

## Federal Work-Study Student Rehire EPAF Information Sheet

Student's Name: \_\_\_\_\_ J-Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position number: \_\_\_\_\_

Banner FOAP: Fund \_\_\_\_\_ ORG \_\_\_\_\_ ACCT \_\_\_\_\_ PRG \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Federal Work-Study: \_\_\_\_\_ Graduate Assistant: \_\_\_\_\_ Work-Aid: \_\_\_\_\_

Department's Name: \_\_\_\_\_

Department Phone Number: \_\_\_\_\_

Department Organization Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ J-Number \_\_\_\_\_

Supervisor's Proxy: \_\_\_\_\_ Proxy's J-Number \_\_\_\_\_

Will this position be Federal Work-Study funded?    Yes    ☐                      No    ☐

Will this position be grant funded?                      Yes    ☐                      No    ☐

Will this position be E&G Budget funded?            Yes    ☐                      No    ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Supervisor Compliance Agreement

The supervisor has the responsibility to:

- Ensure that the hiring of students will not result in the displacement of permanent, full-time staff or the impairment or existing contracts for services
- Ensure that student employees are supervised at all times by full-time university staff and that all work performed by students is consistent with the purposes and intent of the FWS regulations and legislation
- Provide proper working conditions for students
- Submit a complete and accurate written job description for all student positions
- Make certain student employees do not work more than 20 hours per week.
- Ensure that student employees do not work during scheduled class times
- Only allow student employees to earn funds during the award periods listed on each student's New Hire Student EPAF Information Sheet
- Monitor each student's accumulated earnings and inform the student that employment must end after the funds are exhausted
- Comply with all SEC procedures including, but not limited to, the submission of all payroll forms by the deadlines listed on the JSU Payroll Calendar
- Advise students on procedures to follow for reporting emergencies, accidents, problems, or potential hazards in the work environment
- Comply with the Title IV Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1983 and not discriminate on the grounds of sex, race, color, national origin, or disability
- The employer or supervisor should maintain the following records for three years.
  - Time sheets for all FWS hours worked
  - Current job descriptions for each FWS position
  - FWS Work Authorization forms
  - Course registration schedules for all FWS employees for all employment semesters.
  - Copies of Performance Appraisals for all FWS employees for all employed semesters.

I, \_\_\_\_\_ (Supervisor), acknowledge that I have been fully informed regarding Policies and Procedures that govern the Federal Work-Study Program.

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# JSU GLOBAL STUDENTS/INTERNATIONAL SCHOLARS

## TAX TREATY

- The United States has income tax treaties with a number of foreign countries.
- Under these treaties, residents (not necessarily citizens) of foreign countries could be subject to pay taxes at a reduced rate or exempt from U.S. income taxes on certain items of income they receive from sources within the United States.
- For tax treaty countries and information, please review this link: <https://www.irs.gov/businesses/international-businesses/united-states-income-tax-treaties-a-to-z>
- **JSU Global students who are from qualifying countries must submit tax treaty documents prior to beginning employment.**

**Employee's Withholding Certificate**

OMB No. 1545-0074

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.****Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2024****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(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 . . . . .	<b>4(a)</b>	\$ _____
	(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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**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  
employmentEmployer identification  
number (EIN)



# MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee's Residence \_\_\_\_\_

Number and Street \_\_\_\_\_

City or Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION			
	Marital Status	Personal Exemption Allowed	Amount Claimed
<b>EMPLOYEE:</b> File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption.....▶	\$
	2. Marital Status (Check One)	(a) <input type="checkbox"/> Spouse <b>NOT</b> employed: Enter \$12,000 ▶	\$
		(b) <input type="checkbox"/> Spouse <b>IS</b> employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶	\$
	3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below.....▶	\$
<b>EMPLOYER:</b> Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents <div style="border: 1px solid black; padding: 2px; width: 100px; float: left;">Number Claimed</div>	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed...▶	\$
	5. Age and blindness	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed.....▶ * Note: No exemption allowed for age or blindness for dependents.	\$
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5...▶		\$
	7. Additional dollar amount of withholding per pay period if agreed to by your employer.....▶		\$
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim..▶		

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS

### 1. The personal exemptions allowed:

- |                                   |          |                     |         |
|-----------------------------------|----------|---------------------|---------|
| (a) Single Individuals            | \$6,000  | (d) Dependents      | \$1,500 |
| (b) Married Individuals (Jointly) | \$12,000 | (e) Age 65 and Over | \$1,500 |
| (c) Head of family                | \$9,500  | (f) Blindness       | \$1,500 |

### 2. Claiming personal exemptions:

(a) Single Individuals enter \$6,000 on Line 1.

(b) Married individuals are allowed a joint exemption of \$12,000.

If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).

(c) Head of Family

A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).

(d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but

should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.

(e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the **age of 65** before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.

(f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are **blind**. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.

### 3. Total Exemption Claimed:

Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.

### 4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.

### 5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION.

### 6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.

To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.



# Non-Covered Employment Acknowledgment

Form 4A – Revised 06/14/2023

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Employee Status

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: ☐ M ☐ F

Is employee currently receiving PERS service retirement benefits? Choose yes or no and follow related instructions.

- ☐ Yes – Do not complete form. Instead, complete PERS Form 4B, Reemployment of PERS Retiree Certification/Acknowledgement.
- ☐ No – Continue to next question.

Is employee currently employed with a PERS-covered employer other than the employer to be listed in Section 4? Choose yes or no and follow related instructions.

- ☐ Yes – Choose type of employee for the employer to be listed in Section 4 and follow related instructions.
- ☐ Temporary or Intermittent Part-Time Employee – Continue to Section 2.
- ☐ Eligible Part-Time Employee (meeting eligibility requirements listed in Section 105 of PERS Board of Trustees Regulation 36 as it relates to dual employment) – Do not complete this form. Instead, complete PERS Form 1, Membership Application.
- ☐ No – Continue to Section 2.


## 2 Employee Information

Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work

## 3 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*, and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS.  If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 4 Employer Certification – This section must be completed by an authorized employer representative, not the employee.

Employee's Position Held/Job Title: \_\_\_\_\_

Employee's Hire Date mm/dd/ccyy: \_\_\_\_\_ Employee's Termination Date mm/dd/ccyy: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I understand that wages earned and paid to the above-named individual during this period of employment **will not** be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

# Jackson State University ❖ Office of Financial Services

## Student Direct Deposit Authorization Form

Allow three (3) business days after processing date for direct deposit funds to be available.

Last Name	<input type="text"/>	Address	<input type="text"/>		
First Name	<input type="text"/>	City	State	Zip Code	<input type="text"/>
Middle Initial	<input type="text"/>				
SSN	<input type="text"/>	J #	<input type="text"/>		

The employee/student has the right to modify or rescind this authorization at anytime.

**PLEASE CHECK ALL THAT APPLY**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Student Refund  | <input type="checkbox"/> Student Payroll                 | <input type="checkbox"/> Cancel Authorization |
| <input type="checkbox"/> New Application | <input type="checkbox"/> Change of Financial Institution |   |

**Please contact your financial institution if you need assistance with the following information.  
Note that Direct Deposit Refunds can only be applied to accounts at domestic (U.S.) financial institutions.**

Bank Name	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
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**TYPE OF ACCOUNT - PLEASE CHECK ONE:**

- |   |  |
|---|--|
| <input type="checkbox"/> Checking or Money Market Account | <input type="checkbox"/> Savings Account |
|---|--|

(Attach a voided check below to verify account information)

TRANSIT ROUTING (ABA)  
NUMBER

Contact your financial institution for the number  
( must be validated by financial institution )

ACCOUNT NUMBER

I hereby authorize:

- (1) Jackson State University to deposit my funds via Direct Deposit,
- (2) My financial institution to credit my account, and
- (3) Jackson State University to initiate and my financial institution to make adjustments to my account for any incorrect credits/payments which may occur.

This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. All requests for changes should be submitted to Jackson State University at least 2 weeks in advance, to enable the University and financial institution(s) to process appropriate transactions.

Signature	<input type="text"/>	Date	<input type="text"/>
Email	<input type="text"/>	Phone Number	<input type="text"/>

STAPLE  
VOIDED CHECK

RETURN TO: JACKSON STATE UNIVERSITY  
OFFICE OF FINANCIAL SERVICES, P. O. BOX 17250  
JACKSON, MS 39217