



DAYTONA STATE COLLEGE

Student Employment New Student Packet

All Student Employment and Human Resources required forms are to be submitted to Student Employment located in Financial Aid Services. Students who submit incomplete packets will receive an email stating what is missing.

Student Employment Required Forms

- ☐ Work Authorization Form
- ☐ Student Employment Job Description
- ☐ Current Semester Class Schedule
- ☐ Current Semester Work Schedule
- ☐ Policies and Procedures Form
- ☐ Confidentiality Statement
- ☐ Drug Free Campus Policy Form
- ☐ Criminal History Form
- ☐ Loyalty Oath

Human Resources Required Forms

- ☐ Direct Deposit Authorization Form
- ☐ FRS
- ☐ I-9 w/ copies of Support Docs
- ☐ W-4
- ☐ Employee Data Form

Submit completed packets to Student Employment located at:

Daytona Beach Campus
Building 100/Room 104
1200 W. International Speedway Blvd
Daytona Beach, FL 32114



DAYTONA STATE COLLEGE

Student Employment Work Authorization Form

Student Name: _____

Student ID: _____

Previously Employed at DSC within the Past Year? Yes _____ No _____

This Section Is To Be Completed By The Supervisor/Department

Academic Year: _____ Start Date: _____ End Date: _____

Position: _____

Department: _____ Department Number: _____

Cost Center Number: _____

Campus:

___ ATC ___ Deltona ___ Flagler/Palm Coast

___ Daytona Beach ___ DeLand ___ New Smyrna Beach

Number of Weeks Student will Work: _____

Number of Hours per week (not to exceed 20 during Fall/Spring): _____

Hourly Pay Rate: \$10.00

Department Authorization Amount (*must not exceed budget*): _____

- Calculation: (hourly rate) x (hours per week) x (number of weeks)
 - Ex. (\$10.00*20 hours per week)*15 weeks = \$3,000 per term

Supervisor Name: _____ Ext: _____

Supervisor Signature: _____

Budget Manager Name: _____ Ext: _____

Budget Manager Signature: _____

This Section Is To Be Completed By Student Employment

Employment Type:

___ Federal/58101 FWS Award Amount: \$ _____

___ Institutional/58001

___ Change from IWS to FWS ___ Change from FWS to IWS

Enrolled Credit Hours: Summer B: _____ Fall: _____ Spring: _____ Summer A: _____

Student Employment Coordinator: _____ Date: _____



DAYTONA STATE COLLEGE

Student Employee Work Schedule Academic Year 2021-2022

Student: _____

Student ID: _____

Position: _____

Department: _____

Check Term: _____ Summer B _____ Fall _____ Spring _____ Summer A

	Total Hours Per Day
Monday: _____	_____
Tuesday: _____	_____
Wednesday: _____	_____
Thursday: _____	_____
Friday: _____	_____
Saturday: _____	_____
Sunday: _____	_____

**Total Hours
Per Week**

Student Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

*Please note this must be the same staff member indicated as supervisor on the
Work Authorization Form.*



DAYTONA STATE COLLEGE

STUDENT EMPLOYMENT POLICIES AND PROCEDURES

Welcome to the Student Employment program at Daytona State College! Student Employees play a vital role to the operations of DSC.

As a student employee, you will be expected to fulfill certain job responsibilities. Campus offices depend on student employees. Your position as a student employee is important to the successful operation of the department for which you are working. Your major job responsibilities are outlined below.

JOB RESPONSIBILITIES

Student employees at DSC must:

- Remain enrolled in a minimum of 6 credits each semester.
- Maintain satisfactory progress towards graduation as defined in the Satisfactory Progress Procedures. A copy of the standards are available on the DSC Financial Aid Website (<http://www.daytonastate.edu/finaid/sop.html>).
- Work willingly and perform assigned work in a satisfactory manner based on the supervisor's instruction. Do not complete homework assignments during this time, unless permission is granted by your supervisor.
- Abide by the rules and regulations of the college, and of the office in which you are assigned. You are expected to conduct yourself in an acceptable manner and follow any rules set up by the college and the assigned department.
- Adhere to the work schedule agreed upon by you and your supervisor. The daily schedule is set up to satisfy the needs of both you and the employing department.
- Report to work on time.
- Make sure all time worked is recorded accurately on the timesheet. Each day, sign in when the work period begins and sign out when the work period ends.
- Notify the supervisor in advance, if you will be absent from work. If time must be taken off due to illness, family emergency, test, etc., notify your supervisor before the scheduled work hours.
- Notify the supervisor if you must stop working. If for any reason you must quit your job, you must notify the supervisor in writing stating the reason. You are urged to do this as far in advance as possible. The supervisor is then responsible for notifying the Student Employment Office.

COMPLETING JOB ASSIGNMENTS

When given a job to do make sure to:

- Follow directions explicitly.
- Ask questions if unsure of an assignment.
- Complete assignments promptly and accurately.
- Return any unfinished assignment to the person who made the assignment.
- Never take work out of the office unless authorized to do so.
- Do not delegate your assignment to someone else.
- Do not leave material or area unattended.
- Advise the supervisor when leaving the area.

INTERNET USAGE

The internet is only to be accessed for college-related activities. Accessing of inappropriate web sites, or inappropriate correspondences whether outgoing or incoming will NOT be tolerated by the DSC. If you are unsure if a website is not appropriate, please ask your supervisor. If inappropriate use of the internet is discovered, it is grounds for immediate termination.

ERRANDS

- Respond willingly when asked to run an errand.
- Student assistants may not use their own vehicle or company vehicle to run off-site errands, like delivering materials to a DSC satellite campus.
- Student assistants are not required to do personal errands for the supervisor.

CONFIDENTIALITY

As a student assistant, you often have access to information not open for public review or knowledge. Therefore, always follow these rules:

- Keep what is seen and heard to yourself.
- Never talk about job assignments outside the office.
- Never remove material from work area.
- If breeches in confidentiality are discovered, it is grounds for immediate termination.

APPEARANCE

Maintaining a clean, well-groomed appearance is necessary in all jobs. Discuss with your supervisor the specific appearance requirements and expectations for the job situation. Remember, most of the Student Employment positions are in a professional office environment and your dress should reflect the same.

ATTITUDE

Your attitude plays a major part in any successful job performance. Be alert and enthusiastic about the job assignment. Remember, this job is an important part of the total college operation. Be courteous and pleasant at all times and follow any rules or guidelines set by the supervisor. Be alert, ready and willing to work. Avoid loud and excessive talking. Be helpful wherever needed.

PERSONAL PHONE CALLS AND VISITS BY FRIENDS

Because you are in a work situation, your time and attention should not be diverted by outside interruptions. Only brief, infrequent phone calls or visitors at the job area are acceptable while you are on duty. Learn to graciously advise friends of the above policies, and strictly abide by them. Notify family members of your work area assignment and a phone number where you can be reached in case of an emergency.

INJURIES ON THE JOB

Report all injuries to your supervisor immediately and they will arrange for any necessary medical attention.

HOMEWORK

You are not to study or do homework while on the job, unless permission is granted by your supervisor. Your job is considered a learning experience and you are "studying" how to handle a work situation while completing your job assignment.

COPING WITH PROBLEMS

If problems arise pertinent to the job position, discuss them with your supervisor. In most instances, problems and misunderstandings can be resolved if dealt with early. If, after talking with the supervisor, you honestly feel the problems cannot be remedied, please contact the Student Employment Office to discuss the situation.

HARASSMENT

Harassment of any kind is not tolerated by the Student Employment program. The College is committed to maintaining a work and educational environment that is free of harassment. In keeping with this commitment, the College will not tolerate harassment of College employees or of employees performing services for the College by anyone, including any supervisor, co-worker, vendor, client, or customer of the College or any third party.

1. Harassment consists of unwelcome conduct, whether verbal, physical, or visual, based upon a person's protected status, such as gender, color, race, religion, national origin, age, physical or mental disability or other protected group status. The College will not tolerate harassing conduct affecting tangible job benefits or grades, interferes unreasonably with an individual's work performance, or creates an intimidating, hostile, or offensive working environment. Such harassment may include, for example, jokes about another person's protected status, kidding, teasing or practical jokes directed at a person based on his or her protected status.
2. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when (1) submission to the conduct is an explicit or implicit term or condition of employment, (2) submission to or rejection of the conduct is used as the basis for an employment decision, or (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment is conduct based on sex, whether directed towards a person of the opposite or same sex, and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing," "practical jokes," jokes about obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another person's body.
3. All College employees are responsible to help assure harassment is avoided. If an employee feels they have experienced or witnessed harassment, they are to notify either the Office of Institutional Equity or the Human Resources Office. The College forbids retaliation against anyone for reporting harassment, assisting in making a harassment complaint, or cooperating in a harassment investigation. If an employee feels they have been retaliated against, they are to notify the Human Resources Office.

TERMINATION

Failure to comply with any of the job responsibilities, including excessing absences, may be justification for termination. The Student Employment Office will try to place you in another position; however, if you are unable to work satisfactorily in the second job, you may not be given another job assignment for the remainder of the academic year and may forfeit your Federal Work Study award.

Student Employee: please keep the policy and procedure pages above for your reference



DAYTONA STATE COLLEGE

Student Employment Policies and Procedures Confirmation Statement

(Please return this page to the Student Employment Office)

My signature denotes that I have read and understood these policies and procedures and that I agree to comply with all statements contained within this document. I understand that failure to comply may result in my termination from my student employment position.

Employee Name: _____

Employee Signature: _____

Student ID: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____



DAYTONA STATE COLLEGE

Student Employee Statement of Confidentiality

As a Student Employee of Daytona State College, Federal or Institutional, I understand I have the responsibility and duty to protect the privacy of students, including former students. I recognize at any time I may be made aware of private information pertaining to a student. I understand any, and all, information I obtain, see, observe, hear or become aware of by any means is considered confidential. I further understand the unauthorized release of such information, whether to parties internal or external to the College, is strictly prohibited and may lead to immediate dismissal from my position on the first offense.

As a Daytona State College student employee, I also understand there are legal prohibitions to the dissemination of student information to others based on the Family Educational Rights and Privacy Act of 1974 (sometimes referred to as FERPA or the Buckley Amendment.)

If I am in doubt about a request for information, I understand it is my responsibility to discuss the request with my supervisor *prior* to releasing the information.

My signature confirms I have read and understood this Statement of Confidentiality and I agree to consider all information I become aware of as a Daytona State College student employee as strictly confidential, the unauthorized release of which may lead to immediate dismissal.

Employee Name: _____

Employee Signature: _____

Student ID: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____



DAYTONA STATE COLLEGE

Drug-Free Schools and Campuses Policy Employee Certification

Daytona State College is committed to maintaining a drug-free environment. Therefore, as a condition of employment, you must agree that you:

- Will not possess, sell, purchase, deliver, use, be under the influence of, manufacture or distribute illegal drugs or controlled substances (including alcohol) while present on any Daytona State College campus; in attendance at any College sponsored event; or conducting authorized College business;
- Will notify the College within five (5) days of any conviction for any offense relating to the sale, purchase, delivery, use, manufacturing or distributing of illegal drugs or controlled substances (including alcohol); and
- Will submit to drug testing if the College has “reasonable suspicion” that the employee has used drugs in violation of the College policy. Reasonable suspicion will be based upon objective facts such as causing or contributing to an accident at work, exhibiting abnormal conduct, erratic behavior, establishing physical symptoms or manifestations of using drugs or being under the influence of a drug (including alcohol).

I have read, understood and will obey Daytona State College’s Drug-Free Schools and Campuses Policy.

Name (Printed)

Signature

Date

Employees who refuse to sign the drug-free certification document may be refused employment at Daytona State College.

Employment Conditions

Please initial the following conditions regarding employment at Daytona State.

I have received a copy, read, understand and will comply with Daytona State College’s Anti-Harassment Policy.

Accident Reports: I understand all accidents Incurred by a staff member or participant in a program at Daytona State must be reported to security within 48 hours.

Keys/Materials Return: I agree to return all library resources, other materials, equipment and keys issued to me when I am no longer employed by Daytona State.

I understand that there is a charge for lost keys and that my final paycheck may be withheld until such items are returned or accounted for.

I have read and understand the above conditions of employment and attest to the accuracy of the information given above.

Name (Printed)

Signature

Date



DAYTONA STATE COLLEGE

LOYALTY OATH (Per Florida Statute 876.05)

I, _____

A citizen of the State of Florida and of the United States of America and being employed by or an office of Daytona State College, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Student Name: _____

Student ID: _____

Student Signature: _____

Date: _____

DAYTONA STATE COLLEGE REPRESENTATIVE

Student, _____, appeared before me stating that they have read the foregoing Oath, is familiar with what it says, and has signed it freely and voluntarily and in my presence.

DSC Rep./Supervisor Name: _____

DSC Rep./Supervisor Signature: _____

Date: _____



DAYTONA STATE COLLEGE

Criminal History

Have you ever been convicted of a crime, found guilty, or entered a plea of nolo contendere (no contest) even if adjudication was withheld? (Please check your answer below)

Yes _____ No _____

If yes, you must give complete details for each charge below. Your answer to this question will be checked against local, state and federal records. An affirmative (Yes) answer will not necessarily disqualify you from consideration for student employment opportunities; however, failure to answer this question honestly and accurately could cause denial of employment.

If it is determined that a student employee participating in the College's Student Employment Program was not truthful and honest and/or did not provide complete details of any such history, dismissal from the Program may occur.

Where Convicted	Date(s)	Nature of Charge(s)	Disposition(s)

Student Certification and Agreement

I certify that the facts set forth in this Criminal History questionnaire are true and complete to the best of my knowledge. I understand that any false statements and/or omissions may result in my dismissal.

I understand that this questionnaire must be filled out in its entirety, signed and included in a student employment packet along with the other employment documents.

I authorize the college to investigate my background and to obtain information concerning my ability and desirability as a prospective student employee. In connection with this investigation, I authorize any former employers to release to the college, without liability, any information in their possession relevant to my past performance as their employee.

Signature: _____

Date: _____

Return with the completed Student Employment packet to the Student Employment Office.

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with enrollment instructions.

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have never been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- ☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)
☐ State Community College System Optional Retirement Program (SCCSORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)
☐ Other

III. I am not retired from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through the 12th months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE

DATE

IV. I am retired from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position²** during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid³**, and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position²** during the **first 6 calendar months** after I retired, I **must repay³** any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7th through 12th months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.



DAYTONA STATE COLLEGE

Authorization Agreement For Direct Deposit

Name:

Address:

City:

State:

Zip Code:

Employee Id:

Telephone Number/Extension:

I hereby authorize Daytona State College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called Depository, to credit and/or debit the same to such account. In the case of unrecoverable funds posted to this account beyond the control of the employer, the employee will be responsible for the depositing of such funds to this account. **Your first check will be a paper check allowing the bank to prenote your account numbers.**

Transaction Type (Select One):

☐ New Direct Deposit Authorization

☐ Change of Account Number

☐ Change of Account Type Designation

☐ Cancellation of Direct Deposit Transit/ABA Number:

Account Number:

☐ Change of Partial Amount Transit/ABA Number:

Account Number:

Account Type (Select One):

Financial Educators
Credit Union

☐ Net Deposit

☐ Partial Amount of

Checking Account

☐ Net Deposit

☐ Partial Amount of

Savings Account

☐ Net Deposit

☐ Partial Amount of

Name Of Financial Institution:

City:

State:

Zip Code:

Transit/ABA Number:

Account Number:

This authorization is to remain in full force and effect until Daytona State College has received written notification from me on its termination in such time and in such manner as to afford the college a reasonable time to act on it.

Signature:

Date:

Co-Signature (If Joint Account):

Date:

Attach a voided blank check for checking accounts or a savings account deposit slip for savings accounts to validate account information.

ATTACH VOIDED BLANK CHECK OR DEPOSIT SLIP HERE

Jane A. Doe 1000 Main St. Anywhere, U.S.A. 10001		
PAY TO THE ORDER OF _____		_____ 19____
_____ DOLLARS		
MEMO _____		
⑆ 256000649⑆ 0302 0032178⑈ 0611		

Transit No.	Account No.	Check No.
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DIRECT DEPOSIT NOTICE

Daytona State College requires newly hired employees to authorize automatic payroll deposits into their checking or savings accounts. Anyone who has a checking or savings account with almost any bank or financial institution in Florida or elsewhere in the country can use that account for direct deposit.

To have your payroll check deposited directly to your checking or savings account, you must: (1) Complete and sign the attached authorization agreement for electronic fund transfer (EFT), and (2) Submit to the payroll office a voided blank check for checking accounts or a savings account deposit slip for savings accounts, along with the completed agreement. Employees who wish to arrange a direct deposit to a credit union account or to an investment firm money market account should contact the financial institution to verify the transit and account numbers that are valid for ACH transactions.

Your checking account will be “prenoted” for one pay period. The prenote process is a “dry run” to detect any problems with your bank transit and account numbers. Your bank transit number and account number will be included on the EFT tape that notifies your bank of direct deposit transfers, but no funds actually will be transferred on the prenote date. You will receive your regular paycheck for the prenote pay period.

If the prenote process detects no problems, your net pay for the next pay period (i.e., your gross pay less withholding for federal, state, and local taxes, plus any other required or voluntary deductions) will be electronically transferred to your checking account. In lieu of receiving a paycheck, you will receive a pay information statement that reports the same information that would have appeared on your paycheck stub.

Any changes to your bank transit number or account number must be reported in writing to the Payroll Office prior to the end of the pay period in which the change is made. You also must notify the Payroll Office prior to closing your account.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
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 10/31/2022

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 Identity and Employment Authorization	OR	List B Identity	AND	List C 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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
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)				

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	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

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

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 		<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 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 	<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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

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

2022

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

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

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

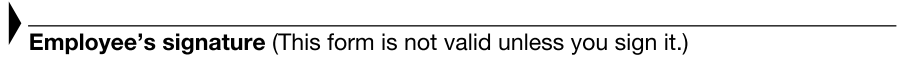

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

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

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

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	 Employee's signature (This form is not valid unless you sign it.)		 Date
Employers Only	Employer's name and address Daytona State College 1200 West International Speedway Blvd Daytona Beach, FL 32114	First date of employment	Employer identification number (EIN) 59-1211226

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,360	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Human Resources Employee Data Form

Revised 01/27/2017

☐ New Employee ☐ Update Existing Data

Print name as it appears on social security card.

First Name _____
Middle Name _____
Last Name _____
Address _____
City, ST, Zip _____
Email _____
Primary Phone () _____
☐ Cell ☐ Home ☐ Other

New Employee-list
Social Security No. _____
DSC ID _____
Gender ☐ Female ☐ Male
Date of Birth _____
Birth City, ST _____
Birth Country _____
Name Change-list
previous name _____

Demographics

Citizenship

- ☐ U.S. Citizen
- ☐ Permanent Resident
- ☐ Non-Resident Alien
- ☐ Student Visa

U.S. Military Status

- ☐ No Military Service
- ☐ National Guard
- ☐ Reservist
- ☐ Veteran Service before 9/11/01
- ☐ Veteran Service 9/11/01 or later

Highest Education Completed

- ☐ Less than High School
- ☐ High School Graduate/GED
- ☐ Some College
- ☐ Technical School
- ☐ 2-Year College Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate

Marital Status

- ☐ Civil Partnership
- ☐ Common Law
- ☐ Divorced
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed

Ethnicity

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Prefer Not To Answer

Emergency Contact

First Name _____
Last Name _____
Relationship _____
☐ Address Same as Above
Address _____
City, ST, Zip _____

Primary Phone
() _____
☐ Cell ☐ Home ☐ Other
Secondary Phone
() _____
☐ Cell ☐ Home ☐ Other

Authorization

Employee Signature

Date