

URSINUS COLLEGE

STUDENT PAYROLL PACKET CHECKLIST

RENEWAL OF EMPLOYMENT

THIS IS NOT MY FIRST JOB ON CAMPUS AND I WILL COMPLETE THE FOLLOWING:

___ COMPLETE STUDENT EMPLOYMENT CONTRACT

- Complete Section A
- Your employer must complete Section B

___ COMPLETE RESIDENCY CERTIFICATION FORM (Only if address has changed)

- Complete Section 1 (Business Office has listings to help you complete the "Resident PSD Code" for this section)
- Sign and date the form

___ COMPLETE THE DIRECT DEPOSIT AUTHORIZATION FORM (Only If Information Has Changed)

- COMPLETE FORM AND ATTACHED VOIDED CHECK (Contact Your Bank For ABA Routing Number)
- DIRECT DEPOSIT TO A SAVINGS ACCOUNT-Attach A Copy Of Bank Statement With Account Number

****ALL OF THE ABOVE DOCUMENTATION MUST BE TURNED INTO**

"THE OFFICE OF STUDENT FINANCIAL SERVICES"

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 "Office of Student Financial Services" located on the 1st Floor 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	
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	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN	
Ursinus College		2 3 1 1 7 7 9 3 0	
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	4 6 1 2 0 1	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 attached a voided check or pre-printed deposit slip for the account listed below and return all information to the Office of Student Financial Services on the 1st floor of Corson Hall.

BANK ACCOUNT INFORMATION

Financial Institution Name, Address and Phone Number:	Net Payroll will be deposited to this account.
Bank Transit/Routing Number (9 digits):	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Account Number:	Action to be taken: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

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 a 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: _____