

International Student Employment Payroll Packet

****Treaty Statement NOT Required****

USE YOUR HOME ADDRESS FOR THE W4

Notes for Staff

1. For Form I9 – provide information from Passport, I94 and I20. Copy Passport, Visa, I20 and I94 to include with submission.
2. Student must complete the Foreign National Worksheet.
3. Student must complete W4 and #5 should read “1 (NRA)”

7/16/2019

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 nondesignated 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 nonemergency 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 nondesignated provider within 5 days of the first visit to that provider. Your employer may not be required to pay for treatment rendered by the nondesignated 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 No. 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:

SPECIALTY	PROVIDER NAME & ADDRESS	LOCATION	PHONE
Occupational Medicine	Gettysburg WellSpan Occupational Health 455 S. Washington Street, Suite 12 Gettysburg, PA 17325	Gettysburg, PA	717-339-2880 717-334-3921 (Fax)
	Gettysburg Family Practice 524 S. Washington Street Gettysburg, PA 17325	Gettysburg, PA	717-334-2183 717-337-5246 (Fax)
	Hanover WellSpan Occupational Health 1150 Carlisle Street, Suite 21 Hanover, PA 17331	Hanover, PA	717-851-7070 717-630-0982 (Fax)
Physical/Occupational Therapy	Adams County Physical Therapy 110 W. Eisenhower Drive, Suite E Hanover, PA 17331	Hanover, PA	717-646-8104 717-646-8104 (Fax)
	Gentile OT/Hand Clinic 1010 Eichelberger Street, Suite 5 Hanover, PA 17331	Hanover, PA	717-646-0440 717-646-0444 (Fax)
	WellSpan Rehabilitation 16-C Deatrick Drive Gettysburg, PA 17325	Gettysburg, PA	717-339-2500 717-337-2937 (Fax)
	40 V-Twin Drive, Suite 101 Gettysburg, PA 17325	Gettysburg, PA	717-339-2620 717-339-2621 (Fax)
Orthopedic	Wellspan Orthopedics- Hanover 207 Blooming Grove Road Hanover, PA 17331	Hanover, PA	717-812-7559 717-632-2422 (Fax)
	WellSpan Orthopedics 18 Deatrick Drive Gettysburg, PA 17325	Gettysburg, PA	717-339-2500 717-339-2501 (Fax)

SPECIALTY	PROVIDER NAME & ADDRESS	LOCATION	PHONE
Orthopedic (cont'd)	OSS Health Gettysburg 20 Expedition Trail, Suite 110-B Gettysburg, PA 17325	Gettysburg, PA	717-848-4800 717-741-9836 (Fax)
	OSS Health Hanover 470 Eisenhower Drive Hanover, PA 17331	Hanover, PA	717-848-4800 717-741-9836 (Fax)
Chiropractor	Gettysburg Chiropractic Center 1080A Chambersburg Road Gettysburg, PA 17325	Gettysburg, PA	717-334-5566 717-337-1759 (Fax)
	Adams County Chiropractic 775 Old Harrisburg Road Gettysburg, PA 17325	Gettysburg, PA	717-337-1190 717-337-1759 (Fax)
	Morenstern Chiropractic 1180 Hanover Road Gettysburg, PA 17325	Gettysburg, PA	717-338-2056 717-432-7500 (Fax)
Ophthalmology	Schein Ernst Mishra Eye 506 W. Middle Street Gettysburg, PA 17325	Gettysburg, PA	717-334-5313 717-334-6633 (Fax)
Surgeon	Gettysburg Surgical Assoc-WellSpan 450 W. Washington Street, Suite C Gettysburg, PA 17325	Gettysburg, PA	717-339-3110 717-339-3108 (Fax)
Imaging	Adams Diagnostic Imaging 20 Expedition Trl. Suite 102 Gettysburg, PA	Gettysburg, PA	717-337-5991 717-337-5995 (Fax)

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, AND 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>. 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.

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

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.



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 connection with the completion of I-9. I attest, under penalty of perjury, that:

- 1. A citizen of the United States
 - 2. A noncitizen national of the United States
 - 3. A lawful permanent resident (Alien)
 - 4. An alien authorized to work until (expiration date) (e.g., 12/31/2015). Some aliens may write "N/A" in the expiration date field.
- Aliens authorized to work must provide on Form I-9:
- 1. Alien Registration Number/USCIS Number _____
 - OR
 - 2. Form I-94 Admission Number: _____
 - OR
 - 3. Foreign Passport Number: _____
 - Country of Issuance: _____

Sample Only!
 To be filled out with Career Engagement

use of false documents in

QR Code - Section 1
Do Not Write in This Space



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

Employer Completes Next Page



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

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)

Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		



Sample Only!

Certification: I attest, under penalty of perjury, that (1) the above-listed document(s) presented by the above-named employee is authorized to be used for employment authorization on the employee's first day

(2) the above-listed document(s) presented by the above-named employee, and (3) to the best of my knowledge the

(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	
Employer's Business or Organization Address (Street Number and Name) 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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

FOREIGN NATIONAL INFORMATION WORKSHEET

To ensure correct determination of your tax status, all applicable questions below must be answered and a copy of the following must be attached:

- I-94 Form "Arrival and Departure Record" (a small white card inside your passport)
- U.S. Visa from your passport
- I-20, IAP66, or I-797 (HI-B)

Last Name _____ First _____

Are you a lawful permanent resident of the U.S. (hold an Alien Registration Receipt Card Form I-551)? Yes* No
 *if "Yes" please proceed to bottom of page 2, sign Certification, and attach copy of I-551

Country of Citizenship _____

Date you first entered U.S. in your current immigration status: _____

Immigration Status, check one: F-1 Student J-1 Exchange Visitor H-1 Temporary Employee
 J-2 Spouse/Child of J-1 Student J-2 Spouse/Child of J-1 Non Student (e.g. Research Scholar) Other
 Expiration Date of Current Immigration Status: _____

If J-1 or J-2 select sub-type as indicated on Visa status:

Student Short Term Scholar Professor Research Scholar Other

What is the primary purpose of your visit, check one:

Studying in a Degree Program Studying in a Non-Degree Program Teaching Conducting Research
 Lecturing Training Temporary Employment Here with Spouse

Please list *all* visits to the U.S. in any visa status (e.g. B-1/B-2, F-1, F-2, J-1, J-2, H-1B, O-1, TN, etc.):

Date of Entry	Date of Exit	Visa Type	Primary Purpose	Claimed Treaty Benefits
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I certify that the information provided above is true and that I am subject to penalties for perjury if false. In addition, I agree to notify the Payroll Office immediately if any of the information I provided on this form changes.

Signature

Date

Form W-4 (2019)

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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional 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.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

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

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		1 (NRA)	
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2019, 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.) ▶		Date ▶			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	
Gettysburg College, 300 North Washington Street, Gettysburg PA 17325				23-1352641	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). 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. Enter “-0-” on lines E and F if you use Worksheet 1-6.

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 not subject to withholding, 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/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 will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - 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.
 } **D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$179,051 to \$200,000 (\$345,851 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-" **E** _____
- F** **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F **G** _____
- 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 not subject to withholding 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 \$53,000 (\$24,450 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 not subject to withholding.

- 1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: {
 - \$24,400 if you're married filing jointly or qualifying widow(er)
 - \$18,350 if you're head of household
 - \$12,200 if you're single or married filing separately
 } **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, above **9** _____
- 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 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

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) **1** _____
 - 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 "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 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 **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. 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 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 nontax criminal 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.

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

Student/Employee ID #: _____

Employee Name: _____

_____ Fac/Admin

_____ Support Staff

_____ Gettysburg College Student

Action To Be Taken:

_____ Start Direct Deposit

_____ Change Existing Direct Deposit
(Please list all accounts you are requesting monies deposited into)

_____ Stop Direct Deposit

PART II: BANK INFORMATION

BANK NAME	ROUTING #	SAVING OR CHECKING	ACCOUNT #	AMOUNT OF DEPOSIT
	: _____ ::			
	: _____ ::			
	: _____ ::			
	: _____ ::			

PNC Bank offers a complete set of money management tools and special benefits to Gettysburg College faculty, staff, and students to help you achieve all of your financial goals. To start enjoying the many benefits of a PNC WorkPlace Banking or a Student Banking account, enroll online now.

Employees can visit www.pnc.com/gettysburg/employee and students can visit www.pnc.com/gettysburg. You may also call the PNC West Street office at 717-334-6552 to learn more and mention that you attend or work at Gettysburg College.

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.

Please allow at least one pay period for direct deposit to go into effect. If you do not receive a direct deposit advice via campus mail on payday, you can pick up your check in the Payroll Office.

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: _____