INSTRUCTIONS FOR NON-RESIDENT ALIENS

Employment Forms:

1. All non-resident alien students must complete the I-9, W-4, L-4, and E-2 forms.

2. When completing the W-4, non-resident aliens must claim Single or Married, but withhold at higher single rate; must claim only one (1) withholding allowance; and claim an additional withholding amount of $33.10.

3. All non-resident alien students must complete the Drug-Free policy form.

4. All non-resident alien students must complete the Non-Resident Alien Data Form giving all entry and exit dates.

5. A copy of their I-20, Passport and Visa must be attached.

6. A copy of their U.S. Government issued Social Security Card must be attached. All students must have an official Social Security Number (SSN). No student will be paid under a temporary number.

Rev. 1/23/2006

NON-RESIDENT ALIEN DATA FORM

Name:_____ Date of Birth:_____ SSN:_____

Local Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Academic Major:_____

Work Phone:_____ Advisor:_____

Cell Phone:_____

Emergency Contact:_____ Relationship:_____

Emergency Contact Phone Numbers:_____

Country of Citizenship:_____Visa type upon entry to U.S.:_____

Current Visa Type:_____ Date Visa Acquired:_____

Permanent Foreign Address: _____

_____

Passport Number:_____

EEO Requirements:

_____Male _____White _____Black _____Hispanic _____American Indian

_____Female _____Asian/Pacific Islander

List below all entry dates to the U.S. and exit dates from the U.S.

Entry	Exit
_____	_____
_____	_____
_____	_____

Attach a copy of I-20, Passport, and Visa

Rev. 1/23/2006

Form W-4 (2012)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at *www.irs.gov/w4*. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** _____

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child . . . **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are 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.**

OMB No. 1545-0074
2012

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
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 1-800-772-1213 for a replacement card.** ► ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2012, 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 . . . . . ► **7**

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 lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	$
2	Enter: { $11,900 if married filing jointly or qualifying widow(er) / $8,700 if head of household / $5,950 if 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 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $3,800 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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

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
$0 - $5,000	0	$0 - $8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - $70,000	$570	$0 - $35,000	$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

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 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.

R-1300 (10/08)

Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household.
- Enter "2" to claim yourself and your spouse.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
Louisiana Department of Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial	Last name
2. Social Security Number	**3.** ☐ No exemptions or dependents claimed ☐ Single ☐ Married

4. Home address (number and street or rural route)

5. City	State	ZIP

6. Total number of exemptions claimed in Block A	**6.**
7. Total number of dependents claimed in Block B	**7.**
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	**8.**

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date

The following is to be completed by employer.

9. Employer's name and address	**10.** Employer's state withholding account number

STATE OF LOUISIANA
EMPLOYEE SUBSTANCE ABUSE AND DRUG-FREE WORKPLACE POLICY

1. **Purpose**–Employees are the State of Louisiana's most valuable resource and their health and safety is a serious concern. The State of Louisiana will not tolerate any substance abuse or use which imperils the health and well-being of its employees or threatens its services to the public. The use of illegal drugs and abuse of alcohol or other controlled substances, on or off duty, is inconsistent with law abiding behavior expected of all citizens. Employees who use illegal drugs or abuse alcohol or other controlled substances on or off duty, tend to be less productive, less reliable, and prone to greater absenteeism resulting in the potential for increased cost, delay and risk in providing services. Ultimately, they threaten the State's ability to serve the public. Furthermore, employees have the right to work in a drug and alcohol free environment and to work with persons free from the effects of drug and alcohol abuse. Employees who abuse drugs or alcohol are a danger to themselves and to other employees. In addition, substance abuse inflicts a terrible toll on the State's productive resources and the health and well-being of Louisiana workers and their families. The State of Louisiana is committed to maintaining a safe and healthy workforce free from the influence of substance abuse. In addition, the State of Louisiana will vigorously comply with the requirements of the Federal Drug-Free Workplace Act of 1988.

2. **Definitions**

   Drug-free workplace–a site for the performance of work at which employees are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the federal Drug-Free Workplace Act of 1988.

   Controlled substance–any drug, substance or immediate precursor in Schedules I through V of La. R.S. 40:964 or Section 202 of the Controlled Substances Act (21 U.S.C. 812).

   Criminal drug statute–a criminal statute involving manufacture, distribution, dispensation, use or possession of any controlled substance.

   Conviction–a finding of guilt (including a plea of nolo contendere) or imposition of sentences, or both, by any judicial body charged with the responsibility to determine violations of the federal or sate criminal drug statutes.

3. **Policy**–It shall be the policy of the State of Louisiana to maintain a drug-free workplace and workforce free of other substance abuse.

   A. Reporting to work or performing work for the State while under the influence of and impaired by illegal drugs or alcohol is prohibited.

   B. The illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substance by employees at the work site, and while the employee is on official state business, on duty or on call for duty is prohibited.

   C. Violation of such prohibitions by State employees is considered conduct detrimental to State service and may result in discipline and/or a directive to participate in a rehabilitation program.

   D. Employees are required by federal law to notify the employing state agency head or designee within (5) days of conviction under any criminal drug statute where such conviction occurred in the workplace, while on official business, during work hours or when on call for duty.

(1) An employee who is convicted of violating any criminal drug statute in such workplace situations as stated above may be subject to discipline and/or a directive to participate in a rehabilitation program.

E. Agencies who receive federal grants or contracts must report any such criminal drug statute convictions of their employees to the federal agency from which grants or contracts are received within ten (10) days after receiving notice from the employee or otherwise receiving actual notice of such conviction.

F. Employees will be given a copy of the employee substance abuse and drug free workplace policy. Employees will be informed that they must abide by the terms of the policy as a condition of employment and of the consequences of any violation of such policy. Notification of this policy should be required as part of new employee orientation.

4. **Assistance Program**–Employers shall encourage and support their employees in seeking rehabilitation services and should assist them in utilizing any available state-supported services. Use of sick, annual, and compensatory leave and leave without pay for purposes of bona fide rehabilitation efforts is encouraged.

5. **Awareness Program** –The State of Louisiana will strive to educate employees about the dangers of substance abuse. The State of Louisiana will establish a Substance Abuse Awareness Program to assist employees to understand and avoid the perils of drug and alcohol abuse. The State will use that program in an ongoing educational effort to prevent and eliminate abuse that may affect the state workforce. The Substance Abuse Awareness Program will contain provisions to inform employees about the: (1) dangers and recognition of alcohol and drug abuse: (2) Employee Substance Abuse and Drug-Free Workplace Policy; (3) availability of treatment and counseling for employees who voluntarily seek such assistance; (4) sanctions the State will impose for violations of its Substance Abuse and Drug-Free Workplace Policy.

6. **Applicability**–This Employee Substance Abuse and Drug-Free Workplace Policy applies to all state agencies. State employees, as used in this Policy, means all classified and unclassified employees.

7. **Effective Date**–This Employee Substance Abuse and Drug-Free Workplace Policy is effective May 23, 1989.

STATE DRUG-FREE WORKPLACE ACKNOWLEDGEMENT RECEIPT

I hereby certify that I have received a copy of the **Employee Substance Abuse and Drug Free Workplace Policy**. I understand that reporting to work or performing for the State while under the influence of and impaired by illegal drugs or alcohol is prohibited. I also realize that the illegal use, possession, dispensation, distribution, manufacture or sale of a controlled substance is prohibited when I am on official state business, whether on duty or on call for duty, on or off the work site. I understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify my employer within five (5) days if I am convicted of violating any criminal drug statute at the workplace, while on official business or while on call for duty. I further realize that my employer is required by law to give notice of such conviction to any federal agency from which it receives grants or conveying this information to such federal agency.

Signed: _____

Print Name: _____

Date: _____

Department: _____

Title: _____

ULM Policy and Procedure on Recoupment of Overpayments

This policy is being implemented in accordance with R.S. 42:460 which became effective March 20, 2005.

Policy:

Introduction

Overpayments occur when compensation that is not owed to the employee is paid in error. This includes but is not limited to overpayment of wages, annual and sick leave paid in error, as well as, erroneous refunds of deductions. Unearned payments to employees are prohibited by Article 7, Section 14 of the Louisiana State Constitution which prohibits the donation of public funds. As a result, ULM is required to make a reasonable effort to recoup overpayments from both active and separated employees. Recoupment will occur once the employee has received written notice and the appropriate time for a dispute has passed.

Procedure:

Notification

Once it is determined that an overpayment has been made, the Controller's Office will immediately notify the employee of the error. This notice must in writing and include the following:

1. pay date(s) the overpayment occurred;
2. amount of the overpayment;
3. reason for the overpayment;
4. plan of action for recoupment;
5. employee options for reimbursement of overpayment; and
6. procedure by which the proposed recoupment can be disputed.

Recoupment from an Active (Current) Employee

If the recoupment is due from an active employee, the following repayment options are available:

1. direct deposit reversal
2. one-time deduction from a subsequent paycheck
3. payment plan (not to exceed a 12-month period)
4. personal payment from the employee (check or money order).

If an employee who has been overpaid is separating (terminating) from ULM, the amount of the overpayment must be withheld from the employee's final paycheck. If the full amount is not recovered, ULM should follow the guidelines for a Separated Employee.

The amount to be recouped in a one-time payment or in recurring payments cannot bring the employee's biweekly gross hourly wage amount below the federal minimum wage. If the employee agrees to have a larger amount withheld, ULM must obtain written approval from the employee.

Recoupment from Employees Transferring to Another State Agency

If an overpaid employee is transferring to another state agency, and the losing agency has not completed the recoupment process, the losing agency must notify the gaining agency that the employee has an outstanding balance due the losing agency. The losing agency must provide pertinent documentation regarding the details of the overpayment and the recoupment plan established. The losing and gaining agencies must work together to determine a reasonable solution for recouping the overpayment from the employee and for transferring funds received at the gaining agency back to the losing agency.

Recoupment from Separated Employees

If the overpayment is to be recouped from a Separated Employee, the following repayment options are available:

1. one-time personal payment from the employee (check or money order)
2. payment plan (not to exceed a 12-month period)

If ULM is unable to recover overpayments from a separated employee, ULM must follow policies regarding consulting the legal department (at the System Level) to determine if legal recourse is warranted.

Procedure for Disputing the Overpayment:

The employee should present their dispute to the Controller in writing with in five (5) working days from the date of notification of the overpayment. This statement must contain the reason(s) why the employee feels the overpayment was not in error.

The Controller will respond to the employee within ten (10) working days from receipt of the written dispute.

If the employee is still not satisfied with the response from the Controller, the employee may then send the dispute to the Vice President of Business Affairs within five (5) days of receipt of the Controller's response.

The Vice President will respond to the employee within fifteen (15) working days from receipt of the written dispute.

Condition of Employment

A signed statement must be obtained from the prospective employee acknowledging his/her understanding of ULM's recoupment policy and procedure and that, if overpaid, the overpayment may be recouped in a future pay period after notification from ULM in accordance with ULM's policy. Prospective employees include new hires and employees who have transferred. The request for this signed statement will be obtained during the New Hire Orientation process.

RECOUPMENT OF OVERPAYMENTS
ACKNOWLEDGMENT RECEIPT

I hereby certify that I have received a copy of the Policy and Procedure on Recoupment of Overpayments and understand this policy to the best of my knowledge.

_____	_____
Date	Signature

UNIVERSITY OF LOUISIANA
MONROE

AUTHORIZATION FOR "ELECTRONIC DEPOSIT"

__ New Application for Electronic Deposit

__ Change of Account Number, same Bank

__ Change of Bank

I, _____, hereby authorize the University of Louisiana at Monroe to "Electronically Deposit" my funds on a date specified by the University to the bank of my choice. (Please circle applicable relationship to the university.) It is also understood that it is my sole responsibility to notify the University of my bank account information as well as any changes made to my bank account. In the event of an error in the credit entry, the correction of which requires that a reversing (debit) entry is made, I hereby authorize the Depository Institution to initiate such a debit entry in the amount of the error to my account.

Student, Faculty, or Staff Member Signature: _____ Date: __ /__/__

If a student, check if form is for _____ Payroll or _____ Student Refunds

Campus-Wide ID Number (CWID): _____

Campus Extension or Other Contact Number: _____

Attach Voided Check to Verify Bank Information and Complete the Following

Financial Institution Name: _____

Financial Institution ABA (Routing) Number: _____

Account Number: ☐ Checking ☐ Savings _____

Is this a second direct deposit account? ☐ Yes ☐ No

If yes, specify amount to be deposited to this account per pay period: _____

*****IMPORTANT*****

After the authorization of direct deposit is returned to Payroll, one payroll cycle will be required for your information to be verified by your financial institution. *YOU WILL RECEIVE ONE MORE PAPER CHECK DURING THIS PROCESS.* Your payroll stub will have the amount deposited into your account listed as a deduction.

After the authorization of direct deposit is returned to Student Accounts, two refund cycles will be required for your information to be verified by your financial institution. You may receive one paper check during this process. The amount deposited into your account will be listed on your student account (access through the Arrow system).

The University of Louisiana at Monroe

COLLEGE WORK STUDY STUDENT PERSONAL DATA FORM

Social Security Number: (Copy of Social Security Card required)	Employee ID: (CWID)
Employee Name:	Email Address : (Not Campus Email)
Street Address:	Mailing Address:
City: State: Zip Code:	City: State: Zip Code:
Parish (Residence):	Home Phone ( ) Cell Phone ( )
In Case of Emergency Contact:	Contact's Relationship: Phone Number: ( )

Gender:

_____ Male
_____ Female

Date of Birth: _____

EEO Information:

Do you consider yourself to be Hispanic/Latino?	In addition, select one or more of the following racial categories to describe yourself:
___ Yes	_____ American Indian or Alaska Native
___ No	_____ Asian
	_____ Black or African American
	_____ Native Hawaiian or Pacific Islander
	_____ White

Education Level: (Check highest level)

_____Doctor _____Masters _____Bachelor _____ Professional Degree _____No. Acad. Cred.

Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced

If Married: Name of Spouse: _____ Date of Birth: _____ Marriage Date: _____

Dependents: (Name) (Date of Birth)

_____
_____
_____

Prior ULM Service? ____ Yes ____ No If Yes, Dates of Service: _____

Prior State of LA. Service? ____ Yes ____ No If Yes, Dates of Service: _____
Current State Service? ____ Yes ____ No

Location: _____

Address if Known: _____

Do you currently work for another department? ____ yes ____ no

Privacy Request:

Please do _____ do not _____ release my home phone and/or address information.

Employee Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING PAYROLL FORMS FOR STUDENT WORKERS
(03 and 04 Workers)

Employment Eligibility Verification (Form I-9)

1. The student should complete Section 1 completely.
2. The department is to complete Section 2 completely. The document name, number, and expiration date, if applicable, should be written by the supervisor on the I-9 form under the List B and List C headings. A complete list of acceptable documents is on Page 3 of the I-9 form.
3. Copies of documents used from List A, B or C must be attached.
4. Both the student and the supervisor must sign the I-9 form.

(This form is required by the Federal Government)

Federal Employee's Withholding Allowance Certificate (Form W-4)

1. Only the bottom half of this form must be completed by the student.
2. Be sure to sign and date your W-4.

(This form is required by the Federal Government)

State of Louisiana Withholding Certificate (Form L-4)

1. Only the bottom half of this form must be completed by the student.
2. Be sure to sign and date your L-4.

(This form is required by the Federal Government)

State of Louisiana Drug-Free Workplace Policy

1. Sign and date to indicate you understand the drug-free policy.
2. A copy of the policy is provided for you.

PAYROLL OFFICE

STUDENT WORKER (03 State) REQUEST

Name of Department: _____

Fund	Orgn	Prog	Account

Supervisor: _____ Term: _____

E-mail: _____ Phone: _____

Names and CWIDs of those students requested (you may attach another sheet to this document for additional names):

Name	CWID *(No Social Security Numbers)*
_____	_____
_____	_____
_____	_____

- ✓ I understand that these students should report to me to work at schedule times.
- ✓ I understand that I am responsible for verifying and certifying the number of hours worked by each student worker under my supervision in my department.
- ✓ I understand that a student's time can not be projected on their timesheets. The timesheet must reflect only hours actually worked.
- ✓ I understand that a student can not work more than 20 hours per week without prior approval from the Controller.
- ✓ I understand that students are not allowed to work overtime.
- ✓ I understand that I should outline to these students the job regulations and guidelines as established by my department and the Payroll Office.
- ✓ I understand that these students cannot begin working until I have received and signed this Request Form.
- ✓ I understand that these students' work hours should not conflict with their scheduled class time.
- ✓ I understand that these students must maintain half-time enrollment to maintain eligibility for campus employment.
- ✓ I understand that I must inform the Payroll Office when a student resigns from work or is terminated.
- ✓ I understand that these students are not allowed to work if they have resigned from the university or have dropped below half time.

Supervisor's Signature: _____ Date: _____

The University of Louisiana at Monroe
Student Request

DATE: _____

Department Name: _____

Department Number: _____

Contact Person: _____

Phone Number: _____

CWID	Name

Before a student begins to work for your department:

1. The department in which the student plans to work must submit a written request from the supervisor to the Office of Career Connections.
2. The student must complete all Financial Aid forms and paperwork before he/she will be assigned.
3. A budget must be issued to the student by Financial Aid.
4. Student and supervisor together should complete all payroll forms. All forms in the packet should be turned in together. The Supervisor must sign the I-9 and attach two (2) forms of ID.
5. If the student is a non-resident alien, he must also complete the Non-resident Alien Data Form and furnish a copy of his passport, visa, I-20, and US Government issued Social Security Card.

Item 4 (and 5, if applicable) should be completed within the first three (3) days of employment.

Student Work Study Timesheets

Completing your timesheet by appropriate deadlines is essential to getting your paycheck on time. Timesheets are used by both department supervisor and the Payroll Office to log and track the amount of hours you are working, to ensure you do not exceed your allocated budget each semester, and to ensure that you are not working while you are scheduled to be in class. Once you have completed your timesheet, your supervisor will sign it and forward it to the Payroll Office. Students are NOT allowed to bring timesheets to Payroll! Please keep track of your hours and monies earned.

STUDENT WORK STUDY PAYROLL SCHEDULE 2011-2012

PAYROLL ID	PAYROLL NUMBER	PERIOD START	PERIOD END	TIMESHEET DUE	CHECK ISSUE
Summer II Budget Begins					
ST	9	7/1/2011	7/31/2011	8/1/2011	8/5/2011
ST	10	8/1/2011	8/11/2011	8/12/2011	8/18/2011
Fall Budget Begins					
ST	11	8/12/2011	8/31/2011	9/1/2011	9/8/2011
ST	12	9/1/2011	9/30/2011	10/3/2011	10/7/2011
ST	13	10/1/2011	10/31/2011	11/1/2011	11/7/2011
ST	14	11/1/2011	11/30/2011	12/1/2011	12/7/2011
ST	15	12/1/2011	12/10/2011	12/12/2011	12/16/2011
Spring Budget Begins					
ST	1	12/12/2011	12/31/2011	1/2/2012	1/9/2012
ST	2	1/1/2012	1/31/2012	2/1/2012	2/7/2012
ST	3	2/1/2012	2/29/2012	3/1/2012	3/7/2012
ST	4	3/1/2012	3/31/2012	4/2/2012	4/6/2012
ST	5	4/1/2012	4/30/2012	5/1/2012	5/7/2012
ST	6	5/1/2012	5/11/2012	5/14/2012	5/18/2012
Summer I Budget Begins					
ST	7	5/12/2012	5/31/2012	6/1/2012	6/7/2012
ST	8	6/1/2012	6/30/2012	7/2/2012	7/9/2012

*****NOTE*****

TIMESHEETS MUST BE COMPLETED AND SIGNED IN INK. EACH TIMESHEET MUST BE SIGNED BY THE STUDENT AND SUPERVISOR PRIOR TO TURNING IT IN TO PAYROLL!!! ONLY TIMESHEETS GENERATED BY THE PAYROLL OFFICE WILL BE ACCEPTED AND PAID. TIMESHEETS SUBMITTED LATE WILL BE HELD UNTIL THE NEXT SCHEDULED PAYROLL PERIOD.