Virginia

Student
Employment
Payroll Packet

Special Instructions

1. Use your home address on the I-9 and W-4 forms
2. When completing the W-4 form, please note that you can only provide information in Box 5 or 7 (NOT BOTH)
3. When completing the VA state tax form, please note that you can only answer number 1 or 3 (NOT BOTH)
4. You must complete two copies of the PA Employee’s Nonwithholding Application Certificate (Form REV-419 EX)

Virginia

7/20/18
Student Confidentiality Agreement

I understand that during my employment with Gettysburg College, I may have access to confidential information regarding students, employees and/or the business of the College. I understand that I have a duty to maintain the confidentiality of all such information and I agree to uphold this obligation. I understand that this duty includes a duty not to share any such information with any unauthorized third persons, and I agree to uphold this obligation, as well.

I understand and agree that if I share any such confidential information in violation of this policy or the law, my employment with Gettysburg College will be terminated. I understand further that this obligation of confidentiality survives my employment with the College.

__________________________  ____________________________
Print Name & Student ID Number

__________________________
Anticipated Graduation Date

__________________________  ____________________________
Signature Date
NOTICE OF RIGHTS AND DUTIES

Pennsylvania law requires employers to notify employees of their rights and duties regarding medical services provided under the Workers’ Compensation Law (the Act). This notice will provide you a summary of the applicable provisions of the Act:

- Your employer has established a medical panel, which includes at least six designated health care providers, no more than four of whom are coordinated care organizations and no fewer than three of whom are physicians. The employer has not included on this list a physician or health care provider who is employed, owned or controlled by the employer or the employer’s insurer unless employment, ownership or control is disclosed on the list.

- You have a duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

- You have the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but these services shall be at your expense for the applicable 90 days.

- You have the right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from the designated provider during the 90-day period.

- You have the right, during this 90-day period, to switch from one health care provider on the list to another health care provider on the list, and that all treatment shall be paid for by your employer.

- You have the right to seek treatment from a referral provider if a designated provider refers you, and your employer shall pay for treatment rendered by the referral provider.

- You have the right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.

- You have a right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by your employer, if it is reasonable and necessary.

- After ninety (90) days from the date of first treatment, you have a duty to notify your employer of treatment by a non-designated provider within 5 days of the first visit to that provider. Your employer may not be required to pay for treatment rendered by the non-designated provider prior to receiving this notification. However, your employer shall pay for these services once notified, unless the treatment is found unreasonable by a utilization review organization.

- You have the right to seek an additional opinion from any health care provider of your choice when a designated provider prescribes invasive surgery for you. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, you shall determine which course of treatment to follow. If you opt to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on your employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.

ACKNOWLEDGEMENT OF RIGHTS AND DUTIES

I hereby acknowledge that my employer has provided me with a copy of this “Notice of Rights and Duties”. I have been informed of and I understand my rights and duties pertaining to medical treatment for work related injuries thereunder. This notice was presented to me at (check one):

- Time of hire or orientation
- Immediately after the injury, or as soon thereafter as possible
- Other: __________________________

Employee Signature ____________________________ Date ____________

Employer Representative ____________________________ Date ____________
WORKER'S COMPENSATION INFORMATION

To all employees:

The workers’ compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers’ compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a Workers’ Compensation Judge.

The Bureau of Workers’ Compensation cannot provide legal advice. However, you may contact the Bureau of Workers’ Compensation for additional general information at:

Bureau of Workers’ Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone Nol within Pennsylvania: 800-482-2383
Telephone No. outside of this Commonwealth: 717-772-4447
TTY-800-362-4228 (for hearing and speech impaired only);
www.state.pa.us, Pa keyword: workers’ comp.

Also attached to this sheet is a complete list of panel physicians and medical providers for your reference.

I, ______________________________________, employee of Gettysburg College (employer), certify that I have been provided with, read and understood the information set forth above consistent with the requirements of the Pennsylvania Workers’ Compensation Act.

Date: ____________________________

________________________________
signature
**NOTICE TO EMPLOYEES**

IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT, YOUR EMPLOYER, Gettysburg College IS PROVIDING THE FOLLOWING PANEL OF PHYSICIANS TO TREAT INJURED WORKERS. YOUR EMPLOYER’S THIRD PARTY ADMINISTRATOR (TPA) IS

RCM&D Self-Insured Services Company, Inc.
P. O. Box 42737
Baltimore, MD 21283
1-866-288-9290

**IN CASE OF WORK-RELATED INJURY**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, hospital treatment, orthopedic appliances and prostheses, including training in their use.

2. In order to insure that your medical treatment will be paid by your employer or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed below:

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>PROVIDER NAME &amp; ADDRESS</th>
<th>LOCATION</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Medicine</td>
<td>Gettysburg WellSpan Occupational Health</td>
<td>Gettysburg, PA</td>
<td>717-339-2880&lt;br&gt;717-334-3921 (Fax)</td>
</tr>
<tr>
<td></td>
<td>Gettysburg Family Practice</td>
<td>Gettysburg, PA</td>
<td>717-334-2183&lt;br&gt;717-337-5246 (Fax)</td>
</tr>
<tr>
<td></td>
<td>Hanover WellSpan Occupational Health</td>
<td>Hanover, PA</td>
<td>717-851-7070&lt;br&gt;717-630-0982 (Fax)</td>
</tr>
<tr>
<td>Physical/Occupational</td>
<td>Adams County Physical Therapy</td>
<td>Hanover, PA</td>
<td>717-646-8104&lt;br&gt;717-646-8104 (Fax)</td>
</tr>
<tr>
<td>Therapy</td>
<td>WellSpan Rehabilitation</td>
<td>Gettysburg, PA</td>
<td>717-339-2500&lt;br&gt;717-337-2937 (Fax)</td>
</tr>
<tr>
<td></td>
<td>40 V-Twin Drive, Suite 101</td>
<td>Gettysburg, PA</td>
<td>717-339-2620</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>Hanover Orthopaedics</td>
<td>Hanover, PA</td>
<td>717-632-5259&lt;br&gt;717-632-2422 (Fax)</td>
</tr>
<tr>
<td></td>
<td>WellSpan Orthopaedics</td>
<td>Gettysburg, PA</td>
<td>717-339-2500&lt;br&gt;717-339-2501 (Fax)</td>
</tr>
<tr>
<td>SPECIALTY</td>
<td>PROVIDER NAME &amp; ADDRESS</td>
<td>LOCATION</td>
<td>PHONE</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------</td>
<td>----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Orthopedic (cont'd)</td>
<td>Orthopaedic Spine Specialists – OSS Health</td>
<td>Gettysburg, PA</td>
<td>717-339-0700</td>
</tr>
<tr>
<td></td>
<td>20 Expedition Trl., Suite 110B</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gettysburg, PA</td>
<td>Hanover, PA</td>
<td>717-633-0031</td>
</tr>
<tr>
<td></td>
<td>470 Eisenhower Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanover, PA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Gettysburg Chiropractic Center</td>
<td>Gettysburg, PA</td>
<td>717-334-5566</td>
</tr>
<tr>
<td></td>
<td>1080A Chambersburg Road</td>
<td></td>
<td>717-337-1759 (Fax)</td>
</tr>
<tr>
<td></td>
<td>Gettysburg, PA</td>
<td>Gettysburg, PA</td>
<td>717-337-1190</td>
</tr>
<tr>
<td></td>
<td>Adams County Chiropractic</td>
<td></td>
<td>717-337-1759 (Fax)</td>
</tr>
<tr>
<td></td>
<td>775 Old Harrisburg Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gettysburg, PA</td>
<td>Gettysburg, PA</td>
<td>717-338-2056</td>
</tr>
<tr>
<td></td>
<td>Morensten Chiropractic</td>
<td></td>
<td>717-432-7500 (Fax)</td>
</tr>
<tr>
<td></td>
<td>1180 Hanover Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gettysburg, PA</td>
<td>Gettysburg, PA</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Schein Ernst Mishra Eye</td>
<td>Gettysburg, PA</td>
<td>717-334-5313</td>
</tr>
<tr>
<td></td>
<td>506 W. Middle Street</td>
<td></td>
<td>717-334-6633 (Fax)</td>
</tr>
<tr>
<td></td>
<td>Gettysburg, PA</td>
<td>Gettysburg, PA</td>
<td></td>
</tr>
<tr>
<td>Surgeon</td>
<td>Gettysburg Surgical Assoc-WellSpan</td>
<td>Gettysburg, PA</td>
<td>717-339-3110</td>
</tr>
<tr>
<td></td>
<td>450 W. Washington Street, Suite C</td>
<td></td>
<td>717-339-3108 (Fax)</td>
</tr>
<tr>
<td></td>
<td>Gettysburg, PA</td>
<td>Gettysburg, PA</td>
<td></td>
</tr>
<tr>
<td>Imaging</td>
<td>Adams Diagnostic Imaging</td>
<td>Gettysburg, PA</td>
<td>717-337-5991</td>
</tr>
<tr>
<td></td>
<td>20 Expedition Trl. Suite 102</td>
<td></td>
<td>171-337-5995 (Fax)</td>
</tr>
</tbody>
</table>

In the event of an emergency, please go to the hospital for treatment.  
Gettysburg Hospital  
147 Gettys Street  
Gettysburg, PA 17325  
717-334-2121

3. You must continue to visit one of these persons listed above if you need treatment, for ninety (90) days from the date of your first visit.

4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. Your bills will be paid for IF:
   a. You notify your employer in writing of this action or choice within five (5) days of your visit.
   b. Your licensed physician or practitioner of the healing arts files reports as required. These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.

5. If no list is provided as above (No. 2), you may go to a licensed physician or practitioner of the healing arts of your choice.

6. If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.

7. If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.

ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR OR TO HUMAN RESOURCES AT 717-337-6202.
Frequently Asked Questions About I-9 Compliance

What is required to verify work authorization?

The basic requirement to verify work authorization is the Form I-9. This form is available on the HR website: [http://www.fit.edu/hr/documents/forms/i-9.pdf](http://www.fit.edu/hr/documents/forms/i-9.pdf). The back of the form lists the types of documents that a new hire must provide to verify his or her identity and that he or she is authorized to work in the United States. The purpose of the I-9 form is to verify identity and authorization to work in the United States.

What are the current civil penalties?

- Violations of I-9 requirements: fines range from $110 - $1,100 per I-9.
- Knowingly hiring or continuing to employ: fines range from $375 - $3,200 per alien
- Pattern or practice: $3,300 - $11,000
- Debarment from government contracts for “knowingly employing an unauthorized worker”
- Criminal penalties: fines and/or imprisonment

What are the basic Form I-9 requirements?

- Employers must complete for every new hire after November 6, 1986.
- Employers may not knowingly hire or continue to employ a person who is not authorized to work in the United States. Knowingly means “actual knowledge” or “constructive knowledge.”
- Physical presence of the employee is required.
- Must see original documents, not copies. However will accept a certified copy of birth certificate.
- Attach photocopies of documents to I-9.

No exception for temporary or part-time employment.

Who should fill out Form I-9?

- Form I-9 must be completed for all new hires, including temporary or part-time employment
- Form I-9 must be completed for all employees working in the U.S., even if on payroll abroad
- Form I-9 is not required for independent contractors
- Form I-9 is not required for pre-11/07/86 hires (grandfathered employees)
- Form I-9 is not required for employees working outside the U.S. or outside its territories

How should Form I-9 be completed?

- Physical presence of employee is required (Someone has to see person and his/her documents)
- Must see original documents, not copies. However, will accept a certified copy of birth certificate.
- Attach photocopies of documents
- No exception for temporary or part-time employment
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>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
</tr>
<tr>
<td></td>
<td>a. Foreign passport; and</td>
</tr>
<tr>
<td></td>
<td>b. Form I-94 or Form I-94A that has the following:</td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
</tr>
<tr>
<td></td>
<td>(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>
</tr>
<tr>
<td>6.</td>
<td>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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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>
</tr>
<tr>
<td>2.</td>
<td>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>
</tr>
<tr>
<td>3.</td>
<td>School ID card with a photograph</td>
</tr>
<tr>
<td>4.</td>
<td>Voter's registration card</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Military card or draft record</td>
</tr>
<tr>
<td>6.</td>
<td>Military dependent's ID card</td>
</tr>
<tr>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>8.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
</tr>
</tbody>
</table>

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   |

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2.</td>
<td>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>3.</td>
<td>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>
</tr>
<tr>
<td>4.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>7.</td>
<td>Employment authorization document issued by the Department of Homeland Security</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.
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:

2. Form I-94 Admission Number:

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

(Employers 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 "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

List A

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

List B

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

List C

<table>
<thead>
<tr>
<th>Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
</tr>
<tr>
<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)

Signature of Employer or Authorized Representative: __________________________

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

Title of Employer or Authorized Representative: __________________________

Last Name of Employer or Authorized Representative: __________________________

First Name of Employer or Authorized Representative: __________________________

Employer's Business or Organization Name: __________________________

Gettysburg College

300 N. Washington Street

City or Town: Gettysburg

State: PA

ZIP Code: 17325

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

A. New Name (if applicable)

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

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</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: __________________________
Form W-4 (2018)

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 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 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 2018 expires February 15, 2018. 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, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 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 outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. 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 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, 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 Other 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.

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

<table>
<thead>
<tr>
<th>Employee’s Withholding Allowance Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form W-4</strong></td>
</tr>
</tbody>
</table>

1. Your first name and middle initial  
2. Your social security number  

| Home address (number and street or rural route) | 3 | Single  
| City or town, state, and ZIP code | Married, but withheld at higher Single rate. |

Note: If married filing separately, check "Married, but withheld at higher Single rate."

4. 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.

5. Total number of allowances you’re claiming (from the applicable worksheet on the following pages)
6. Additional amount, if any, you want withheld from each paycheck
7. I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.
   - Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

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 and belief, it is true, correct, and complete.

**Employee’s signature**

(This form is not valid unless you sign it.)

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

8. Employer’s name and address (Employer: Complete boxes 6 and 10 if sending to IRS and complete boxes 6, 8, and 10 if sending to State Directory of New Hires)

Gettysburg College, 300 N. Washington St, Gettysburg, PA 17325

9. First date of employment

10. Employer identification number (EIN)

23-1352641

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

Cat. No. 10220Q

Form W-4 (2018)
your wages and other income, including income earned by a spouse, during the year.

**Line 6. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. 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.

**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, 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/programs/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).
**Personal Allowances Worksheet** (Keep for your records.)

| A | Enter "1" for yourself                                      | A |
| B | Enter "1" if you file as married filing jointly            | B |
| C | Enter "1" if you file as head of household                | C |
| D | Enter "1" if:                                             | D |
|   | 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 $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child. |
|   | • If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child. |
|   | • If your total income will be from $175,551 to $200,000 ($339,001 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.** |
|   | • If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent. |
|   | • If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "1" for every two dependents (for example, "0-" for one dependent, "1-" for if you have two or three dependents, and "2-" if you have four dependents). |
|   | • If your total income will be higher than $175,550 ($339,001 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 |
| H | Add lines A through G and enter the total here          | H |

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 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 $52,000 ($24,000 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.

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details.

   $24,000 if you're married filing jointly or qualifying widow(er)

2. Enter:
   $18,000 if you're head of household
   $12,000 if you're single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "0-".

4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).

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

6. Enter an estimate of your 2018 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero, enter "0-".

8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses.

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

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, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct 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) .........

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 $300.:

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 W-4, line 5, page 1. Do not use the rest of this worksheet.

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

5 Enter the number from line 1 of this worksheet

6 Subtract line 5 from line 4

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here

8 Multiply line 7 by 6 and enter the result here. This is the additional annual withholding needed

9 Divide line 8 by the number of pay periods remaining in 2018. 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 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>All Others</td>
</tr>
<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 - 19,000</td>
<td>2</td>
</tr>
<tr>
<td>19,001 - 26,000</td>
<td>3</td>
</tr>
<tr>
<td>26,001 - 37,000</td>
<td>4</td>
</tr>
<tr>
<td>37,001 - 43,500</td>
<td>5</td>
</tr>
<tr>
<td>43,501 - 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 - 130,000</td>
<td>12</td>
</tr>
<tr>
<td>130,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 - 160,000</td>
<td>14</td>
</tr>
<tr>
<td>160,001 - 170,000</td>
<td>15</td>
</tr>
<tr>
<td>170,001 - 180,000</td>
<td>16</td>
</tr>
<tr>
<td>180,001 - 190,000</td>
<td>17</td>
</tr>
<tr>
<td>190,001 - 200,000</td>
<td>18</td>
</tr>
<tr>
<td>200,001 and over</td>
<td>19</td>
</tr>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $24,375</td>
<td>$420</td>
</tr>
<tr>
<td>24,376 - 82,725</td>
<td>$500</td>
</tr>
<tr>
<td>82,726 - 170,325</td>
<td>$910</td>
</tr>
<tr>
<td>170,326 - 305,325</td>
<td>$1,000</td>
</tr>
<tr>
<td>305,326 - 605,325</td>
<td>$1,330</td>
</tr>
<tr>
<td>605,326 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 possessions 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 nondiscrimination 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.
### PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" 
   
2. If you are married and your spouse is not claimed 
   on his or her own certificate, write "1" 
   
3. Write the number of dependents you will be allowed to claim 
   on your income tax return (do not include your spouse) 
   
4. Subtotal Personal Exemptions (add lines 1 through 3) 
   
5. Exemptions for age 
   (a) If you will be 65 or older on January 1, write "1" 
   
   (b) If you claimed an exemption on line 2 and your spouse 
       will be 65 or older on January 1, write "1" 
       
6. Exemptions for blindness 
   (a) If you are legally blind, write "1" 
   
   (b) If you claimed an exemption on line 2 and your 
       spouse is legally blind, write "1" 
       
7. Subtotal exemptions for age and blindness (add lines 5 through 6) 
   
8. Total of Exemptions - add line 4 and line 7 

---

**FORM VA-4**
EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your social security number | Name
---|---
|
Street Address
---

City | State | ZIP Code
---|---|---

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on: 
   (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet 
   
   (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet 
   
   (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

2. Enter the amount of additional withholding requested (see instructions) 

3. I certify that I am not subject to Virginia withholding. I meet the conditions 
   set forth in the instructions (check here) 

---

Signature: ____________________________ Date: ____________

**EMPLOYER:** Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.
Purpose. Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.

Note: Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to refile this application every year.

Who is Eligible for Nonwithholding? You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, the Servicemember Civil Relief Act (SCRA) or as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state.

When to Claim? File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate REV-419 with each employer.

Responsibilities of Employee. You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer. Claimants who qualify for complete Tax Forgiveness under section 304 of the Tax Reform Code must file a PA-40, Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if they are eligible for nonwithholding.

Under the SCRA, as amended by the Military Spouses Residency Relief Act, you may be exempt from PA personal income tax on wages if (i) your spouse is a member of the armed forces present in PA in compliance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain the same domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse's current military orders to form REV-419.

Responsibilities of Employer. If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state's tax. Retain Form REV-419 with your records. You are required to submit a copy of this certificate and accompanying attachments to the PA DEPARTMENT OF REVENUE, BUREAU OF BUSINESS TRUST FUND TAXES, PO BOX 280904, HARRISBURG, PA 17128-0904, when:

1. you have reason to believe this certificate is incorrect;
2. the PA taxable gross compensation of any employee who claimed either exemption from nonwithholding or b below exceeds $1,625 for any quarter;
3. the employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee's state of residence; or
4. the employee claims an exemption from withholding under the SCRA as amended by the Military Spouses Residency Relief Act.

Department's Responsibility. Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Please print or type. A fill-in form may be obtained from www.revenue.state.pa.us.

<table>
<thead>
<tr>
<th>Employee name: first, middle initial, last</th>
<th>Social Security Number</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address City, State, ZIP</td>
<td>tax Year (not necessary if checking Box c below)</td>
<td></td>
</tr>
</tbody>
</table>

I claim exception from withholding because I do not expect to owe Pennsylvania personal income tax due to the reason(s) checked below:

- [ ] a. Last year I qualified for Tax Forgiveness of my PA personal income tax liability and had a right to a full refund of all income tax withheld.
- [ ] b. This year I expect to qualify for Tax Forgiveness of my PA personal income tax liability and expect to have a right to a full refund of all income tax withheld.
- [ ] c. I declare I am a resident of the reciprocal state checked below:
  - [ ] INDIANA
  - [ ] MARYLAND
  - [ ] NEW JERSEY
  - [ ] OHIO
  - [ ] VIRGINIA
  - [ ] WEST VIRGINIA
  - and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.
- [ ] d. I certify I am a legal resident of the state of and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature

Employee Name
Gettysburg College
Business Address
300 N. Washington Street
City, State, ZIP
Gettysburg, PA 17325

Employee’s Quarterly Compensation (not required for applicants checking Box c or d above) $

<table>
<thead>
<tr>
<th>Employer’s Quarterly Compensation</th>
</tr>
</thead>
</table>

Date

Employer Name

Federal Employer Identification Number
23-1352641

Telephone Number
(717) 337-6616
Purpose. Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.

Note: Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to refile this application every year.

Who is Eligible for Nonwithholding? You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax the preceding tax year and/or you anticipate that you will incur no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, the Servicemember Civil Relief Act (SCRA) or as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state.

When to Claim? File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate REV-419 with each employer.

Responsibilities of Employee. You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer.

Claimants who qualify for complete Tax Forgiveness under section 304 of the Tax Reform Code must file a PA-40, Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if the are eligible for nonwithholding.

Under the SCRA, as amended by the Military Spouses Residency Relief Act, you may be exempt from PA personal income tax on your wages if (i) your spouse is a member of the armed forces present in PA in compliance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain the same domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse’s current military orders to form REV-419.

Responsibilities of Employer. If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state’s tax. Retain Form REV-419 with your records. You are required to submit a copy of this certificate and accompanying attachments to the PA DEPARTMENT OF REVENUE, BUREAU OF BUSINESS TRUST FUND TAXES, PO BOX 280904, HARRISBURG, PA 17128-0904, when:

1. you have reason to believe this certificate is incorrect;
2. the PA taxable gross compensation of any employee who claimed either exemption from nonwithholding a or b below exceeds $1,625 for any quarter;
3. the employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee’s state of residence; or
4. the employee claims an exemption from withholding under the SCRA as amended by the Military Spouses Residency Relief Act.

Department’s Responsibility. Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Please print or type. A fill-in form may be obtained from www.revenue.state.pa.us.

Employee name: first, middle initial, last
Social Security Number
Telephone Number
Street Address City, State, ZIP
Tax Year (not necessary if checking Box c below)

I claim exception from withholding because I do not expect to owe Pennsylvania personal income tax due to the reason(s) checked below:

☐ a. Last year I qualified for Tax Forgiveness of my PA personal income tax liability and had a right to a full refund of all income tax withheld.
☐ b. This year I expect to qualify for Tax Forgiveness of my PA personal income tax liability and expect to have a right to a full refund of all income tax withheld.
☐ c. I declare I am a resident of the reciprocal state checked below:

☐ INDIANA ☐ MARYLAND ☐ NEW JERSEY ☐ OHIO ☐ VIRGINIA ☐ WEST VIRGINIA

☐ I certify I am a legal resident of the state of , and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature
Date

Employer Name
Gettysburg College

Federal Employer Identification Number
23-1352641

Business Address
300 N. Washington Street
City, State, ZIP
Gettysburg, PA 17325

Telephone Number
(717) 337-6616

Employee’s Quarterly Compensation (not required for applicants checking Box c or d above) $
CNAV Time Sheets Training Manual for Students
(updated 3/10/2014)

General Overview:

Employees access the CNAV time sheet system after they have been hired into PeopleSoft, given access to CNAV and their timesheet set up by their supervisor. Until a CNAV time sheet has been created, a paper time sheet should be completed. Employees are responsible for recording worked hours daily and reviewing and approving the time sheet by the user deadline each period.

Student employee responsibilities include:

- Recording daily hours. It is of the utmost importance that you record your hours daily and submit them in a timely manner. If a time sheet is submitted late it not only delays your paycheck but it also impacts your federal taxes and Department of Labor compliance. Completing your time sheet is part of your job responsibilities.
- Hours must be entered in the specified format, entering times using a colon and then am or pm without spaces (i.e., 10:00am).
- Confirm with supervisor the deadline for submitting your time sheet for their review and approval (This must be done by 10:00am on the Monday following the end of the pay period).
- Review and approve your time sheet.
- Confirm your supervisor has approved your time sheet. You can do this by selecting the correct pay period (located in the drop down directly above your name) and clicking on the "Preview Time Sheet" link (on the far right side). If you scroll to the bottom of the page and do NOT see one of your supervisor’s names behind the "Signature of Supervisor" this means the time sheet has NOT been approved and you may want to remind him/her.

Employee Data Entry of Hours:

1. Log into CNAV (https://cnav.gettysburg.edu)
2. Under My Place, select My Time Sheet.
3. Select the appropriate time sheet and pay period to record your hours.
4. Click on Edit Time Sheet.
5. Record your hours on the appropriate days with am or pm noted.
   - If you are required to work on a holiday you must select CHW in the drop down box behind the OUT time.
6. Click submit to save.

Verifying and Approving your Time Sheet:

1. Scroll down to the bottom of the page and click the print preview button.
2. If your hours are represented correctly, click on the browser’s back button.
3. Scroll down to the bottom of the page and click on the user status button. Click Approved.
4. Click submit to save.
5. This must be done by 10:00am on the Monday following the end of the pay period.
DIRECT DEPOSIT AUTHORIZATION FORM

I authorize Gettysburg College and the financial institution(s) listed below to initiate credit entries and, if necessary, debit entries for any credit entries made in error to the account(s) listed below.

PART I: EMPLOYEE INFORMATION

Employee Name: ________________________________

_____ Fac/Admin  _____ Support Staff  _____ Gettysburg College Student

Action To Be Taken:

_____ Start Direct Deposit  _____ Change Existing Direct Deposit  _____ Stop Direct Deposit

(Please list all accounts you are requesting monies deposited into)

PART II: BANK INFORMATION

<table>
<thead>
<tr>
<th>BANK NAME</th>
<th>ROUTING #</th>
<th>SAVING OR CHECKING</th>
<th>ACCOUNT #</th>
<th>AMOUNT OF DEPOSIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are depositing into a checking account, please provide a voided check.

If you are depositing into a savings account, please provide documentation from your financial institution that includes the routing/transit number and account number.

If you choose not to provide a voided check or letter from the bank, and there is an issue with you direct deposit, you will receive a paper check, within 5 to 7 business days, after funds are returned to the bank.

Direct deposit information is not accepted via email or mail. Please submit your information directly to the Payroll Office, 2nd floor of Pennsylvania Hall.

Please allow at least one pay period for direct deposit to go into effect.

This authority is to remain in effect until Gettysburg College has received written notification from me of its termination in such time and such manner as to afford Gettysburg College a reasonable opportunity to act on it.

Employee Signature: ___________________________ Date: ___________________________

Submitted with new hire packet ___________ Verified from ID ____________________