

# LIBRARY STUDENT EMPLOYEE HIRING HANDBOOK



Updated: November 2, 2020

# Eligibility Requirements for Student Temporary Employees



To work during the summer a student must be enrolled in at least one summer session

OR

Must have been enrolled in the spring semester and is pre-registered for fall.

To work beyond the last day of finals a student must be enrolled in the next semester.

# Hiring Packet

## A new hire packet consists of:

- Student Temporary Employee Authorization signed by supervisor and student must complete for all student employees
- W-4 Tax Form
- NC-4 Tax Form
- I-9 completed and signed by supervisor and student
- Printed confirmation of completion of E-verify in Student Employment (*i.e. copy of license and Social security card*)
- Automatic Payroll Check Deposit Service





# How to Hire

If your student HAS worked on campus before (within the past year) you will need to submit

- a **Student Temporary Employment Authorization form**

HAS NOT worked on campus before (or three years since they have)

- Fill out a **Student Temporary Employment Authorization form** with your student worker.
- Have the student to bring the below documents to the **3rd floor of the JET Bldg** Schedule an appointment at the link <https://appstate.joinhandshake.com/login>
- Fully completed **Student Temporary Employment Authorization form**
  - a. Section 1 of the I-9 and accompanying required documentation
  - b. NC-4 or NC-4EZ tax form
  - c. W-4 tax form

Inform New-Hire students that they **MUST** be authorized by the Office of Student Employment before their first day of work, this includes any training.

# Tier Pay System

Library Student Employee starting wage is \$7.75 per hour for undergraduate students, \$8.75 for graduate students.

We also allow flexibility for experience and skills.

Returning student receive wage increases each year.

## University Libraries Student Employee Tier Pay System

### Entry Level – Tier 1

Starting Wage - \$7.75

Justification: To stay competitive with jobs elsewhere on campus

#### Student requirements:

- Must be enrolled in at least six credit hours
- Must follow policies and guidelines set by the University Library
- Must complete all necessary forms and paperwork
- Must be willing to serve as a good role model for student using the Library and exemplify superior customer service

Each Student employee who returns to work the following year will receive a .25 raise effective July 1 of the following year.

#### NACE Competency requirement:

- Critical Thinking – Sound reasoning and judgement
- Oral/Written Communications – Communicate and articulate clearly to a variety of audiences
- Team Work – Create good working relationships with coworkers
- Digital Technology – Have a basic knowledge of digital technology
- Leadership – Use interpersonal skills to develop and motivate others
- Professionalism – Exhibit effective work habits
- Global/Intercultural Fluency – Ability to interact respectfully with all people

### Intermediate Level – Tier 2

Starting Wage - \$8.00 to \$8.50

Justification: 2 semesters experience and developed expertise and/or accomplishing more complex responsibilities or equal experience and skills

#### Students requirements:

- Must have 2 semesters of library experience and a satisfactory evaluation from supervisor or equal experience and skills

#### NACE Competency requirement: (all above requirements in addition to the following)

- Critical Thinking – Use of Analytical skills to make decisions and overcome problems
- Oral/Written Communications – Employ effective public speaking skills
- Team Work – Able to work well in a team environment
- Digital Technology – Able to use digital technologies efficiently to complete tasks
- Leadership – Utilize the strengths of others to achieve a common goal
- Career Management – Identify skills, strengths, knowledge, experiences and areas of growth related to position.

# Tier Pay System

Library Student Employee starting wage is \$7.75 per hour for undergraduate students, \$8.75 for graduate students.

We also allow flexibility for experience and skills.

Returning student receive wage increases each year.

## University Libraries Student Employee Tier Pay System

### Experienced Level – Tier 3 Starting Wage - \$8.75 to \$9.50

Justification: 4 semesters experience and developed expertise and/or accomplishing more complex responsibilities or equal experience and skills

#### Student requirements:

- Students have developed expertise or are accomplishing more complex responsibilities
- Students are handling responsibilities just below that of full-time staff. Usually involves detailed work

#### NACE Competency requirement: (all above requirements in addition to the following)

- Critical Thinking – Work preemptively to solve problems and make decisions
- Oral/Written Communications – Utilization of oral and written communications for professional use outside the team to the public
- Team Work – Able to use collaboration efforts to individuals on the work team
- Digital Technology – Able to use digital technologies to enhance organizational efforts
- Leadership – Utilize the strengths of others to achieve a common goal
- Career Management – Gain practical experience towards your professional goals, i.e. internship
- Global/Intercultural Fluency – use skills to engage in helping broaden the library's diversity goals

### Advanced Level – Tier 4 Starting Wage - \$10.50+

Justification: 6 semesters experience and developed expertise and/or accomplishing more complex responsibilities or equal experience and skills

#### Student requirements:

- Students are responsible for high level work and often train other student workers

#### NACE Competency requirement: (all above requirements in addition to the following)

- Critical Thinking – Work with little to no supervision to solve problems and make decisions
- Oral/Written Communications – Relays oral and written communications for professional use outside the team to the public
- Team Work – Able to use collaboration efforts to individuals in other groups as well as the work teams
- Digital Technology – Mastery of digital technologies to enhance organizational efforts and aid in training others
- Leadership – Lead work team efforts towards a team goal

# Work Study

Work study students are required by university mandate to look for employment positions.

The process starts by applying online. Library positions are all uploaded into career gear. All students who apply were given instructions regarding the job fair.

The job fair was scheduled for Monday, August 14 from 2-4pm.

We were able to place 10 student workers



## **VIRTUAL JOB FAIR**

Friday, August 14  
2 p.m.

Take part in our virtual, online job fair where you can connect in real time with our hiring departments and supervisors.

Visit the link below to join

<https://appstate.zoom.us/j/93671154985?pwd=Nnkvb2Y3emlOTNRRzVEaUpRZndpZz09>

University Libraries

APPALACHIAN STATE UNIVERSITY

## APPALACHIAN STATE UNIVERSITY

## Federal Work Study Program Employment Authorization

1. All students working at Appalachian State University must have a valid social security card and must complete NC-4 and W-4 tax forms. In addition, all student employees must complete an I-9 Employment Eligibility Verification form and present acceptable documents for employment verification to the Office of Student Employment prior to their first day of employment.
2. As an employee, you are under the immediate supervision of the person(s) in charge of your area of employment. Your supervisor must verify your time worked and sign your timesheets.
3. Once you begin working, please confirm the appropriate procedures with your supervisor for notification of absences due to illness, family emergency, inclement weather, etc. In addition, please request that your supervisor review with you any other policies pertinent to employment with Appalachian State University.
4. Timesheets are due on the stated payroll deadlines. Complete your timesheet as time is worked and have your supervisor sign it on or before the due date. Pay dates are typically the 15th of the month and the last working day of the month. All timesheets not submitted by the payroll deadline, will be delayed. If any money is owed to the university, it may be deducted from your paycheck.
5. By signing below, you affirm that funds received from Title IV sources at Appalachian State University will be used for educational expenses. You also affirm that you understand that you are not covered by unemployment insurance.
6. Your signature below will indicate that you agree with and will comply with the above regulations.

1		5/6/2021		LIMIT ON EARNINGS FOR Award Year 2020 - 2021	
EMPLOYMENT TO BEGIN		EMPLOYMENT TO END		\$1000	
Cody Christian Pennell		BANNER ID			
FULL NAME					
PERMANENT STREET ADDRESS		CITY	STATE	ZIP CODE	
2		3			
STUDENT SIGNATURE		DATE			
STATEMENT OF SELECTIVE SERVICE REGISTRATION COMPLIANCE					
The following statement must be completed for ALL individuals: _____ I certify that I am registered with Selective Services					
OR _____ I certify that I am not required to be registered with Selective Services because:					
_____ I am female _____ I was born before 1960					
_____ I am a nonimmigrant alien _____ I have not reached my 18th birthday					
_____ I am in the armed services on active duty (Note: Members of the Reserves and National Guard are not considered on active duty)					
_____ I am a permanent resident of the Trust Territory of the Pacific Islands (Palau) or Northern Mariana Islands.					
University Library		5		8.25	HOURLY RATE
EMPLOYING DEPARTMENT		DEPARTMENT PHONE NUMBER		W06610	WS POSITION
7					TIMESHEET ORG
SUPERVISOR NAME		SUPERVISOR SIGNATURE		- 275000 - 614530 -	6
DATE		FUND — ORG — ACCOUNT — PROGRAM			

# Work Study

Form will be printed with 4 copies  
Please fill out the following areas on all four forms:

1. Employment Date to begin
2. Signature
3. Date
4. Selective Service (must select 1)
5. Office phone number
6. FOAP Code (please see form)
7. Signature

Copies of this form will be provided at the Job Fair. Please complete and send with the Hiring Packet to the Admin Office. All work study students must be hired at Student temps as well. No exceptions.



# Student Temp Authorization

**Appalachian State University**  
**Student Temporary Employment Authorization – HOURLY WAGE**  
*Please submit completed form to the Office of Student Employment for approval*

Student Name (last, first) \_\_\_\_\_ Banner ID \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ AppState Email \_\_\_\_\_  
 (city, state, zip code) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_  
 Employing Department \_\_\_\_\_  
 Beginning date of Employment \_\_\_\_\_ Ending Date of Employment \_\_\_\_\_  
 Budget Information (FOAP Code) – all fields required  
 Fund \_\_\_\_\_ Org \_\_\_\_\_ Account \_\_\_\_\_ Program \_\_\_\_\_  
 Time Sheet Org \_\_\_\_\_

1) Before reporting to work, all participants must have on file a Student Employment Authorization, the NC-4 and W-4 tax forms, and an I-9 form with printed confirmation of E-verify.  
 2) You are under the immediate supervision of the person(s) in charge of your area of assignment.  
 3) Payrolls are due in the Controller's Office by the published payroll deadlines. All authorizations not properly submitted will be returned to the department.  
 4) Payroll checks will be issued to your ASU box or direct deposited on or before the 15<sup>th</sup> and on the last working day of the month. If you owe Appalachian, it is subject to be deducted from your paycheck.

The following statement must be completed for all individuals:  
**Statement of Selective Service Registration Compliance**  
☐ I certify that I am registered with Selective Service  
☐ I certify that I am not required to be registered with selective service because  
☐ I am female  
☐ I am in the armed services on active duty (active members of the Reserve & National Guard are not considered on active duty)  
☐ I have not reached my 18<sup>th</sup> birthday  
☐ I was born before 1960  
☐ I am a permanent resident of the Trust Territory of the Pacific Islands (Palau) or Northern Mariana Islands  
☐ I am a nonimmigrant alien

Statement: I understand I am not covered by unemployment insurance and I have read and understood the above statements.  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Supervisor Email \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Disclosure of employee's social security number is mandatory. Appalachian State University is authorized or required by federal law (including 26 U.S.C. 6011 and 26 U.S.C. 6051) to obtain your social security number for employment and tax purposes. The university will use your social security number to comply with federal employment tax laws and regulations.

For Office of Student Employment Use Only:	For Payroll Department Use Only:
<input type="checkbox"/> EPAJ <input type="checkbox"/> TCP <input type="checkbox"/> WS Overage	

1. Student full name
2. Banner ID
3. Permanent Address
4. Email
5. Job Title - Library Student
6. Hourly Wage - \$
7. Employing Department
8. Beginning Date of Employment
9. Ending Date of Employment
10. Fund Code - 106610
11. Org Code - 2750\_\_
12. Account Code - 614510
13. Program - 151
14. Timesheet Org -
15. Selective Service
16. Student Signature
17. Date
18. Supervisor Name
19. Supervisor Email
20. Supervisor Signature
21. Date

**Please make three copies.**

# Library Employment FOAP Codes

**SubTeam Table**

Sub-team	Supervisor	Coordinator	Fund	TS Org	Team
Mailroom / Facility	Dave Fletcher	Adam Jones	106610	275000	ADMINISTRATIVE SERVICES
Learning & Research	David Travis	Ken Johnson	106610	275002	LRS
Circulation/Reserves	David Travis	Ken Johnson	106610	275003	LRS
Systems Technology	Katherine Alford	Scott Rice	106610	275005	SYSTEMS & TECHNOLOGY SERVICES
Music Library	Shane Watson	Gary Boye	106610	275006	MUSIC LIBRARY
Library Instruction	Michael O'Hara	Scott Rice	106610	275009	SYSTEMS & TECHNOLOGY SERVICES
Special Collection	Ross Cooper	Kim Sims	106610	275010	SPECIAL COLLECTIONS
Night Access	Russell Paige	Ken Johnson	106610	275011	LRS
Digital Sch/Initvs	Adam Sheffield	Pam Mitchem	106610	275012	DIGITAL SCHOLARSHIP & INITVS
Bibliographic/MP	John Doherty	Jennifer Brosek	106610	275014	BIBLIOGRAPHIC SERVICES
IMC Stacks	Thomas Main	Margaret Gregor	106610	275015	IMC STACKS
Col.Mgmt /ABC-ILL	Greg Beavers	Alex McAllister	106610	275018	COLLECTION MANAGEMENT SERVICES
Stacks	Kyle McFarland	Alex McAllister	106610	275019	COLLECTION MANAGEMENT SERVICES
Archives	Ross Cooper	Kim Sims	106610	275100	SPECIAL COLLECTIONS

# W4 Form

Form <b>W-4</b>		Employee's Withholding Certificate		OMB No. 1545-0047
<p>Department of the Treasury Internal Revenue Service</p> <p>2020</p> <p>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.</p>				
Step 1: Enter Personal Information	1a First name and middle initial	Last name	1b Social security number	
	Address		<p>Check your name matches the name on your social security card. If not, to ensure you get credit for your earnings, contact SSA at 800-772-1233 or go to <a href="http://www.ssa.gov">www.ssa.gov</a>.</p>	
	City or town, state, and ZIP code			
1c	<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.)			
<p><b>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.</b> See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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. <input type="checkbox"/></p> <p><b>TIP:</b> To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>			
<p><b>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.</b> 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.)</p>				
Step 3: Claim Dependents	<p>If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$</p> <p>Multiply the number of other dependents by \$500 . . . ▶ \$</p> <p>Add the amounts above and enter the total here . . . . . 3 \$</p>			
Step 4 (optional): Other Adjustments	<p>(a) <b>Other income (not from jobs).</b> 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) \$</p> <p>(b) <b>Deductions.</b> 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) \$</p> <p>(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . . 4(c) \$</p>			
Step 5: Sign Here	<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>Employee's signature (This form is not valid unless you sign it.) . . . . . Date</p>			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 3. . . . . Cut. No. 1020902 . . . . . Form W-4 (2020)</p>				

Form W-4 (2020)		Page 3
<p><b>Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)</b></p>		
<p>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 <b>only ONE</b> 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.</p> <p><b>Note:</b> 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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a>.</p>		
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 <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . .	4 \$
<p><b>Step 4(b)—Deductions Worksheet (Keep for your records.)</b></p>		
1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">             • \$24,800 if you're married filing jointly or qualifying widow(er)              • \$18,650 if you're head of household              • \$12,400 if you're single or married filing separately           </div> <div>             } . . . . .           </div> </div>	2 \$
3	If line 1 is greater than line 2, subtract line 2 from line 1. 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 or 1040-SR)). See Pub. 505 for more information . . . . .	4 \$
5	Add lines 3 and 4. Enter the result here and in <b>Step 4(b)</b> of Form W-4 . . . . .	5 \$
<p><b>Privacy Act and Paperwork Reduction Act Notice.</b> We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(b)(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 other federal, state, and local government agencies, 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

On Line A and H, the typical student (dependent, claimed by parents) enters 0. Please fill out lines 1-8

# NC-4 Form

**NCDOR** **NC-4**  
Feb 10/18 **Employee's Withholding Allowance Certificate**

**PURPOSE** - Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide an NC-4 to your employer, your employer is required to withhold based on the filing status, "Single" with zero allowances.

**FORM NC-4-EZ** - You may use Form NC-4-EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions) and you do not plan to claim any N.C. tax credits.

**FORM NC-4-NRA** - If you are a nonresident alien you must use 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.)

**FORM NC-4 BASIC INSTRUCTIONS** - Complete the NC-4 Allowance Worksheet. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual agrees to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

**TWO OR MORE JOBS** - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine the additional amount to be withheld on Line 2 of Form NC-4. (See page 4).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on the Department's website at [www.ncdor.gov](http://www.ncdor.gov).

**HEAD OF HOUSEHOLD** - Generally you may 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.

**SURVIVING SPOUSE** - You may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

**MARRIED TAXPAYERS** - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

**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.

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from Page 2, Line 11 of the NC-4 Allowance Worksheet) \_\_\_\_\_

2. Additional amount, if any, withheld from each pay period (Enter whole dollars) \_\_\_\_\_

3. Social Security Number \_\_\_\_\_

4. Filing Status: ☐ Single or Married Filing Separately ☐ Head of Household ☐ Married Filing jointly or Surviving Spouse

5. First Name (last initials, not full name, not maiden and married) \_\_\_\_\_

6. Last Name \_\_\_\_\_

7. Address \_\_\_\_\_

8. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (5 digits) \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_

9. County (other than Wake) \_\_\_\_\_

10. Employer'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.

**NC-4 Allowance Worksheet**

**Surviving Spouse -**

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed 23,999? Yes ☐ No ☐
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499? Yes ☐ No ☐
3. Will you have federal adjustments or State deductions from income? Yes ☐ No ☐
4. Will you be able to claim any N.C. tax credits or tax credit carryovers? Yes ☐ No ☐

If you answered "No" to all of the above, **STOP HERE** and enter **FOUR (4)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you qualify for additional allowances. Otherwise, enter **FOUR (4)** on Form NC-4, Line 1.

**NC-4 Part II**

1. Enter your total estimated N.C. itemized deductions from Page 3, Schedule 1 ..... 1. \$ \_\_\_\_\_
2. Enter the applicable N.C. standard deduction based on your filing status. 

\$10,750 if Single
\$21,500 if Married Filing Jointly or Surviving Spouse
\$10,750 if Married Filing Separately
\$16,125 if Head of Household

 ..... 2. \$ \_\_\_\_\_
3. Subtract Line 2 from Line 1. If Line 1 is less than Line 2, enter ZERO (0). ..... 3. \$ \_\_\_\_\_
4. Enter an estimate of your total N.C. Child Deduction Amount from Page 3, Schedule 2 ..... 4. \$ \_\_\_\_\_
5. Enter an estimate of your total federal adjustments to income and State deductions from federal adjusted gross income ..... 5. \$ \_\_\_\_\_
6. Add Lines 3, 4, and 5 ..... 6. \$ \_\_\_\_\_
7. Enter an estimate of your nonwage income (such as dividends or interest) ..... 7. \$ \_\_\_\_\_
8. Enter an estimate of your State additions to federal adjusted gross income ..... 8. \$ \_\_\_\_\_
9. Add Lines 7 and 8 ..... 9. \$ \_\_\_\_\_
10. Subtract Line 9 from Line 6 (Do not enter less than zero) ..... 10. \$ \_\_\_\_\_
11. Divide the amount on Line 10 by \$2,500. Round down to whole number ..... 11. \_\_\_\_\_  
Ex.  $\$3,900 \div \$2,500 = 1.56$  rounds down to 1
12. Enter the amount of your estimated N.C. tax credits ..... 12. \$ \_\_\_\_\_
13. Divide the amount on Line 12 by \$134. Round down to whole number ..... 13. \_\_\_\_\_  
Ex.  $\$200 \div \$134 = 1.49$  rounds down to 1
14. If filing as Single, Head of Household, or Married Filing Separately, enter zero (0) on this line. If filing as Surviving Spouse, enter 4. If filing as Married Filing Jointly, enter the appropriate number from either (a), (b), (c), (d), or (e) below.
  - (a) Your spouse expects to have combined wages and taxable retirement benefits of \$0 for N.C. purposes, enter 4. (Taxable retirement benefits do not include: Bailey, Social Security, and Railroad retirement)
  - (b) Your spouse expects to have combined wages and taxable retirement benefits of more than \$0 but less than or equal to \$3,250, enter 3.
  - (c) Your spouse expects to have combined wages and taxable retirement benefits of more than \$3,250 but less than or equal to \$5,750, enter 2.
  - (d) Your spouse expects to have combined wages and taxable retirement benefits of more than \$5,750 but less than or equal to \$8,250, enter 1.
  - (e) Your spouse expects to have combined wages and taxable retirement benefits of more than \$8,250, enter 0...... 14. \_\_\_\_\_
15. Add Lines 11, 13, and 14, and enter the total here ..... 15. \_\_\_\_\_
16. If you completed this worksheet on the basis of Married Filing Jointly, the total number of allowances determined on Line 15 may be split between you and your spouse, however, you choose. Enter the number of allowances from Line 15 that your spouse plans to claim ..... 16. \_\_\_\_\_
17. Subtract Line 16 from Line 15 and enter the total number of allowances here and on Line 1 of your Form NC-4, Employee's Withholding Allowance Certificate ..... 17. \_\_\_\_\_

On Line 1, the typical student (dependent, claimed by parents) enters 0.  
Please fill out lines the Employer Name and address.



# I-9 Forms – Employment Eligibility



## 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):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See instructions)
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_  
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
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

STOP

Employer Completes Next Page

STOP



## 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
<b>Identity and Employment Authorization</b>				
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)		
<b>Additional Information</b>				
Document Title	Additional Information			
Issuing Authority	Additional Information			
Document Number	Additional Information			
Expiration Date (if any) (mm/dd/yyyy)	Additional Information			
Document Title	Additional Information			
Issuing Authority	Additional Information			
Document Number	Additional Information			
Expiration Date (if any) (mm/dd/yyyy)	Additional Information			

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative _____		Today's Date (mm/dd/yyyy) _____		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
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
--	---------------------------------	---

# See below for the list of acceptable documents for verification.

## How does this Work for Your Individual Office:

A new University Mandate has centralized the I-9 and E-verify process at App State. As of July 1st 2015, the Office of Student Employment, with the support of Human Resources, now conducts the I-9 and E-verify processing of student temps and work study students.

Inform your new student worker that if they have never worked on campus before, they must visit the centralized I-9 site on the third floor of the JET Bldg, Room 389 or 390 prior to the first day of employment or scheduling on the link <https://appstate.joinhandshake.com/login>

PLEASE Advise your new hire to bring unexpired, original IDs listed in the I-9 directions (page 9 “Lists of Acceptable Documents”) when they fill out the Student Temporary Authorization with you. the student back with a slip stating they are authorized to work.

### 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)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		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		
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				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Appalachian  
STATE UNIVERSITY.  
Automatic Deposit Form

**Federal Advisory for International ACH (Automated Clearing House) Transactions:** Employees who forward the entire amount of their ASU pay to a bank in another country (after having it direct deposited by ASU into a US bank) must notify Payroll at (828) 262-6422, per the Office of Foreign Assets Control (OFAC) of the US Treasury Department.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). You **must** check one of the following:

- ☐ I affirm that the entire amount of any direct deposit payments made by Appalachian State University to the financial institution and account that I have designated: **are not subject to being transferred to a foreign bank account.**
- ☐ I affirm that the entire amount of any direct deposit payments made by Appalachian State University to the financial institution and account that I have designated: **are subject to being transferred to a foreign bank account. I also understand that the University may elect to remit future payments to me via paper check instead of electronically.**

All ASU employees are required to have their payroll check deposited to the bank or financial institution of their choice within the United States. Automatic deposit may be made to the employee's checking, savings, or money market account.

For automatic deposit to be made to your checking account, complete this form, attach a blank check, and write the word "VOID" across it. For direct deposit to be made to your savings or money market account, complete the form and furnish both your bank routing number and your account number.

If an employee terminates employment with ASU but resumes employment at a future date, it will be necessary to sign up once again for automatic deposit by completing a new automatic deposit form and submitting it to the Office of Human Resource Services if a staff or faculty employee or Student Employment if a student employee.

Employee Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account: (Check One): \_\_\_\_\_

**NOTE - Attach VOIDED check or bank document displaying account and routing numbers**

☐ Checking Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

☐ Savings Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

☐ Money Market Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

I hereby authorize Appalachian State University to deposit my payroll check with the bank indicated above. (If you change bank accounts from that indicated above, you will be required to immediately fill out this form with your new account information. Waiting period(s) outlined above will again apply.)

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

# Direct Deposit Form

Please do not staple anything except the voided check to the direct deposit form.



# Student Handbook Pledge

19

*Student Employment Handbook*

**Appalachian State University Library**

*Student Employee Acknowledgement*

I \_\_\_\_\_ (print name) have read and understand the policies and procedures in the Appalachian State University Library Student Employee Handbook and hereby agree to the terms as an employee of University Library. I agree to abide by and follow all procedures that relate to my job. I also understand that if my work is not satisfactory and/or I violate University or departmental policies set forth in the employment handbook, I will be subject to disciplinary action or termination.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

*Updated November 2011*

Please review the Library Student Employee Handbook with your students.

We have paper copies and the electronic version can be found at the link below:

[https://library.appstate.edu/sites/library.appstate.edu/files/student\\_assistant\\_handbook\\_fall\\_2014.pdf](https://library.appstate.edu/sites/library.appstate.edu/files/student_assistant_handbook_fall_2014.pdf)

Please have your new hire sign the page below and put into the Student's file.



# Supervising Students

## Supervisor's Duties and Responsibilities

Student Employment Handbook:

<https://studentemployment.appstate.edu/filecabinet/74>

- Following all employment guidelines and **policies**.
- Treat all student employees with the same respect and have the same expectations of everyone.
- Ensuring student completes all necessary paperwork for employment BEFORE they report to work.
- Communicating appropriate work behaviors and expectations.
- Establish clearly defined work schedule and hold student employee accountable for abiding by the agreed upon schedule.
- Monitor the student work hours to ensure student is not working more than the hours he/she has been assigned.
- It is recommended by Student Development and Student Employment that students not exceed 20 hours per week when classes are in session. Research shows more than 20 hours per week of work begins to impede on students' academic success.
- <https://studentemployment.appstate.edu/student-work-hours>



# Supervising Students

## Supervisor's Duties and Responsibilities

Student Employment Handbook:

<https://studentemployment.appstate.edu/filecabinet/74>



- Make sure that the student employees adhere to the customer service and business etiquette guidelines including dress code.
- Follow workplace safety and security protocols.
- Help students connect their student work experience to future career goals.
- Correct inappropriate behavior as soon as possible. Explain why the behavior was inappropriate or incorrect and how to remedy the situation. Try to resolve any problems pertaining to job performance or working relations at the time of the incident.

# Supervising Students

## Supervisor's Duties and Responsibilities

Student Employment Handbook:

<https://studentemployment.appstate.edu/filecabinet/74>

Library Student Employee Handbook:

[https://library.appstate.edu/sites/library.appstate.edu/files/student\\_assistant\\_handbook\\_fall\\_2014.pdf](https://library.appstate.edu/sites/library.appstate.edu/files/student_assistant_handbook_fall_2014.pdf)

### NACE Competencies Job Descriptions:

Appalachian State provides each student with valuable employment opportunities to gain career readiness skills that will serve them for many years after they leave Appalachian. Student employee job descriptions and evaluations must align with the National Association of Colleges and Employers (NACE) Career Readiness Competencies, Appalachian's new standard for student employment excellence.

**University Libraries will periodically update student job descriptions to adhere to University NACE Competencies requirements.**



# Supervising Students

## Supervisor's Duties and Responsibilities

### Covid Reporting

For the guidance on COVID related reporting procedure for the library, please follow [Covid 19 Reporting Process for Library](#)

### Early Intervention Team Reporting

The Early Intervention Team is a faculty and staff-led entity, with consultation from [Counseling and Psychological Services](#), the [Student Wellness Center](#), the [Institute for Health and Human Services](#), the [Student Learning Center](#), the [University College Academic Advising and Orientation Center](#) and a number of other units and campus personnel. The team's main function is to meet with students who are showing signs of difficulty with university life and who have been referred by faculty or staff. <https://eit.appstate.edu/>





# Supervising Students

## Supervisor's Duties and Responsibilities

### Title IX

Title IX of the Education Amendments of 1972 (“Title IX”) prohibits discrimination on the basis of sex under any educational program or activity receiving federal financial assistance. Accordingly, educational institutions that receive federal funds must respond promptly and effectively to incidents of sexual harassment, including incidents of sexual violence that create a hostile environment.

#### Supporting Students

Title IX Information & Resource Guide for  
Responsible Employees at  
Appalachian State University



Office of Title IX Compliance

123 IG Green Hall  
828.262.2141 | [titleix@appstate.edu](mailto:titleix@appstate.edu)  
[titleix.appstate.edu](http://titleix.appstate.edu)

#### Title IX Reporting

Title IX information and Resource Guide  
Policy Manual: Discrimination and Harassment

# Supervising Students

## Supervisor's Duties and Responsibilities

### Title IX: Policy 110 and 602.21.

In addition to our adherence to federal and state laws, including Title IX of the Education Amendments of 1972, Appalachian has its own internal policies regarding harassment, discrimination, and retaliation, including Policy 110 and the Code of Student Conduct, and adheres to University of North Carolina system-wide policies, including Policy 602.21. These policies communicate our expectations for behavior for all those affiliated with our institution.

#### [Title IX Reporting](#)

#### [Title IX information and Resource Guide](#)

#### [Policy Manual: Discrimination and Harassment](#)



# Supervising Students

## Supervisor's Duties and Responsibilities

At Appalachian, a **Responsible Employee** who obtains knowledge of Prohibited Conduct must report such information to the Office of Title IX Compliance within 72 hours).

**Title IX Reporting**- All Supervisors are RESPONSIBLE EMPLOYEES and Must report

[Title IX information and Resource Guide](#)  
[Policy Manual: Discrimination and Harassment](#)



# Payroll Information - University Policy

Appalachian State University  
**SM HOURLY WAGE EMPLOYEE TIME RECORD**  
*Please complete this form in its entirety before submitting to Time Originator*

Pay Period Ended \_\_\_\_\_ Scheduled Pay Date \_\_\_\_\_

Department Name \_\_\_\_\_  
& Timesheet Organization Number \_\_\_\_\_ Position # \_\_\_\_\_

Budget Code: Fund \_\_\_\_\_ Org \_\_\_\_\_ Account \_\_\_\_\_ Program \_\_\_\_\_

Employee Type: ☐ S - Student Temporary/Graduate Assistant ☐ W - Student - Work Study ☐ N - Non-Student Temporary

Use the letter representing the employee type in the blank of the earn code. (Please see above)

Employee's Banner ID \_\_\_\_\_

Employee's Name \_\_\_\_\_  
Last First MI Suffix

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	OR	
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Earn Code																	Sub Total
X__R																	0.00
X__H																	0.00
X__O																	0.00
TRG																	0.00
																	0.00
																	Total Hours

*This record must be kept by all Departments and is subject to audit by the Payroll Department, University, State and Federal Auditors. Retain for 2 years then transfer to University Archives for Retention.*

I certify that the above Account No., Hourly Rate, and Hours Data are correct to the best of my knowledge.

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Department Head Supervisor Date

Earn Codes  
X\_R = 100% of all regular hours worked not greater than 40. Per ASU workweek. (Monday 12 am thru Sunday midnight).  
Including hours worked on a University recognized holiday.  
X\_H = All hours worked on a University recognized holiday to receive premium pay.  
X\_O = All overtime hours worked over 40 in an ASU workweek (Monday 12 am thru Sunday midnight).  
TRG = Telework Regular Hours  
EXW = Emergency Mandatory Work

Revised 04/08/2020

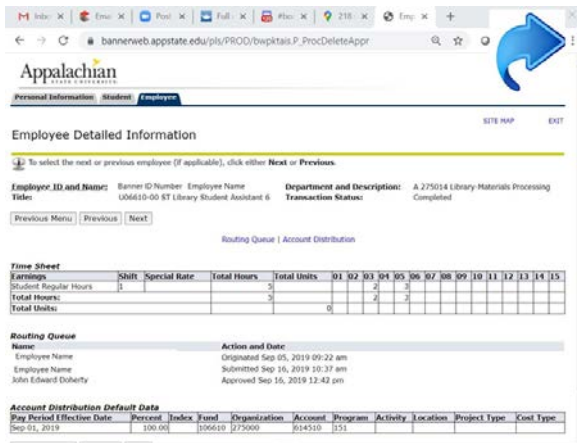
On the worksheet:

1. Supervisor fills in the written information for each student
2. Student completes university timesheet, signs and sends to supervisor.
3. Supervisor signs and sends to approver (or approves).
4. Student enters exact time on the timesheet into banner
5. Approver assures both forms match and approves time submitted.
6. Approver then sends timesheets and total sheet to Admin

This video was shared by Bryan Estel in April, 2020. [How to add digital signature to pdf files](#)



# Payroll Information - Library Policy



Appalachian State University

Personal Information: Student Employee

Employee Detailed Information

To select the next or previous employee (if applicable), click either Next or Previous.

Employee ID and Name: Banner ID Number: Employee Name: Department and Description: A 275014 Library Materials Processing  
Title: U06610-00 ST Library Student Assistant 6 Transaction Status: Completed

Routing Queue | Account Distribution

Time Sheet

Earnings	Shift	Special Rate	Total Hours	Total Units	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
Student Regular Hours	1		3	3															
Total Hours:			3																
Total Units:				3															

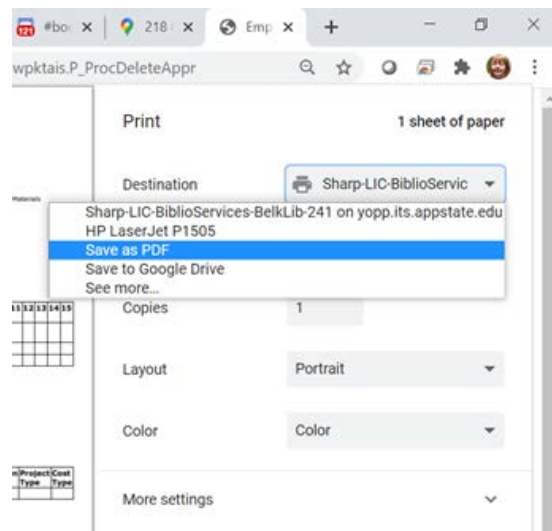
Routing Queue

Name: Action and Date:  
Employee Name: Originated Sep 05, 2019 09:22 am  
Employee Name: Submitted Sep 16, 2019 10:37 am  
John Edward Doherty Approved Sep 16, 2019 12:42 pm

Account Distribution Default Data

Pay Period Effective Date	Percent	Index	Fund	Organization	Account	Program	Activity	Location	Project Type	Cost Type
Sep 05, 2019	100.00		006610	275000	014510	155				

1. Students log into Banner and submits time worked
2. Supervisors/approvers log into Banner, view individual student's hours, checks for accuracy.
3. Next, click on the three vertical dots to bring up the print options.
4. From the vertical three dot menu, select Print, then click on the destination drop menu.
5. When the print menu pops up click on the destination drop menu. From the drop menu, select "Save as PDF".



Print 1 sheet of paper

Destination Sharp-LIC-BiblioService

Sharp-LIC-BiblioServices-BelkLib-241 on yopp.its.appstate.edu  
HP LaserJet P1505

Save as PDF

Save to Google Drive

See more...

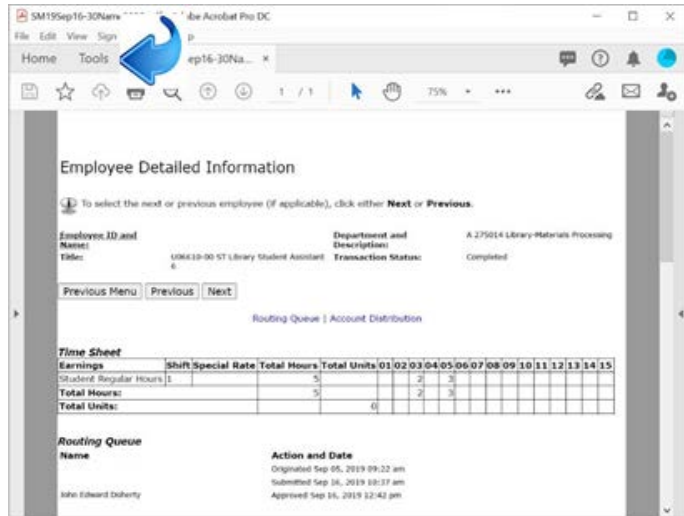
Copies 1

Layout Portrait

Color Color

More settings

# Payroll Information - Library Policy



Employee Detailed Information

To select the next or previous employee (if applicable), click either **Next** or **Previous**.

Employee ID and Name: Department and Description: A 275014 Library-Materials Processing  
Title: 00610-00 ST Library Student Assistant Transaction Status: Completed

Previous Menu Previous Next

Routing Queue | Account Distribution

Time Sheet

Earnings	Shift	Special Rate	Total Hours	Total Units	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
Student Regular Hours	1		5																
Total Hours:			5																
Total Units:				0															

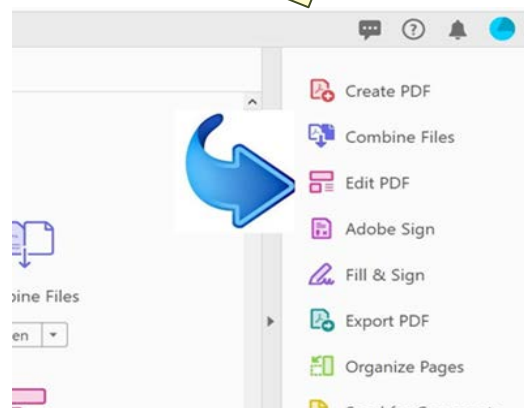
Routing Queue

Name: Action and Date  
Originated Sep 05, 2019 09:22 am  
Submitted Sep 16, 2019 10:37 am  
Approved Sep 16, 2019 12:42 pm

John Edward Doherty

6. Once the timesheet has been saved as a PDF it can be opened in Adobe Acrobat or other PDF viewer/editors. In Adobe Acrobat select the “Tools” option.

7. From the Tools menu select “Edit PDF”  
On the edit toolbar select “Add Text”.



# Payroll Information - Library Policy

SM19Sep16-30Name2020.pdf - Adobe Acrobat Pro DC

File Edit View Sign Window Help

Home Tools SM19Sep16-30Na... x

Edit Add Text Add Image Link Crop Pages Close

Employee Detailed Information

To select the next or previous employee (if applicable), click either **Next** or **Previous**

Employee ID and Name: U06610-00 ST Library Student Assistant

Department and Description: Transaction Status:

Previous Menu Previous Next

Routing Queue | Account Distribution

Time Sheet

Earnings	Shift	Special Rate	Total Hours	Total Units	01	02	03	04	05	06
Student Regular Hours	1		5					2	3	
Total Hours:			5					2	3	
Total Units:				0						

Routing Queue

Name	Action and Date

8. Create/Add a text box to the pdf where you can enter any additional information. When you are done adding text, click the “Close” button. Don’t forget to save any changes you have made to the PDF. The PDF is now ready for the supervisor to approve the hours.

9. Supervisor approves time submitted and signs on the electronic timesheet (This has to be electronically signed, types names are not acceptable). If there is an error, supervisor points out edits/changes to the approver. Supervisor then sends changes to the approver.

# Payroll Information - Library Policy

SM19Sep16-30Name2020.pdf - Adobe Acrobat Pro DC

File Edit View Sign Window Help

Home Tools SM19Sep16-30Na...

Edit PDF Edit Add Text Add Image Link Crop Pages Close

Pay Rate \$8.50. Hours approved by \_\_\_\_\_

**Employee Detailed Information**

To select the next or previous employee (if applicable), click either **Next** or **Previous**

Employee ID and Name: U06630-00 ST Library Student Assistant  
Department and Description: Transaction Status: 6

Previous Menu Previous Next

Routing Queue | Account Distribution

**Time Sheet**

Earnings	Shift	Special Rate	Total Hours	Total Units	01	02	03	04	05	06
Student Regular Hours	1		5				2		3	

OBJECTS

10. Approver must reject the submission, contact student and ask student to correct time in banner. Repeat steps 1-7 until correct time has been entered.

11. The approver can now approve the hours within banner.

12. The PDFs along with the totals sheet submitted to Admin.



# Payroll Information - Library reconcile

Department				Pay Period:		Org. Code:	
Supervisor:				Month/Year:			
Temporary Students	Total Hours	Wage/Hour	Total Payroll	Work Study Students	Total Hours	Wage/Hour	Total Payroll
Oscar Meyer	8.00	7.25	58.00	John Doe	7.00	7.25	50.75
			-	Jane Dough	4.50	8.00	36.00
			-				-
			-				-
			-				-
			-				-
			-				-
TYPE STUDENT NAME			-				-
PUT IN WAGE PER HOUR			-				-
SAVE WORKSHEET			-				-
THEN USE AS A TEMPLATE FOR			-				-
EACH PAYROLL PERIOD FOR TERM			-				-
			-	TOTALS	11.50		86.75
WORKSHEET WILL DO CALCULATIONS			-				
WHICH SHOULD MATCH TIMESHEETS.			-	Non Student Temporary	Total Hours	Wage/Hour	Total Payroll
			-	Willy Nilly	6.00	11.00	66.00
			-				-
			-				-
			-				-
TOTALS	8.00		58.00	TOTALS	6.00		66.00

On the worksheet:

1. Put org.code on the sheet at the top.
2. Change the pay period & payroll dates of the worksheet to correspond to the current pay period.
3. Send the worksheet to Admin. the same day the payroll is submitted.

# Payroll Reporting Information - Library Policy

## SM PAYROLL GUIDELINES

### BEGINNING WITH SM 19 / FY 2020-2021

1. ALL STUDENT TIMESHEETS (screenshots) will be saved by the Approver with the Rate of pay at the **top of each page**.
2. The timesheets will be **signed and dated** by the Supervisor if the Approver is not the Supervisor. If the Approver is also the Supervisor, their signature is required. ALL signatures will be done in Adobe sign. Typed in names of the Supervisor or Approver will not be accepted.
3. ALL files need to have the same naming convention. (The students Last Name and First Name must be used, no nicknames please)

**Pay period** (space) **LAST Name** (space) **FIRST Name**

EXAMPLE: **SM19 Doe, Jane**

# Payroll Information - Library Policy

## SM PAYROLL GUIDELINES

BEGINNING WITH SM 19 / FY 2020-2021

4. A file will be created on the M:drive created by the TECH Dept ... each Approver will have access to this SECURE file.

A folder for each Approver will be on this drive and you will be responsible for placing each SM pay period timesheet for each student in Your folder within 5 business days after the Date of Approval in Banner

EXAMPLE OF FILE: Approver Last Name Dept Name or initials (space) Org code number

**Fletcher Mailroom 275000**

**Travis LRS 275002**

**Cooper Special Collection 275010**

**Doherty RAM 275014**

Inside each Approver folder will be the appropriate SM folder which will include 2 pay periods

EXAMPLE: **SM19-20**

# Payroll Information - Library Policy

## SM PAYROLL GUIDELINES

BEGINNING WITH SM 19 / FY 2020-2021

*The university requires 2 pay period reconciles each month.*

Once the folder is created on the M: drive, the data will be safe and backed up in case of individual computer crashes, power outage, or a newly assigned the Approver position.

Records can easily be accessed by Admin and our Tech Dept can give access to the new Approver easily. No records will be lost and by using a universal File Naming convention it will also be searchable or easily found for audit purposes.

By having the supervisor Adobe sign the document, **email chains will not be required**. Adobe sign assures that the Supervisor was the person who signed it, **the Supervisor also needs to put the date after their name, for auditing purposes.**

This video was shared by Bryan Estel in April, 2020. [How to add digital signature to pdf files](#)



# Payroll Information – Pay Period Dates

<u>2020</u>	<u>SM</u>	
<u>Payroll</u>	<u>Semi Monthly Reporting</u>	<u>Semi Monthly Reporting</u>
<u>Number</u>	<u>Start Date</u>	<u>End Date</u>
1	12/16/2019	12/31/2019
2	1/1/2020	1/15/2020
3	1/16/2020	1/31/2020
4	2/1/2020	2/15/2020
5	2/16/2020	2/29/2020
6	3/1/2020	3/15/2020
7	3/16/2020	3/31/2020
8	4/1/2020	4/15/2020
9	4/16/2020	4/30/2020
10	5/1/2020	5/15/2020
11	5/16/2020	5/31/2020
12	6/1/2020	6/15/2020
13	6/16/2020	6/30/2020
14	7/1/2020	7/15/2020
15	7/16/2020	7/31/2020
16	8/1/2020	8/15/2020
17	8/16/2020	8/31/2020
18	9/1/2020	9/15/2020
19	9/16/2020	9/30/2020
20	10/1/2020	10/15/2020
21	10/16/2020	10/31/2020
22	11/1/2020	11/15/2020
23	11/16/2020	11/30/2020
24	12/1/2020	12/15/2020



## University Libraries Student Employee Supervisor Training Acknowledgement

Please review the University Libraries Student Employee Supervisor Training Handbook.

Once you have reviewed the document, please sign, get Coordinator or Direct Report's signature and add to your personnel file.

.

I \_\_\_\_\_ (Print Name)

have read and understand the policies and procedures in the University Libraries Supervisor Handbook and hereby agree to the terms as an employee of the University Libraries and a Supervisor of student employees.

I agree to abide by and follow all procedures that relate to my job. I also understand that if my work is not satisfactory and/or I violate University or departmental policies set forth in this handbook, I can and maybe subject to disciplinary action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator Signature

# Questions?

For Student Employment Questions

Andrea Tester  
testeran@appstate.edu  
x6535

Sujata Paudel  
paudels@appstate.edu  
X2768

For Payroll Questions

Derena Bradley  
bradleydl@appstate.edu  
x2800

Melody Campbell  
cmpblmk@appstate.edu  
x6536

Concerns about a student

Lynn Patterson  
[pattersondl@appstate.edu](mailto:pattersondl@appstate.edu)  
x2087