

Leeward Community College
Student Employee Summer FICA Exemption Questionnaire

Name _____ Department _____

Please answer the following questions until instructed to stop. Turn in this form to your supervisor.

1. Are you graduating in Spring? Yes _____ No _____

If yes, from which campus _____

2. Will you be working during the Summer? Yes _____ [Continue] No _____ [Stop]

3. Will you be a non-resident alien attending the University of Hawaii on an F-1, J-1, M-1, Q-1 visa performing services in accordance with the primary purpose of the visa's issuance?

Yes _____ [Stop] ("N") No _____ [Continue]

4. Will you be attending Summer School? Yes _____ [Continue] ("N") No _____ [Stop] ("K")

Which campus will you be attending? _____

Please indicate which session(s) you will be attending (check all that apply).

Summer I _____ Summer II _____

Cross term _____ indicate dates ____/____/____ to ____/____/____

I certify the above answers are correct and that I will notify my supervisor immediately if my status should change in anyway.

Student's Signature

Date

Supervisor's Signature

Date

Please return completed form to the Human Resources Office.