Western Carolina University Federal Work Study Hiring Agreement

TO BE COMPLETED BY STUDENT

Name: _____ Student ID: _____

Email:_____ Phone #: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean that you cannot be hired. The offense, how recently you were convicted and other relevant matters will be evaluated in relation to the job for which you are applying.)

Yes No

Have you ever been fired or received any disciplinary action regarding previous employment?

Yes No

Employment is temporary. The Federal Work Study program does not make one eligible for unemployment insurance. I affirm that the above is true and if found to be false, I understand that this may be grounds for my dismissal.

Signature: _____ Date: _____

TO BE COMPLETED BY HIRING SUPERVISOR

Department: _____ Position #: _____

Department Phone #: _____ Work Study Job Title: _____

Department Organization #: _____ Hourly Rate: _____

Please be aware that Students can only work 25 hours per week.

Email Address: _____ Campus Address: _____

Supervisor 92#: _____ Phone#: _____

Timesheet Approver #: _____ Non-work Study Position # _____

Print Supervisor Name: _____

Supervisor Signature: _____

TO BE COMPLETED BY WCU FINANCIAL AID AND SCHOLARSHIPS

Federal I9 Date: _____ Hire Date: _____ Approved by: _____Notification Sent: _____

Western Carolina University Federal Work Study Employee Confidentiality Agreement

In accordance with the trust placed in us by the University and our users, WCU's Federal Work Study (FWS) employees are responsible for maintaining the confidentiality of the data with which they work and for keeping data secure and accessible only to those who have rights to this information.

WCU's FWS employees routinely have access to highly sensitive information that could be considered unusual or of interest to other individuals both on the inside and outside of the University. The sensitive nature of this information requires that personnel meet the highest standards possible for managing the University's information in a secure and professional manner.

Every employee in WCU's FWS program is responsible for maintaining the confidentiality of data to which they may have access through privileged administrator rights. This includes protecting data from those who do not have authorization to see or access this information. No authorized user should see, hear or use user data without the written permission of the data owner or as authorized by a senior administrator with the authority to grant access.

WCU's FWS employees also have responsibility for securing data both while it is in use by authorized users and when it is stored or archived. Do not disclose confidential information to unauthorized persons in any manner of communication, e.g. by file transfer, through written and oral communication, or other means of disclosure.

If at any time, personal and/or confidential data is thought to be compromised, notify the direct supervisor immediately. The act of intentionally disclosing user data and/or information to be compromised through gross negligence will be grounds for disciplinary action consistent with regular university procedures.

I have read the above agreement and understand the condition of employment.

Print Employee Name: _____

Employee Signature: _____

Date: _____

STATEMENT OF UNDERSTANDING

REGARDING USE OF DATA COVERED BY

THE FAMILY EDUCATIONAL RIGHTS AND

PRIVACY ACT OF 1974 (FERPA)

This Form is Required to Gain Electronic Access To Student Data

And is Required of all Instructors and Advisors

- I understand that as an employee of Western Carolina University (WCU), or as a contractor working on behalf of the WCU System, I will be granted access to records which contain individually identifiable information which is protected by the Family Educational Rights and Privacy Act of 1974.

- I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person(s), or the use of this data outside the limited scope and reasons to which access is granted, could subject me to criminal and civil penalties imposed by law.

- I acknowledge that such access is granted on the need to fulfill employment responsibilities and that no data will be copied, stored, disclosed or otherwise used except in the fulfillment of these duties.

- I further acknowledge that such willful or unauthorized disclosure also violates Western Carolina University's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Print Name: _____ Signature: _____

Date: _____

Note: Upon completion of this form, please submit to the Office of Human Resources for processing.

For more information visit our web site at http://www.wcu.edu/provost

NCDOR
Web
11-19

NC-4EZ
Employee's Withholding Allowance Certificate

Filing Status (Mark one box only) ☐ Single or Married Filing Separately ☐ Head of Household ☐ Married Filing Jointly or Surviving Spouse

Social Security Number
☐☐☐ - ☐☐ - ☐☐☐☐

First Name | M.I. | Last Name

Address | County (Enter first five letters)

City | State | Zip Code | Country (If not U.S.)

Instructions. Use Form NC-4EZ if you:

- Plan to claim the N.C. Standard Deduction
- Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions)
- Do not plan to claim N.C. tax credits
- Qualify to claim exempt status (See Lines 3 or 4 below)

Important. If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. *(See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)*

If you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.

Single & Married Filing Separately										
Income	# of Children under age 17									
	1	2	3	4	5	6	7	8	9	10
	# of Allowances									
0 - 20,000	1	2	3	4	5	6	7	8	9	10
20,001 - 30,000	0	1	2	3	4	4	5	6	7	8
30,001 - 40,000	0	1	1	2	3	3	4	4	5	6
40,001 - 50,000	0	0	1	1	2	2	2	3	3	4
50,001 - 60,000	0	0	0	0	1	1	1	1	1	2
60,001 and over	0	0	0	0	0	0	0	0	0	0

Married Filing Jointly & Surviving Spouse										
Income	# of Children under age 17									
	1	2	3	4	5	6	7	8	9	10
	# of Allowances									
0 - 40,000	1	2	3	4	5	6	7	8	9	10
40,001 - 60,000	0	1	2	3	4	4	5	6	7	8
60,001 - 80,000	0	1	1	2	3	3	4	4	5	6
80,001 - 100,000	0	0	1	1	2	2	2	3	3	4
100,001 - 120,000	0	0	0	0	1	1	1	1	1	2
120,001 and over	0	0	0	0	0	0	0	0	0	0

Head of Household										
Income	# of Children under age 17									
	1	2	3	4	5	6	7	8	9	10
	# of Allowances									
0 - 30,000	1	2	3	4	5	6	7	8	9	10
30,001 - 45,000	0	1	2	3	4	4	5	6	7	8
45,001 - 60,000	0	1	1	2	3	3	4	4	5	6
60,001 - 75,000	0	0	1	1	2	2	2	3	3	4
75,001 - 90,000	0	0	0	0	1	1	1	1	1	2
90,001 and over	0	0	0	0	0	0	0	0	0	0

1. **Total number of allowances you are claiming** *(Enter zero (0), or the number of allowances from the table above)* _____

2. **Additional amount, if any, you want withheld from each pay period** *(Enter whole dollars)* _____.00

3. **I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:** Check Here ☐
   - Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; **and**
   - This year, I expect a refund of all State income tax withheld because I expect to have no tax liability.

4. **I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition Act.** *(See Form D-401, North Carolina Individual Income Tax Instructions, for more information.)* Check Here ☐

   If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective _____ YYYY

5. **I certify that I no longer meet the requirements for an exemption on Line 3** ☐ **or Line 4** ☐ *(Check applicable box)*

   Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on Line 1 and any additional amount entered on Line 2. Check Here ☐

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature _____ **Date** _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or 4, whichever applies.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ 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.

OMB No. 1545-0074

2021

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **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 2021 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	First date of employment	Employer identification number (EIN)

WESTERN CAROLINA UNIVERSITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET EARNINGS AND EXPENSE REIMBURSEMENTS
ENROLLMENT AND CHANGE FORM

☐ Bi-Weekly Payroll ☐ Monthly Payroll ☐ Expense Reimbursements

☐ **ENROLL** me in direct deposit		☐ **CHANGE** my direct deposit	
BANNER I.D. #	FIRST NAME:	MI:	LAST NAME:
E-MAIL ADDRESS:		PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:

☐ Deposit to my **CHECKING** or **MONEY MARKET** account (my name is on this account)

☐ Deposit to my **SAVINGS** account (my name is on this account)

I am ATTACHING (check one and STAPLE HERE)

☐ a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address

☐ a **CHECK** marked **"VOID"** with my preprinted name and current address

☐ an official **BANK FORM**, certified and stamped by a banking official, which provides my account number and the bank routing number

☐ a **DEPOSIT SLIP** with pre-printed bank routing and account number.

☐ **Cancellation -** I understand that I must establish a new bank account for my direct deposit to remain employed.

I authorize WCU and my bank to deposit my paycheck and/or reimbursements directly to the account listed above. Deposits can be made to one banking institution only and in one account within the banking institution. Deposits are limited to either checking or savings accounts. Partial deposits will not be permitted; total amount paid must be deposited.
If the transmission fails because I have given incorrect or outdated information, WCU can only provide a replacement payment **AFTER** the University has received a refund from the financial institution (usually within 5 working days).
It is important that you provide correct account and bank routing numbers, and that you notify the Payroll Office **immediately** if you change banks or account numbers. Western Carolina Unversity has the right to retract and correct payments, as necessary.

This completed form must be received in the Payroll Office no less than 15 days prior to your next pay date or reimbursement for the direct deposit to be effective for the next payment.

I acknowledge that electronic payments to the designated account(s) must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire payment amount is not subject to being transferred to a foreign bank account.

I authorize WCU to initiate direct deposit entries each pay period and/or for each reimbursement, and if necessary, adjustments for any direct deposit entries in error to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. I understand that it is my responsibility to verify deposits on a pay period or reimbursement basis before writing checks against these funds and that WCU is not responsible for bank errors or bank fees.

SIGNATURE:	DATE:

Revised form 8/28/2015

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
1. U.S. Passport or U.S. Passport Card		**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		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 machinereadable immigrant visa		**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		
4. Employment Authorization Document that contains a photograph (Form I-766)		**3.** School ID card with a photograph		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (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.		**4.** Voter's registration card		**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
		5. U.S. Military card or draft record		
		6. Military dependent's ID card		**4.** Native American tribal document
		7. U.S. Coast Guard Merchant Mariner Card		**5.** U.S. Citizen ID Card (Form I-197)
		8. Native American tribal document		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		9. Driver's license issued by a Canadian government authority		
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		**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		**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.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149 (expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the
Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.