

Student Payroll Personnel Action Form

Submit prior to the start of employment. If this is a student's first job on campus, please complete all forms and bring required ID (original documents only) within 72 hours to the Center for Student Business – 406 Student Union. International students are required to provide an F1 or J1 visa indicating eligibility to work. All Student Businesses are under the supervision of: Rosemary Schmidt Director of Student Businesses 545-2166 roe@stuaf.umass.edu

A. Appointment Information – To be filled out by student

Date of Birth _____

Student Name: _____ Anticipated Graduation _____
LAST FIRST MIDDLE INITIAL Month/Year

Permanent Home Address: _____ City State Zip _____

Student Phone _____ Student Email: (PRINT LEGIBLY) _____

Spire ID # _____

The CSB distributes contact information within the Student Businesses. If you prefer to keep your contact info confidential, check here:

1. What is your enrollment status for this academic year? (Note: If student is withdrawn he/she cannot be employed as a student.)
 - a. _____ I am a full-time undergraduate student enrolled in a degree program.
 - b. _____ Less than 6 credits (cannot be employed as student in academic year)
 - c. _____ Graduating Senior (cannot be employed as a student after graduation)
 - d. _____ Other – please specify: _____

2. If you have previously been hired for any job on campus and have previously shown your ID to be hired for that job, check here and bring THIS paperwork in to the CSB. You may not need to bring in your ID again.

3. Sign up for Direct Deposit - Direct Deposit Form & Instructions, Condition of Employment and Federal & Massachusetts Tax forms are available for download from <http://www.umass.edu/humres/>. You may update tax forms at any time.

4. A. Students with multiple student jobs on campus may not exceed 8 hours per day or 20 hours per week for all jobs combined. Only one paycheck will be issued for each two week pay period which will include pay from all departments. Valid ID must be presented to pick up paychecks in the Resource Room, 314 Student Union. If not picked up in a timely manner, checks are mailed to your permanent address.
 B. Students who have another job on campus and prefer to have the payroll check delivered to that department, check here:
 Name of Department: _____

5. Check here if you have a work study award and will use it for your job in a Student Business:

By signing below I acknowledge that I have been advised to read the Student Employee Handbook of the University of Massachusetts found at the following website: http://www.umass.edu/umfa/uploads/listWidget/11612/SEO_Handbook.pdf

Student Signature _____ Date _____

Name of Student Business _____		Original Date of Hire _____ <small>(SEMESTER/YEAR)</small>		Hourly Pay Rate \$ _____ <small>(\$8.00 minimum wage)</small>	
B. CSB USE HR DEPT: <u>A4308AA</u> BLDG 0100 CHECK DIST: M08Z.Z11 Other Ck Code: _____ Combo Code A _____					
Empl ID: _____		Rec. # _____ Type: _____		Rec. # _____ Type: _____	
Personnel Status: S / M Federal Tax _____ State Tax _____ Tax Date _____ I-9 Date _____ OBRA or FICA (summer) _____					
Hire in PS _____ Approved Acct: _____ Approved Profile _____ CSB Payroll _____ Address Book _____ Mail List _____					
Workstudy Award: _____		Dept Commitment: _____		Appointment Period _____ to _____	
Signature of CSB Staff _____				Date _____	



CONDITIONS OF EMPLOYMENT
 Student Payroll Office/Student Employment Services
 University of Massachusetts Amherst

EmplID: _____
 Please provide SSN only if you have not been
 Previously employed by the University

PLEASE READ ALL CONDITIONS CAREFULLY BEFORE SIGNING

STUDENT NAME: _____

1. You may not begin work nor be paid for any work performed, until all appropriate forms are processed and approved by the Student Payroll Office and/or Student Employment Services.
2. Work hours are limited to eight (8) hours per day and twenty (20) hours per week on any job or combination of jobs when classes are in session *or* eight (8) hours per day and forty (40) hours per week when classes are not in session.
3. Rates of pay are set by the employer, subject to the approval of Student Employment Services; according to the University Student Job Classification System.
4. Time sheets must be signed by both the student and the job supervisor.
5. When you accept a position, it is your responsibility to adhere to the work schedule you agree upon. Notify your supervisor as early as possible if you cannot come into work or will be late. If you decide to stop working, you must give your present supervisor(s) two (2) weeks written notice.
6. Violation of any of these conditions and/or inappropriate job performance and/or behavior may result in termination of employment for a period deemed appropriate to circumstances. In addition, applicable provisions and standards of the Code(s) of Student Conduct, Affirmative Action, Sexual Harassment, and any other University policy, rule, or regulation will be applied and enforced.
7. If you are withdrawn from the University for any reason, your employment is terminated. You can not continue to work on student payroll when you are no longer a student.
8. Your employment status is temporary and part-time, does not contain any provisions for fringe benefits or holiday or overtime pay, and is contingent upon the availability of funds. Although you are an Exempt Class under the Employment and Training Law, you do not qualify for Unemployment Insurance.
9. The University reserves the right to amend or revoke any of the terms and conditions herein at any time.
10. I am aware that, once I have received my first pay statement from the University of Massachusetts Amherst, I must log onto the HR Direct system (from <http://www.umass.edu/af/systems>) to verify receipt of the attached Summary of the Conflict of Interest Law for State Employees.
11. I am aware that, based on Massachusetts law, I have thirty (30) days from my date of hire in order to complete the mandatory Massachusetts State Ethics Commission on-line training program (http://db.state.ma.us/ethics/quiz_MEthics/index.asp)

I acknowledge that I have read, understand, and agree to abide by the above stated Conditions of Employment.

 Signature

 Date



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

**Form I-9, Employment
Eligibility Verification**

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)

Employee's Signature	Date (month/day/year)
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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)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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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

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. 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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
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 nonimmigrant 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	4. Voter's registration card	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
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 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. 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • 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 _____
{	<ul style="list-style-type: none"> • 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. 			
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 \$1,800 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. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. 	
{	<ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. 			

----- Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2010
1 Type or print 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 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (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 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it 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.

FORM M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/08



Print full name Social Security no.
Print home address City State Zip

Employee:

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- 1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
3. Write the number of your qualified dependents. See Instruction D.
4. Add the number of exemptions which you have claimed above and write the total
5. Additional withholding per pay period under agreement with employer \$
A. Check if you will file as head of household on your tax return.
B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.
D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF YOU CLAIM THE SAME NUMBER OF EXEMPTIONS FOR MASSACHUSETTS AND U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.



**Statement Concerning Your Employment
in a Job Not Covered by Social Security**

EmplID _____
*Only if you have previously been
employed by the University*

Employee Name: _____ Social Security #: _____

Employer Name: University of Massachusetts Amherst Employer ID: 04-6002284

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may be eligible to receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your spouse or former spouse, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected:

Windfall Elimination Provision

Under the Windfall Elimination Provision your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly retirement reduction in your Social Security benefit as a result of this provision is \$313.50. this amount is updated annually. This provision reduces, but does to totally eliminate, your Social Security benefit. For additional information please refer to the Social Security publication “Windfall Elimination Provision.”

Government Pension Offset Provision

Under the Government Pension Offset Provision any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a federal, state or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds f the amount of your pension.

For example, if you receive a monthly pension of \$600 based on earnings that are not covered under Social Security, two thirds of that amount (\$400) is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit you will receive \$100 per month from Social Security (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication “Government Pension Offset.”

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213 or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 (this form) that contains information about the possible effects of the Windfall Elimination Provision and the government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____ Date _____

Form SSA-1945 (11-2004)



Direct Deposit Authorization Form

University of Massachusetts – Amherst



HR EmplID _____

our EmplID is 8 digits long. Please write your SSN above **only** if you have not yet been paid by the University thus do not have an EmplID. Thank you.

Name _____

Phone _____ Email _____

Action Requested (Check One) Start Direct Deposit Stop Direct Deposit Change (add/delete a bank, increase/decrease fixed amount or select new balance account)

* A change replaces the direct deposit authorization currently on file. Fill in every row of bank information to show how your check should be deposited.

Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account
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If depositing more than one (1) bank, you must choose one Balance Account.



Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account
Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account
Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account

I authorized the University of Massachusetts to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the University to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the University cannot issue to funds to me until the funds are returned to the University by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until a(revoked by my written request; or b) immediately following my termination from employment with the University; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify the Payroll Office **before** I close any/all account(s) listed above while this authorization is in effect.

Employee Signature _____ Today's Date _____

Attach a voided check and/or deposit slip for each new account entered above.

Bring or send the completed Authorization form with attached check(s)/deposit slip(s) to:

Human Resources, 3rd floor, Whitmore Administration Building.

Please allow up to five (5) weeks (2 pay cycles) for this authorization to take effect.

Questions? Call the Payroll Office, (413) 545-3761 or 545-0391

CSB Computer Login Contract

The Center for Student Business, accessing the Student Government Association's Server provides a secure network with several workstations to allow students from all businesses to enter data into the CSB network. Each computer is equipped with the software necessary to manage your business records. Complete this form and return it to the CSB to obtain a user name and password for access to Student Business Files. You will be prompted to change your password at login and every 60 days. Create a secure password at least 6 characters in length and containing 3 of the following options: upper case, lower case, numbers & special characters. An easy way to remember the password since you will get only one free change is to use your OIT password followed by a special character and number. When changing the password just increase the number.

Store all Information in the file called "pubdir on 'SATF (Umasatffcsv)'" which stands for public directory. Inside that folder you will find a folder labeled "All Business Files" inside of which each business keeps their files in separate folders by category or committee. **(Do not save business records on the local computer in My Documents since you will not be able to access them when using another workstation.)**

By signing or submitting this form you are agreeing to the following Student Business policies:

- Use your own login to access the files for your business. All other files will be "read only" and you will not be able to edit or save documents in the files of another business. Log off before leaving the office.
- Keep your login information confidential to protect the security of our files. We believe in cooperative business practices but **do not to share your login with others.**
- Student Business work takes priority especially when deadlines are approaching. Please be aware of others who are waiting for a computer.
- Sign up on the white board for the next available computer.
- Printing resources are limited. Use "print preview" to avoid printing unnecessary pages. You may print one copy of a document and then go to CD&C to make multiple copies for your business.
- Do not install any software on these computers; this will be done by our Computer Tech. Downloading anything from the Internet including music or instant messaging is prohibited while working in the CSB.
- Contact nsud@student.umass.edu to report any computer issues. Identify the workstation and be specific about the problem, i.e. please load Adobe Reader on CSB003.

I have read and understood the computer login contract

(Your name & date of request)

(Phone)

(UMass Email Address)

(Other Email)

Name of the Business file to which you will need access: _____

Regarding your Position, please check as many as apply:

Co-Manager

Consultant

Payroll Manager



Environmental Health and Safety
 Program in BioSafety and Environmental Health
 117Draper Hall
 40 Campus Center Way
 University of Massachusetts
 Amherst, MA 01003
 Telephone 413-545-2682
 Fax 413-545-2600

Food Employee reporting Form

The purpose of this agreement is to ensure that Food Employees take appropriate steps to preclude the transmission of food borne illness. Any questions, please contact Larry Davis or Maureen O'Leary at 545-2682.

I AGREE NOT TO HANDLE ANY FOOD, BEVERAGE OR FOOD CONTACT SURFACES SUCH AS PANS, UTENSILS, DISHES AND PAPERGOODS IF I HAVE THE FOLLOWING:

A. SYMPTOMS

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice (Yellowish discoloration of skin or eyes)
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

B. MEDICAL DIAGNOSIS WITHIN THREE MONTHS

Whenever diagnosed as being ill with *Salmonella Typhi*, *Shigella spp.*, *Escherichia coli 0157:H7* and other *Enterohemorrhagic Escherichia coli (EHEC)*, *Hepatitis A virus*, *Entamoeba histolytica*, *Campylobacter spp.*, *Vibrio cholera spp.*, *Cryptosporidium parvum*, *Giardia lamblia*, *Hemolytic Uremic Syndrome*, *Salmonella spp. (non-typhi)*, *Yersinia enterocolitica*, *Cyclospora cayetanensis*, and any other disease transmissible through food so designated by the Division of Communicable Diseases of the Department in 105 CMR 300.000: Reportable Diseases and Isolation and Quarantine Requirements.

C. HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A,
2. A household member diagnosed with typhoid fever, shigellosis, illness due to E. coli O157:H7, or hepatitis A,
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A.

I also agree to maintain good personal hygiene practices such as washing hands for twenty seconds before starting work, after handling money, using the restroom, use of tobacco, eating, drinking, or touching the mouth, face, hair, after any break and before putting on gloves.

Food Employee (please print)

 Signature of Food Employee _____ Date _____

 Signature of Permit Holder's Representative _____ Date _____