

# STUDENT EMPLOYEE NEW HIRE PACKET



## **CONGRATULATIONS!**

Please complete the student new hire paperwork  
and submit to the office of  
Human Resources Management via:

Email: [sec@alcorn.edu](mailto:sec@alcorn.edu)

or

Fax: (601) 877 -6389

If you have any questions or concerns email our  
office:

[sec@alcorn.edu](mailto:sec@alcorn.edu)

and an associate will contact you.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**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



*Employer Completes Next Page*



## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**



## Human Resources Management: Student Employment Center Student Employment Agreement

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### **Student Employee Start and End Dates**

Hiring Managers may not authorize student employees to start work until they have received an official Employment Confirmation Notice from the Student Employment Center housed in HRM. Student employees will receive their notice within 48 hours of completing all required HRM/Payroll forms. Student employees are not allowed to work beyond their appointment end date.

### **Work Schedule**

Students are required to provide a class schedule to hiring managers so that a work schedule can be created. Hiring Managers should discuss the student employee's work schedule with the student. Student Employee's first role at Alcorn State University is to be a student. It is important that the hiring manager remains flexible with student hours. It is the student's responsibility to inform their manager of exams and papers ahead of time to allow the manager to plan around their school needs.

### **Student's Hours**

Student Employees are not allowed to work over 20 hours per week

### **Breaks**

Student employees are required to take a 15 minute paid break within the four (4) consecutive hours worked, and are required to take an unpaid half hour break after six (6) consecutive hours of work. It is both the student and department's responsibility to keep a record of when breaks are taken.

### **Timesheet**

Student timesheets must be filled out accurately, and provided to the hiring manager on the last day of the pay period for confirmation of hours worked. The signature of both the manager and timekeeper are required. All signed timesheets need to be submitted to the Payroll office prior to established deadline.

### **Campus Jobs**

Students may only hold one position. Federal Work Study (FWS) students are only allowed one FWS position. Both not to exceed 20 hours per week. Student employees cannot be appointed to multiple positions.

### **Employment "At Will"**

Any hiring is presumed to be "At Will"; that is, the employer is free to discharge individuals "for good cause, or bad cause, or no cause at all," and the employee is equally free to quit, strike, or otherwise cease work.

I acknowledge and agree to all the above

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**Student Employee Name (Printed)**

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**Student Employee Signature**

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**Date**



**To be completed by all employees at the time of hire (on or before the first day of employment).** Males age 18 through 25 must provide verification of registration with the Selective Service or exemption as a condition of employment. This procedure is in compliance with the requirements of the U.S. Selective Service System. It applies to all employees of Alcorn State University, including faculty and student employees, regardless of title, length or percent time of appointment, or source of funds. If you were employed with the state prior to September 1, 1999 and your state employment has been continuous, you are not required to complete the selective service form. For assistance or additional information, contact the Human Resources Service Center at **(601) 877-6188**.

\_\_\_\_\_  
Name

\_\_\_\_\_  
ASU Employee ID

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee Email

\_\_\_\_\_  
Campus Phone

**Section 1 – Registration based on age**

Are you a male age 18 through 25:     Yes     No

\_\_\_\_\_  
Date of birth

If yes, continue to Section 2.

If no, you do not need to complete this form.

**Section 2 – Registration based on status**

As a male age 18 through 25, are you required to register for Selective Service?

Yes – You are required to register if you are a male U. S. citizen or immigrant alien male.

No – You are not required to register if you are: a lawful non-immigrant alien on a student, visitor, tourist or diplomatic visa; on active duty in the U.S. Armed Forces; or attending certain service academics. Do not complete Section 3. Sign and date at the bottom of this form.

**Section 3 – Verification of registration or exemption**

You must provide verification of registration or of exemption with Selective Service as a condition of employment with Alcorn State University.

To verify that you have registered, enter your Selective Service Registration Number below. You will find the number on the Selective Service card issued to you upon registration, or online at <https://www.sss.gov>. If you have not yet registered, you must register immediately or you will not be able to be employed at the university. You may register online at <https://www.sss.gov>. If you are not required to register, please state the reason you are exempt. There are a few reasons for exemption: men on active duty in the U.S. Armed Forces; cadets and midshipmen in the Service Academies; and certain other U.S. military colleges. Exemptions do not include student deferments or conscientious objectors. Human Resources Services will contact you for further information and documentation if you indicate exemption for any reason other than non-immigrant alien status.

\_\_\_\_\_  
Selective Service Number

Verification of exemption – please state the reason you are exempt:

I certify that all the information, including attachments, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

**ALCORN STATE UNIVERSITY**  
**Office of Human Resources**

**PERSONAL DATA**

Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Name Must Be the Same As Shown On Social Security Card)  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State County Zip Code

Home Phone: ( ) \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Ethnicity: Do you consider yourself to be Hispanic/Latino? \_\_\_ Yes (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) \_\_\_ No

Race: \_\_\_ Black or African-American \_\_\_ American Indian/Alaskan Native \_\_\_ Asian \_\_\_ White/Caucasian  
\_\_\_ Native Hawaiian or Other Pacific Islander

Highest Educational Degree (check highest and list the year attained): \_\_\_ Associate \_\_\_ Bachelor \_\_\_  
\_\_\_ ED. \_\_\_ Master's \_\_\_ Ph.D. \_\_\_ Some College \_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Have you ever been employed by the State of Mississippi as a full-time employee? \_\_\_ Yes \_\_\_ No  
If yes, what agency/department? \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**CONFIRMATION OF UNDERSTANDING AND ACKNOWLEDGEMENT OF DRUG-FREE WORKPLACE POLICY**

It is the policy of Alcorn State University to maintain a drug-free workplace, workforce and campus consistent with Federal laws as set forth in the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989. Consequently, all employees-faculty, staff (part-time or full-time) and students- are prohibited from the unlawful possession, manufacture, distribution, dispensation, sale, use or in any way involve themselves with controlled substances and alcohol on university property or as part of any university activity.

By signing below, I acknowledge that I have received a copy of the Drug-Free Workplace Policy, and I understand that as a condition of my employment I must abide by the terms and provisions as set forth therein.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Mississippi New Hire Reporting Form



Mail completed form to: Mississippi State Directory of New Hires  
P.O Box 312  
Holbrook, MA 02343

Or fax completed form to: 1-800-937-8668

Effective October 1, 1997, all Mississippi employers (or independent contractors) are required to report certain information about personnel who have been newly hired, rehired, or have returned to work. **Reports must be made within 15 calendar days from date of hire.** Employers must either (1) complete this form, or (2) submit a copy of the worker's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by magnetic tape or floppy diskette. *To submit new hire reports electronically, call 1800-241-1330 to obtain information.*

*Below, please complete all employer information*

## EMPLOYER INFORMATION

\*Federal Employer Identification Number (FEIN):   -

(Please the same FEIN for which listed employee(s) quarterly wages will be reported under)

State Employer Identification Number (SEIN):   -

\*Employer Name: \_\_\_\_\_ DBA: \_\_\_\_\_

\*Address: \_\_\_\_\_  
\_\_\_\_\_

(Please indicate the address where the Income Withholding Order will be sent)

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Below, please complete one entry for each new employee*

## EMPLOYEE INFORMATION

\*Social Security Number:    -   -     Gender (circle one): Male Female

\*First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Employee Address: \_\_\_\_\_  
\_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Hire \_\_\_\_\_

Employee Salary: \_\_\_\_\_ Payment Frequency (circle one): Weekly Bi-weekly Monthly Annually

Is this employee eligible for medical insurance (circle one)? Yes No

**For information please visit our website at [www.ms-newhire.com](http://www.ms-newhire.com) or call us toll-free at 1-800-241-1330**



WHERE KNOWLEDGE AND CHARACTER MATTER

Department of Human Resources

[www.alcorn.edu](http://www.alcorn.edu)

### CONFIDENTIALITY STATEMENT

I understand that because of my employment with Alcorn State University, I may/will be exposed to certain confidential information. "Confidential Information" means all data and information relating to the business and management of the Employer, including proprietary and trade secret technology and accounting records to which access is obtained by the Employee, including Work Product, Production Processes, Other Proprietary Data, Business Operations, Marketing and Development Operations, and Customers. Confidential Information will also include any information that has been disclosed by a third party to the Employer and governed by a non-disclosure agreement entered into between the third party and the Employer.

I understand that I am to hold/handle such information in **strict confidence** and not to disclose, discard, or distribute any information. I may only disclose confidential information if requested in writing to any authorized external legal entity.

**Violations of confidentiality may be grounds for termination.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Human Resources Representative

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





# MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Mississippi Department of Revenue  
P.O. Box 960  
Jackson, MS 39205

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee's Residence Address \_\_\_\_\_  
Number and Street \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION

	Marital Status	Personal Exemption Allowed	Amount Claimed
<b>EMPLOYEE:</b>  File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	<b>1. Single</b>	<input type="checkbox"/> Enter \$6,000 as exemption . . . . ▶	\$ _____
	<b>2. Marital Status</b> <small>(Check One)</small>	(a) <input type="checkbox"/> Spouse <b>NOT</b> employed: Enter \$12,000 ▶	\$ _____
		(b) <input type="checkbox"/> Spouse <b>IS</b> employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below . ▶	\$ _____
	<b>3. Head of Family</b>	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d)below . . . . . ▶	\$ _____
<b>EMPLOYER:</b>  Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	<b>4. Dependents</b>	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes.  * A head of family may claim \$1,500 for each dependents excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶	\$ _____
	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Number Claimed		
	<b>5. Age and Blindness</b>	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single  Multiply the number of blocks checked by \$1,500. Enter the amount claimed . . . . . ▶  * Note: No exemption allowed for age or blindness for dependents.	\$ _____
	<b>6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶</b>		\$ _____
	<b>7. Additional dollar amount of withholding per pay period if agreed to by your employer . . . . . ▶</b>		\$ _____
<b>Military Spouses Residency Relief Act Exemption from Mississippi Withholding</b>	<b>8.</b>	If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write " <b>Exempt</b> " on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.. ▶	_____

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS

- The personal exemptions allowed:**

(a) Single Individuals	\$6,000	(d) Dependents	\$1,500
(b) Married Individuals (Jointly)	\$12,000	(e) Age 65 and Over	\$1,500
(c) Head of family	\$9,500	(f) Blindness	\$1,500
- Claiming personal exemptions:**
  - Single Individuals enter \$6,000 on Line 1.
  - Married individuals are allowed a joint exemption of \$12,000.  
If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
  - Head of Family**  
A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
  - An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent **excluding** the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but **do not** include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.
  - An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the **65th** birthday before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
  - An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are "blind". No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.

**Total Exemption Amount**  
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.

**Form Information:**  
EXEMPT 2, #ERT# + TE / 3ST 5E F6) 7 - 18 Y2 3R EM062 9ER W18 1 0D+9S +FTER + , 9 #8+ , : E 1 Y23R EXEMPT 2, ST+T34.  
5. 0) , +LT1)4 +R) 1/ 024 ) 7 FOR WILLFU669 43 00691 , G FA64) 1, FOR/ +T12.  
& IF T8 E M062 9EE F+6S T2 F6E + , )/ PT2 , #ERT# + TE - 18 8 6 )/ 062 9ER ; 1 #2 / E T+X M3 6T 5 E - 188) 6 7 B9 T8E )/ 062 9ER 2 , T2 T+6 - +: ES - 1823 T T8E 5), EFT OF EXEMPT 2 , ..

  - To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.

# Employee's Withholding Certificate

**2022**

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# Non-Covered Employment Acknowledgment

Form 4A – Revised 12/1/2013

Complete only if employee is not receiving PERS service retirement benefits and is not contributing to PERS through another employer. Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Employee Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  M  F

Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Cellular  Home  Work Phone: \_\_\_\_\_  Cellular  Home  Work

## 2 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*, and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 3 Employer Certification – This section must be completed by an authorized employer representative, not the employee.

Employee's Position Held/Job Title: \_\_\_\_\_

Employee's Hire Date mm/dd/ccyy: \_\_\_\_\_ Employee's Termination Date mm/dd/ccyy: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I understand that wages earned and paid to the above named individual during this period of employment **will not** be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_



**Human Resources Management Orientation – Please print**

**Student Employee Name** \_\_\_\_\_ **A#** \_\_\_\_\_

**Department** \_\_\_\_\_

<b>Documents Reviewed</b>	<b>Notes</b>
<input type="checkbox"/> I-9 Form with required identification	
<input type="checkbox"/> Student Employment Agreement	
<input type="checkbox"/> Personal Data Form	
<input type="checkbox"/> Selective Service Eligibility And Verification Form	
<input type="checkbox"/> MS New Hire Reporting Form	
<input type="checkbox"/> Confidentiality Statement	
<input type="checkbox"/> Mississippi State Tax Form	
<input type="checkbox"/> W-4 Form	
<input type="checkbox"/> PERS Non Covered Employment Acknowledgement	
<input type="checkbox"/> Signed Job Description	
<input type="checkbox"/> Signed Student Employee Handbook Acknowledgment Form	

By signing this form, I acknowledge that I have completed and submitted the listed forms and they were discussed with me during orientation.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HRM Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_