

Northwestern

NORRIS CENTER

2015-16 Norris Work Study New Employee Paperwork Packet

This document contains all the forms that a new Norris Work Study employee needs to fill out and submit to complete the hiring process. Fill out the forms as directed, bring them to the 3rd floor of Norris and ask to see the Norris Payroll Specialist. They will accept the paperwork, check that it is completed correctly, and complete the I-9 verification process.

All paperwork must be completed and turned into the Norris Administration Office before an employee can be scheduled for their first work shift.

If you have questions about any of the paperwork, come to the Norris Administration Offices on the 3rd floor of Norris and ask to speak to the Norris Payroll Specialist for assistance.

DOCUMENT	ACTION REQUIRED
2015-16 Norris Student Employee Policies	Read and understand the policies. Print third page and sign the acknowledgment section. Submit signed acknowledgement form to the Norris Payroll Specialist.
Work Study Authorization Form	Print and complete form. <ul style="list-style-type: none">• Social Security Number (last 4 digits)• NU ID number (found on your WILDCARD or Financial Aid Award Notice)• Work-Study Award Amount (found on your Financial Aid Award Notice or on CAESAR) Sign the form. Obtain the signature of your Norris Staff Supervisor. Submit completed form to the Norris Payroll Specialist.
Personal Data Form	Print and complete form. Obtain the signature of your Norris Staff Supervisor. Submit completed form to the Norris Payroll Specialist.
Wildcard Photo Copies	Submit a photo copy of the front and back of your wildcard to be turned in with the Personal Data Form (only if using your wildcard to clock in and out)
Norris Student Employment Record	Print and complete form. Use today's date as the Start Date. Submit completed form to the Norris Payroll Specialist.
Student Affairs Relationship Policy	Read and understand the policy. Print the document and sign the acknowledgment section. Submit signed acknowledgement form to the Norris Payroll Specialist.

DOCUMENT	ACTION REQUIRED
DCFS Form	Read and understand the policy. Print the document and sign the acknowledgment section. Submit signed acknowledgement form to the Norris Payroll Specialist.
Federal W4	Print and complete form. Submit completed form to the Norris Payroll Specialist.
State of Illinois W4	Print and complete form. Submit completed form to the Norris Payroll Specialist.
Electronic I-9 Instructions	Follow the instructions to complete and electronically sign the I-9 Form online. Bring your ID document(s) from the attached list to the Norris Payroll Specialist for verification.
Direct Deposit Form	Print and complete form. Submit completed form to the Payroll Specialist.

Keep Track of Your Hours and Earnings.

- You are responsible for swiping in and checking your hours online on the KRONOS system.
- You are responsible for monitoring your award and staying within the 15 hours/week limit.
- You are responsible for notifying your employer if you aren't being paid correctly.

Allow up to 2 weeks to be able to swipe in.

- You will be able to swipe in as soon as Payroll enters your information into the system.
- Delays could be due to missing or late paperwork, incomplete I-9s, or a delay due to large volumes of paperwork being handled by the Kronos Help Desk.
- Contact your supervisor to find out how to get on your area's schedule and how to keep track of your hours until you are able to swipe in.

Allow up to 3 weeks for your first paycheck.

- Your bi-weekly paycheck reflects hours worked during the two previous weeks and is paid the Friday after the pay period ends.
- If you do not sign up for Direct Deposit, your paycheck will be sent to the address you recorded on your Personal Data Form.

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2015-16 Norris Student Employee Policies

Introduction

- These employment policies exist to set clear expectations for staff and supervisors working for Norris University Center. Each staff member is expected to read these policies and sign the acknowledgement form. Violations of these policies may lead to disciplinary action.
- The policies detailed in this document are Norris wide and apply to all Norris student employees. Consult with your supervisor for area specific policies and procedures.
- These policies will be reviewed and updated periodically.

Conduct

- As a student staff member, you represent Norris and Northwestern University. Professional behavior is expected at all times.
 - All members of the Northwestern Community, including students, staff, faculty, clients, and guests will be treated with respect, dignity, and a pleasant, friendly attitude.
 - If you have an issue with a co-worker, address the issue with your supervisor or at a staff meeting. Disagreements should never happen in front of clients or guests.
 - If you encounter a difficult situation with a client or guest, remain polite. Involve a supervisor, CM, or professional staff member to help resolve the situation.
 - Yelling or foul language of any kind will not be tolerated.
- Norris student staff members are prohibited from:
 - Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
 - Being under the influence of alcohol or an illegal drug during any work shift.
 - Possessing or consuming alcohol or illegal drugs during any work shift.
- Whenever possible, plan your meals around your work schedule. Do not eat while you are posted at a public location such as one of the SOFO windows or a reception desk. Consult with your supervisor about if, where, and when eating is acceptable during a shift.

Dress Code

- Student staff members are expected to be in uniform while on shift. Uniforms consist of:
 - Norris polo shirt, any Norris t-shirt, or your own Northwestern or purple gear.
 - Khaki pants or nice jeans (no rips) are appropriate. No sweatpants or leggings (in lieu of pants) are permitted
 - Shorts and skirts can be worn, provided they extend past your fingertips when your hands are at your side.
 - No visible underwear.
 - Clothing should be clean and wrinkle-free.
 - No hats or caps can be worn while on shift.
 - Closed toed shoes required.
 - Correct name tags will be worn while on shift.
- Additional dress code requirements may be specified by your area supervisor.
- All Norris student staff members will receive two Norris shirts and a nametag
- When exceptions to this policy are necessary, requiring special attire for certain tasks or events, your supervisor will notify you on a case by case (or location by location) basis. This includes theatrical blacks, painting clothes, casual days, and formal events.
- If you have questions about appropriate dress code, consult with your supervisor.

Attendance

- Student staff members are responsible to know their work schedules and to report on time, ready to work. Training on the use of Shift Planning will be provided by your supervisor. Each area has procedures for shift trades and substitutions.

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Attendance (continued)

- Staff members are responsible to learn their area's procedures for notification when they are running late for a shift or calling in to report illness, etc.
- The time clock in Norris is located near the Center Desk, across from the freight elevator. When working within the Norris University Center, student staff members are expected to swipe in with their Wildcard directly before their shifts begin, and report immediately to their work site. At the end of a shift, proceed immediately to the time clock to swipe out.
- If your department is located outside of the main building, or if you are working a shift offsite, you must manually enter your beginning and end times directly into the Kronos Website. If this applies to you, please check with your supervisor for further instruction.
- Consult with your supervisors for "Missed Punch" procedures for your area.
- Student staff members are responsible for reporting their work hours (via swiping in/out or Kronos entry) and for verifying that their timecards are accurate and complete.
- Tardiness and missed shifts may lead to disciplinary action.

Norris Property and Security

- Staff members may be issued Norris property (radios, keys, electronic equipment) in order to perform their duties. Adhere to your area's procedures for checking Norris property in and out.
- You are responsible for Norris property while it is in your position and can be held liable for misuse, damage, and loss of property.
- Norris property is only intended for use in accordance with your area's procedures and guidelines. Do not use Norris property for personal purposes.
- Report damage to or loss of Norris property to your supervisor immediately.
- If issued keys or provided Wildcard access to card reading door locks in support of your duties, please ensure that secure areas are relocked after accessing them. Never open doors for anyone you don't know, or who doesn't have a legitimate reason to be there.

Personal Device Use

- Student staff members working in public areas (Center Desk, Box Office/Cashier's Office windows, Reception desks, etc.) or interacting with clients will refrain from using personal phones/tablets/laptops and not wear headphones or earbuds.
- There may be downtime when device and headphone use is appropriate (for example: ops or tech staff standing by in the Hallow, PSV Astronauts supervising a simple meeting or reception once the setup is complete and the event underway). Consult with your supervisors for specifics about device use.
- At no point during any shift should a student staff member wear more than one earbud at a time. It is always necessary to be able to hear a radio call or a client request for assistance.
- Norris is not responsible for lost, stolen, or damaged personal devices that you bring to work.

Communication

- Norris student staff members are the face of Norris. Greet our guests with a polite, friendly attitude. Smile. Yelling or foul language of any kind is not acceptable.
- If addressing a client or guest question, request, or issue: listen actively, get and provide detailed information. If you need to consult with a supervisor on the issue, communicate with the guest that you are communicating the issue and when and how you will get back to them.
- If your job requires the use of a 2-way Radio, pick up the radio from the area designated by your Manager at the beginning of your shift, and return it at the end of your shift. Radios are for work related conversations only. Conversations should be kept brief and professional. Please wait until previous conversations have ended before attempting to speak. Please utilize the following format when communicating on the radio:
 - (Your Name or Department) to (Name or Department you need to contact)
 - Go For (Your Name or Department)
 - (Brief Message/Description/Question)
 - (Brief Reply, etc..)

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Safety

- Learn and adhere to safe work practices, including:
 - Never use equipment that you have not been trained to use.
 - Lift with your legs, not your back.
 - Report dangerous conditions to the CM or a supervisor immediately.
 - Report any injury to yourself, a co-worker, or a guest to the CM or supervisor immediately.
 - Learn Norris' and your department's Emergency Procedures. Know your role and safe practices for emergency situations.

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ACKNOWLEDGEMENT

I the undersigned Norris student employee have read and understand the above 2015 Norris Student Employee Policies and agree to comply with the standards and requirements contained therein, and further understand that violation of these policies may lead to disciplinary action.

Employee Name

NU ID Number

Employee Signature

Date



NORTHWESTERN UNIVERSITY

2015-2016

Federal Work-Study Program AUTHORIZATION FORM

Student Section

Last Name: _____
First Name: _____
Social Security Number (last 4 digits only): _____
NU ID Number: _____
E-mail: _____
Federal Work-Study Awarded for Academic Year 2015-2016: _____

Supervisor Section

Name of Dept./Organization : _____
CHARTSTRING Fund Number: _____
Financial Department ID: _____
Project Number: _____
Supervisor's Name: _____
Supervisor's Phone Number: _____
Supervisor's E-mail : _____
Wage Rate/hour: _____

Northwestern University Work-Study Office
1801 Hinman Avenue, 2nd Floor
Evanston, IL 60208-1270

Work-Study Coordinator: Anne Horne (a-horne@northwestern.edu)

This form must be returned to the Work-Study Office immediately. The student and supervisor should both retain copies of this form for their records.

Student Certification

I agree to accept employment in the department named above for the wage stated. I understand that I will be expected to perform my duties in a responsible manner and to comply with the requirements of the job and the instructions from my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from my position and from the Federal Work-Study Program if I do not meet minimum standards. I will accurately record my work hours and will maintain a record of my earnings in order not to exceed my limit.

Student Signature

Date

Supervisor Certification

I agree to hire the above named student for the wage stated and under the conditions described above. I will supervise the work performed and I will be responsible for approving the Work-Study employee time record for the Payroll Office. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit, which may be changed from the amount above by the Financial Aid Office. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined on the Work-Study web site. I further understand that any violation of those procedures may jeopardize this department's participation in the program.

Supervisor Signature

Date

Northwestern University and its employers agree that no student will be denied work or subjected to different treatment on the grounds of race, age, sex, color, religion, national origin, sexual orientation, marital status, age, disability or veteran status, and that it will comply with the provisions of the Civil Rights Act of 1964.



NORTHWESTERN
UNIVERSITY

Personal Data Form

Please type or print legibly

TYPE OF REQUEST:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Rehire | <input type="checkbox"/> Name Change |

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	University ID Number:
Change Name To: <i>(enter only if requesting a Name Change; a copy of your Social Security Card with the new name must be attached)</i>					
Birthdate: (MM/DD/YY)	I identify my gender as: <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Social Security Number: <i>(enter only if new hire)</i>
Country of Citizenship:			Visa: <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> H1 <input type="checkbox"/> Other <input type="checkbox"/> U.S. Permanent Resident <i>(not U.S. Citizen)</i>		
Note: New hires must complete Form I-9 online (northwestern.i9servicecenter.com) at least by the end of their first day of work and provide required documentation to be employed and paid. If you are not a U.S. citizen or permanent resident, contact the Payroll Office to complete information in the Foreign National Information System (FNIS).					
When did you first begin working at Northwestern? (MM/DD/YY)	In which state will you be performing work for Northwestern?		Are you interested in contributing to the Northwestern University Voluntary Savings Plan, a 403b pre-tax retirement savings plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CONTACT INFORMATION

Local Home Address			Secondary Mailing Address <i>(optional)</i>		
Is this address part of University Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number & Street:		Apt #:	Number & Street:		Apt #:
City:	State:		City:	State:	
ZIP/Postal Code:	Country:		ZIP/Postal Code:	Country:	
Note: Year-end W-2 Forms will be mailed to the "Local Home Address" indicated above. This address may be updated in FASIS Self Service by active employees.					
Primary Home/Cell Phone Number:			Secondary Home/Cell Number <i>(optional)</i> :		
Personal Email Address:					

DEMOGRAPHIC DATA

Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your race? <i>(select one or more)</i>		
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
Non-Discrimination Policies: Northwestern University is committed to providing an environment free of discrimination, harassment, and retaliation. Please visit the following websites to learn more about Northwestern's non-discrimination policies and complaint processes: www.northwestern.edu/hr/equolopp-access and www.northwestern.edu/sexual-harassment .			

SIGNATURE

Employee Signature:	Date:
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TO BE COMPLETED BY THE HIRING DEPARTMENT

For all employees:		<i>Note: for staff hires processed through HR, this will be completed by the HR Staffing Consultant.</i>			
Work Phone Number <i>(indicate main office/department phone if employee does not have a direct extension):</i>					
For temporary employee hires only:					
Hire/Rehire Date: (MM/DD/YY)	HR Dept ID#:	Job Code:	Hourly Rate:	Workgroup: <input type="checkbox"/> Swiper <input type="checkbox"/> Non-Swiper	
Fund:	FN Dept:	Project:	Activity:	Chartfield1:	Account:
Supervisor Name:	Supervisor ID:	Supervisor Position #:	Supervisor Phone:	Supervisor Signature:	

Administrators: For temporary employees, email this form to EVtempfire@northwestern.edu (Evanston) or CHtempfire@northwestern.edu (Chicago); do not send original. For all other employees, mail the original form to the Payroll Office, 720 University Place, Evanston

Division of Student Affairs Employee-Student Relationships Policy

In the Division of Student Affairs, employees recognize their unique relationships with Northwestern University students as trusted university representatives. Student Affairs employees demonstrate respect for students as individuals and avoid any exploitation, harassment, or discriminatory treatment of students. In many situations, participation in a romantic or sexual relationship with a student, even when consensual, is considered exploitative toward the student, imperils the integrity of the work and educational environment, and constitutes a prohibited conflict of interest.

Student Affairs prohibits all division employees from engaging in romantic, dating, or sexual relationships with Northwestern students whom they are currently supervising, advising, evaluating, mentoring, teaching, or counseling in the scope of their duties. For the purpose of this policy, Student Affairs employees include staff, faculty, administrators, and student employees of Student Affairs. Student employees include, but are not limited to, graduate assistants, Residential Services graduate student positions, and practicum students.

If a Student Affairs employee is found to be in a prohibited relationship under the policy, the employee will face disciplinary action in accordance with disciplinary procedures contained in the relevant handbooks, policies, procedures, practices, or contracts.

I the undersigned Student Affairs employee have read and understand the above policy and agree to comply with the standards and requirements contained therein, and further understand that violation of this policy may lead to disciplinary action as stated above.

Employee Name (Please print)

NU ID number

Employee signature

Date



Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 2/2012

**Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701**



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employees Statement of Nonresidence in Illinois, to determine if you are exempt.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be

effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at tax.illinois.gov to obtain a copy.

Where do I get help?

- Visit our website at tax.illinois.gov
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044**

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
- I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 _____
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 _____
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.
- My spouse is 65 or older.
- I am legally blind.
- My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 _____
- 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 _____
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 _____
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

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

Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____-_____-_____
Social Security number

Name

Street address

_____-_____-_____
City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature

Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

ELECTRONIC I-9 INSTRUCTIONS

The Electronic I-9 must be completed prior to any work or training at Norris, or before being hired into any position at Northwestern.

Document Requirement: As part of the I-9 process, you *must* present original copies of documents proving work eligibility (see step 3). Only certain documents are accepted, and copies/faxes/emails are not valid. Please ensure you have appropriate documents prior to completing the I-9 form. You will not be allowed to work until original documents are reviewed in person.

1. Create an I-9 Account

Go to: <https://northwestern.i9servicecenter.com>

The screenshot shows the 'NEW EMPLOYEES' section of the I-9 Service Center. It includes fields for Username, Password, Confirm, Email Address, Start Date, School/Area, and Department/Center. Numbered callouts on the right side of the page provide instructions for each field:

1. Create a username. You may use your University NetID or a different name.
2. Create and confirm a password; note the restrictions. You may use your NetID password (if it conforms to the password restrictions) or a new password.
3. Enter your primary email address.
4. Enter today's date as the "Start Date," regardless of if you are beginning work today.
5. Choose "Student Affairs" as the School/Area.
6. Select your Norris Department (see list below) for Department/Center.

Norris Department/Center List:

Choose the number in the drop-down that corresponds to your department below, even if the name is different online:

Administration – 1861	Cashier's Office – 2005	Marketing – 1876	Operations – 1869
Artica – 1863	Dittmar Gallery – 1864	Mini Courses – 1861	Satellites - 1867
Bookstore/Apple Store – 1866	Facilities – 1860	Norris Outdoors – 2021	SOFO – 2005
Box Office/Center Desk – 1847	Game Room – 1865	NU Dining – 2028	Technical Services – 2020

2. Complete Section 1 of Form I-9

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047 Expires 08/31/12
Form I-9, Employment Eligibility Verification

Please read [instructions](#) carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #)

until (expiration date, if applicable - month/day/year) / /

Indefinite

Employee's Signature _____ Date (month/day/year) 3/30/2010

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

1. Enter your Last Name, First Name, and Middle Initial *exactly as they appear on your Social Security Card or official document.*
2. Enter your permanent address, birth date, and social security number (required).
3. Complete the citizenship question.
4. Do NOT fill out the "Preparer and Translator Certification."
5. Scroll down to submit the form. Then scroll down again to electronically sign. **Make sure you sign with the exact name you used in Section 1, this time typing your first name first (do not put a period after your middle initial).** Submit your electronic signature.

3. Bring Documents to Student Employment Coordinator

Although the online form is completed, your I-9 is not finished until you bring original documents proving your work eligibility to the Norris Student Employment Coordinator. *Under federal law, copies, faxes, and emails will not be accepted;* you must have originals sent to you if you do not have them. Your documents will be returned to you immediately.

See the attached list for eligible documents – you must either have one document from “List A,” or one from both “List B” and “List C.” Please contact the Student Employment Coordinator if you have any questions.

Your hire is not complete, and you are not allowed to work or participate in training, until appropriate original documents are presented. Any hours logged until that point will be considered volunteer work.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

<p>1. U.S. Passport or U.S. Passport Card</p> <hr/> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <hr/> <p>3. Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <hr/> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <hr/> <p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigration status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p> <hr/> <p>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</p>	<p>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</p> <hr/> <p>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</p> <hr/> <p>3. School ID card with a photograph</p> <hr/> <p>4. Voter's registration card</p> <hr/> <p>5. U.S. Military card or draft record</p> <hr/> <p>6. Military dependent's ID Card</p> <hr/> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <hr/> <p>8. Native American tribal document</p> <hr/> <p>9. Driver's license issued by a Canadian government authority</p> <hr/> <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <hr/> <p>10. School record or report card</p> <hr/> <p>11. Clinic, doctor, or hospital record</p> <hr/> <p>12. Day-care or nursery school record</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p> <hr/> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <hr/> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <hr/> <p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <hr/> <p>5. Native American tribal document</p> <hr/> <p>6. U.S. Citizen ID Card (Form I-197)</p> <hr/> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <hr/> <p>8. Employment authorization document issued by the Department of Homeland Security</p>
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Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



NORTHWESTERN UNIVERSITY

Authorization For Direct Deposit of Payroll

Please complete this form immediately upon hire to ensure timely deposit of your first paycheck. Existing employees may submit a new copy of this form at any time to add, change, or remove direct deposit accounts. Employees can view and print their payroll advice in the FASIS Self Service Portal up to two days before pay date. Note that active employees who have enrolled in Multi-factor Authentication may enter or change direct deposit information online at any time in the FASIS Self Service Portal at nupa.northwestern.edu.

I authorize Northwestern University to remit my net pay to my account at the institution indicated below and further authorize Northwestern University to initiate a withdrawal from the account to adjust for deposit entries made in error. I should not assume that the direct deposit is completed until I receive my first Notice of Advice on payday or view the payment online in FASIS Self Service.

- Start direct deposit
 Add an account
 Change an account
 Stop direct deposit

Required: Account that you want to receive your pay less money designated as an additional account below.

Name of Bank or Other Financial Institution	Bank Routing Transit/ABA Number	Account Number	Checking or Savings

Optional: Additional accounts that you would like to have money deposited into in order of priority.

Name of Bank or Other Financial Institution	Bank Routing Transit/ABA Number	Account Number	Checking or Savings	Amount or Percentage

Do you intend to forward any entire payment made through direct deposit to one of the accounts listed above to a bank account outside the U.S.?

- Yes
 No
 If yes, which account(s) listed above _____

This authorization is to remain in full force and effect until revoked by me in writing. *Please attach a voided check or Financial Institution letter for each account to this form.*

EMPLOYEE NAME: _____ UNIVERSITY ID: _____
(Can be found on WildCard. New hires without an ID can use their SSN.)

SIGNED: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK, FINANCIAL INSTITUTION LETTER OR SAVINGS STATEMENT FOR EACH ACCOUNT ENSURING THAT YOUR BANK'S NINE DIGIT ABA/TRANSIT NUMBER IS CLEARLY IDENTIFIABLE.