

Student Payroll Packet Checklist

Renewal of Employment at UC

THIS IS NOT MY FIRST JOB ON CAMPUS. I will complete the following steps:

___ Complete Student Employment Contract

- You complete Section A
- Your employer must complete Section B

___ Complete Residency Certification Form (if your address has changed)

- Complete Section 1
- Sign and date the form
- The Business Office has listings to help you complete the "Resident PSD Code" information in Section 1.

___ Complete the direct deposit authorization form (if your banking info has changed)

- Complete this form and attach a voided check
- If you are requesting direct deposit to your savings account, attach a form from your bank showing account and transit number of your bank.

All of the above documentation must be turned into the Human Resources Office in order for you to get paid for your employment.

**URSINUS COLLEGE
STUDENT EMPLOYMENT CONTRACT**

Your first responsibility in accepting employment is to complete all the required documents. Please refer to the appropriate employment check list included with the student employment packet to assure all documentation is completed.

Return form to the Human Resources office located on the lower level of Corson Hall.

SECTION A: STUDENT INFORMATION (Print Clearly)

Name: _____

Campus Address: _____

Phone Number: _____

The Higher Education Act of 1965, as amended (HEA), in Section 441(a) states that the purpose of the Federal Work Study (FWS) Program is to promote the part-time employment of students who are in need of earnings to pursue courses of study. As a student participating in part-time work at Ursinus College, whether FWS or otherwise, it is my understanding that the college will not permit student workers to work during scheduled class times.

STUDENT SIGNATURE: _____ Date: _____

Expected Graduation Date: _____

SECTION B: POSITION INFORMATION (Completed By Employer)

Position Title: _____ Hours per Week: _____

Student is (check one):
 New to position
 Returning to position

Date student is to begin work: _____ (Contract must be received by Business Office/Payroll first)

Department Charged: _____ Account Charged: _____

Hourly Rate: \$ _____

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EMPLOYER SIGNATURE: _____ Date: _____

For Office Use Only:

Dept Code: _____

PC TS

File Number: _____

Rate Code: _____



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION

| | | | | | | |
|--|---|----------|---|-------------------------|--|--|
| NAME (Last Name, First Name, Middle Initial) | | | SOCIAL SECURITY NUMBER | | | |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| STREET ADDRESS (No PO Box, RD or RR) | | | | | | |
| SECOND LINE OF ADDRESS | | | | | | |
| CITY | STATE | ZIP CODE | DAYTIME PHONE NUMBER | | | |
| MUNICIPALITY (City, Borough or Township) | | | | | | |
| COUNTY | RESIDENT PSD CODE | | | TOTAL RESIDENT EIT RATE | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

| | | | | | | |
|---|---|----------|---|-------------------------------------|--|--|
| EMPLOYER BUSINESS NAME (Use Federal ID Name) | | | EMPLOYER FEIN | | | |
| Ursinus College | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) | | | | | | |
| 601 E. Main Street | | | | | | |
| SECOND LINE OF ADDRESS | | | | | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | | | |
| Collegeville | PA | 19426 | 610 409-3000 | | | |
| MUNICIPALITY (City, Borough or Township) | | | | | | |
| Collegeville | | | | | | |
| COUNTY | WORK LOCATION PSD CODE | | | WORK LOCATION NON-RESIDENT EIT RATE | | |
| Montgomery | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | 1.00% | | |

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

| | | |
|-----------------------|--|-------------------|
| SIGNATURE OF EMPLOYEE | | DATE (MM/DD/YYYY) |
| PHONE NUMBER | | EMAIL ADDRESS |

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com

**Ursinus College
STUDENT PAYROLL
DIRECT DEPOSIT AUTHORIZATION FORM**

Name: _____ Social Security Number: _____ (no dashes)

Direct Deposit requires full net pay to be distributed to the checking or savings account listed below.

IMPORTANT NOTE: You must attach a voided check or form from your bank showing your account number and transit/routing number for the bank.

Return all information to the Human Resources Office located on the lower level of Corson Hall.

BANK ACCOUNT INFORMATION

| | |
|---|---|
| Financial Institution Name, Address and Phone Number: | Net Payroll will be deposited to this account: _____ Savings _____ Checking |
| Bank Transit/Routing Number (9 digits): | Action to be taken: _____ Start _____ Stop _____ Change |
| Account Number: | |

Authorization:

I hereby authorize Ursinus College (the "College") to initiate direct deposit into the account and financial institution listed above. Payroll direct deposits will be made to the account listed above until I choose to terminate this agreement by submission of a new Direct Deposit Authorization form, allowing a reasonable amount of time for the College to process such a change. Furthermore, I understand that termination of employment with the College shall constitute sufficient authorization to terminate this agreement.

Should funds be erroneously deposited into my account, I authorize the College to debit my account for an amount not to exceed the amount of the deposit.

EMPLOYEE SIGNATURE: _____ DATE: _____