>
<td>03/05/20 – 03/18/20</td>
<td>03/19/20</td>
<td>04/10/20</td>
</tr>
<tr>
<td>03/19/20 – 04/01/20</td>
<td>04/02/20</td>
<td>04/24/20</td>
</tr>
</tbody>
</table>

(PLEASE SEE OTHER SIDE)
Please note: Students will only be paid for hours they actually worked. Federal law prohibits any deviation from this regulation. If you work six or more hours, you must include a 1/2-hour lunch break. Lunch breaks are not considered part of the working day and are not covered by Federal Work-Study (FWS).

Students may not work more than 20 hours per week while School (class) is in session (You may work up to 40 hours per week when school (class) is not in session). Students who exceed their FWS award will not be paid for hours worked beyond their allotment. Time sheets must be rounded to the nearest quarter-hour (i.e., 3:15, 3:30, 3:45, etc.). FWS award increases are based upon availability of funds.

Time sheets reflect two-weeks corresponding to your work schedule. Pay periods may differ slightly when they occur near a Federal or State holiday. Do not split time sheets. Time sheets are submitted electronically via SUNY Secure login and must be approved by your supervisor. Time sheet must be submitted no more than 2 days after the 2 week pay period ends.

* Dates marked with an asterisk fall on a holiday and may require time sheets to be submitted on a day other than the regularly scheduled Thursday. Please look out for due date changes.

The Office of the Bursar distributes checks and notifications of direct deposit on each Thursday and Friday of a pay week. Notifications of direct deposit that are not picked up from the Bursar's office will be returned to the Payroll office. W2 forms will be mailed to the address you enter on your W4 withholding form. It is the student's responsibility to notify the Financial Aid and Payroll office of any address change.

June 30, 2019 ends the 2018/2019 fiscal year for federal work-study.
Information for Students Regarding the Federal Work-Study Program

Students requesting or receiving Federal Work-Study (FWS) as part of their financial aid package should be aware of the following:

- **You must complete the FAFSA application.**

- **You must be enrolled for 6 credits or more**

- Federal Work-Study funds are part of your total aid package for the entire academic year. Funds earned during the summer are attributed to your fall and spring semester to meet your budgetary needs.

- The fiscal year for the Federal Work-Study Program is from July 1 – June 30 of each academic year. *Students entering their first academic year in June 2019 (summer semester) may not begin work until July 1.*

- If you are scheduled to graduate at the end of the semester, you may not work past your last day of classes as scheduled by the Registrar office.

- Students seeking FWS employment should consult the list of job opportunities posted here [http://sls.downstate.edu/financial_aid/workstudy/positions.html](http://sls.downstate.edu/financial_aid/workstudy/positions.html). In order to begin employment, students must submit the following documents to the Office of Financial Aid prior to having their time sheets processed:

  1. Employment Interview form
  2. W-4 withholding form
  3. I-9 form
  4. Direct Deposit Form
  5. Federal Work Study Payroll Rights and Responsibility Form
  6. Confidentiality agreement

- **Students may not work during scheduled class times unless the class has been cancelled.**

- Students may work no more than 20 hours per week when classes are in session (40 hours a week when classes are not in session). The Financial Aid office cannot guarantee payment for the hours you work that exceed your work-study allotment.

- Students can be paid only for hours actually worked. Federal law prohibits any deviation from this regulation.
• Students who are on Financial Aid Satisfactory Academic Progress denial cannot participate in the federal work-study program.

• As of March 3, 2017, time sheets are to be submitted electronically via SUNY Secure login. You will need your SUNY Id#/NETID username and password for the SUNY Secure login. Your supervisor must approve your time electronically. Please keep a record of the hours you work.

• Time sheets are submitted on a biweekly basis. Times sheets must be submitted two days after the close of the two-week pay period.

• Time sheets submitted after the pay period closes will result in late payment.

• Please use the Account Balance form included in your employment packet to ensure that you do not exceed your award. We cannot guarantee payment for hours worked that exceed your award.

• There are New York State and Federal fiscal deadlines for each academic year, which apply to the Work Study payroll and do not necessarily, apply to other payrolls.

• Checks will be available for pick up at the Bursar's Office on Thursday according to the payroll schedule.

• We highly recommend that you sign up for Direct Deposit.

• Paychecks and direct deposit notices that have not been picked up after 30 days will be returned to the Payroll office. If you cannot pick up your check in person, you may request that it be mailed to you. Paychecks returned to our office because of an incorrect mailing address will be returned to the Payroll Office.