

**OCEAN COUNTY COLLEGE
OFFICE OF FINANCIAL AID
2009-2010
STUDENT APPLICATION
FEDERAL / INSTITUTIONAL WORK STUDY
FORM**

STUDENTS: Please complete this form. This form will assist you in finding employment on/off campus for the upcoming year.

THIS IS NOT A GUARANTEE OF EMPLOYMENT

Name: _____

Address: _____

City, State, Zip: _____

SSN: _____ School ID #: _____

Home Phone: _____ Cell Phone: _____

Campus E-Mail: _____

Home E-Mail: _____

Type of Work Preferred?: _____

Do You Have Computer Skills?: _____

What Degree program are you enrolled in?: _____

Previous Job Experience: _____

Do you have transportation? Yes: _____ No: _____

Have you participated in Work Study Before? Yes: _____ No: _____

What Department do you work in? _____

Would you like to return to that department? Yes: _____ No: _____

Student Signature _____ Date: _____

OCEAN COUNTY COLLEGE WORK STUDY INSTRUCTIONS, INFORMATION AND APPLICATION

A. Eligibility:

To be eligible for work-study you must do the following:

1. You **MUST** file a FAFSA form annually and meet all federal eligibility requirements to qualify for the work study program.
2. You **MUST** be registered for a minimum of six credits per semester. If you drop below the minimum amount, you will be terminated from your position. If you graduate, withdraw, or leave school for any reason, you must stop working.
3. You **MUST** maintain a cumulative G.P.A. of 2.0.
4. Students with no demonstrated financial need and have specialized skills or certifications may be assigned employment through the Institutional Work Study (IWS) program.
5. Students will be accepted and assigned without regard to race, color, national origin, sex or disability.
6. Attend and complete one of the Federal Work Study Orientation programs.

Applications and Forms:

Complete the following forms and return them to the Financial Aid office as soon as possible:

1. Application for college work study
2. IRS Form W-4
3. INS Form I-9. All applicants must attach a photocopy of your driver's license and Social Security card. If you are not in possession of these items, ask about other acceptable documentation.
4. Provide proof of any special qualification required (e.g. lifeguard certification, etc.)

PAYROLL INFORMATION/AGREEMENT TO CONDITIONS OF EMPLOYMENT

1. Student-workers are paid \$8.00/hr. on campus; \$8.50/hr. off campus sites. Wages are taxable and subject to withholding.
2. As part time employees, students are not eligible for fringe benefits such as overtime, paid holidays or vacation time, sick leave, etc. Students are not covered by unemployment and no deductions are made for that purpose.
3. Student workers **MUST** take a lunch or dinner break on their own time whenever they work 6 hours or more.
4. Timesheets **MUST** be delivered to the Financial Aid Office no later than 4:00 PM on Friday of the week prior to payday.
5. Students must sign in or out every time they report to work. Supervisors are responsible for ensuring the accuracy of a student's hours of work.
6. The supervisor (or in her/his absence the department head) must certify the student's satisfactory performance of the job and the accuracy of the hours before submitting the timesheet to the Financial Aid Office and Payroll.
7. The work study employee shares the responsibility with the supervisor to ensure proper completion and timely delivery of the timesheet to the Financial Aid Office at the end of the payroll period. Timesheets are official documents; they must be legible and accurate. Incomplete, incorrect or illegible timesheets will be returned to the department for correction. **Failure to do this can result in a two week delay in receiving your paycheck.**
8. While work-study is a financial aid program designed for student flexibility, this position is a job. Students must conduct themselves in the proper manner at all times. Courtesy to faculty, staff and your fellow students is required. Student workers should be aware of proper attire for the individual job site, and give consideration to one's safety in labs and physical plant sites.
9. Many offices contain confidential materials or deal with personal issues. All information is to be kept confidential and is not for disclosure. **Failure to comply will constitute grounds for immediate dismissal.**
10. Your immediate supervisor will provide work assignments, but other college staff members may be authorized to request your assistance with any project. If conflicts are encountered in your job, you should appeal to your immediate supervisor for assistance or a higher authority if applicable. If you are unsure of whom to contact in your "chain of command", you should seek the advice of the Work Study Coordinator. If you do not understand something, Ask!
11. Arrange your work schedule with your supervisor. You are expected to adhere to that schedule and work those hours. If you cannot come into work, call your supervisor. She/He is relying on you to be there.
12. The Work Study Coordinator's telephone number is (732)255-0310-please call the Work Study Coordinator or stop by the Financial Aid Office, Administration Building. If you have any questions or concerns. Good Luck!

Signature _____

Date _____

**OCEAN COUNTY COLLEGE
STUDENT WORKER EMPLOYMENT AGREEMENT**

I, the undersigned prospective work study student, agree to the following conditions:

1. I will perform all assigned job functions to the best of my ability. If any assignment is unclear to me, I will ask my supervisor for assistance and further clarification.
2. I will sign in and out on my time sheet on a daily basis; and ensure that it accurately represents my hours of work. In addition, I will submit a completed timesheet, hours totaled for the day, for the total pay period, and rounded down to quarter hours, attest to its accuracy by signing it, and have my supervisor review and certify its accuracy and my satisfactory job performance. Example:
1.00 = one hour
2.50 = 2 hours & 30 minutes
4.75 = 4 hours & 45 minutes
3. Arrange your work schedule with your supervisor. You are expected to adhere to that schedule and work those hours. If you cannot come into work, call your supervisor. She/He is relying on you to be there and appreciates being notified if you are ill or for some other reason cannot work.
4. I understand that my supervisor must accommodate my class and exam schedule when setting my hours of work. In turn, my supervisor may adjust my hours to accommodate the work needs.
5. I understand my total earnings during the academic year may not exceed my financial aid award. My award does not provide for summer employment.
6. Confidentiality is of utmost importance; therefore, in the course of performing my assigned duties I will keep confidential any and all information concerning individuals served and their data records to which I am exposed. I will not divulge any information outside the office.

This document constitutes an agreement of confidentiality, which is in effect between Ocean County College and myself, and shall continue to exist even after I have left employment. A breach of this confidentiality agreement is cause for immediate dismissal and could have legal ramifications.

I understand all information in this document and accept employment as specified.

Signature of Student Worker _____

Date: _____

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<p>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.</p>		<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If the previous grant of work authorization has expired, information below that establishes employment eligibility	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C		
<p>Documents that Establish Both Identity and Employment Eligibility</p>	<p>Documents that Establish Identity</p>	<p>Documents that Establish Employment Eligibility</p>		
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

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: B _____

- 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.

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. G _____

- 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.

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. H _____

- 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	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small;">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. 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2009</div>
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 <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)		5 _____
6 Additional amount, if any, you want withheld from each payment		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 the right to a refund of all federal income tax withheld because I had no tax liability.		
• This year I expect to be refunded 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 or \$83,400 if married filing separately). See *Worksheet 8* in Pub. 919 for details. 1 \$ _____

2 Enter the amount of your 2009 standard deduction. 2 _____

{ \$11,400 if married filing jointly or qualified widow(er) \$ 8,350 if head of household \$ 5,700 if single or married filing separately	} _____ } _____ } _____
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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

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 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
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						

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.



DIRECT DEPOSIT

STUDENT WORKERS

Return this form, fully-completed, along with a VOIDED CHECK OR COPY of a CHECK to the Payroll Office.

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO VERIFY THROUGH HIS/HER BANK OR THE PAYROLL DEPARTMENT (PREFERABLY BOTH) THE DATE UPON WHICH THE DIRECT DEPOSIT WILL BECOME EFFECTIVE.

EMPLOYEE NAME _____ DATE _____
(Please Print)

SOCIAL SECURITY # _____

(Please check appropriate line)

_____ NEW _____ CHANGE

NAME OF BANK/FINANCIAL INSTITUTION _____

TRANSIT NUMBER OF BANK _____
(To be obtained from bank by employee)

BANK ACCOUNT NUMBER _____

(Please check appropriate line)

_____ CHECKING _____ SAVINGS

EMPLOYEE SIGNATURE _____ DATE _____

Office use:

Live _____ Payroll