

STUDENT PAYROLL ACTION FORM (A+)



Are you receiving Utah Retirement System Benefits? ☐ No ☐ Yes – If yes, list retirement date:

(Must be turned in to the HR Office by the 25th of the month to guarantee process with that month's payroll.)

STUDENT or WORK-STUDY EMPLOYEES **READ CAREFULLY BEFORE FILLING OUT AND SIGNING:**

It is your responsibility to let your supervisor know if you have more than one job on campus. This is very important as it can affect how many hours you are allowed to work.

Students are temporary staff employees who work less than 75% time for the college. Student employees are considered at-will and may be released from employment at any time.

Student employees do not have the grievance process available to them regarding lawful termination.					
I understand what I have read above.					
Employee's Signature:	Date:				

E M P L O Y E	Name:	Badger ID#:	0	0						
	Permanent Home Address - - Check if new address, as this can affect your W2. If during your employment your address changes, please let the Human Resource Office know.									
	Street or PO Box City		State Zip							
	Snow Email Address (firstname.lastname@students.snow.edu):									
	Phone – Local (at Snow College):	ender: F M Other	Other Birthdate:							
	FILL OUT W-4 INFORMATION ON THE BACK OF THIS FORM. If it is not on the back of this form, please fill out a W-4 available in the Human Resource Office or online. If you do not fill out the W-4 form it goes in as SINGLE with ZERO EXEMPTIONS. This form is for both Federal and State taxes									
	List any relatives who work at Snow College and their relationship to you:									
	OPTIONAL Ethnic Choice, Veteran Choice and Citizenship: Choose/circle the one that applies to you: ETHNIC CHOICE: Asian; Black Non-Hispanic; Hispanic; American Indian/Alaskan Native; Native Hawaii/Pacific Island; Unspecified; White Non-Hispanic VETERAN CHOICE: Protected Veteran Only; Vietnam Veteran Only; Both Vietnam/Other Protected; Not Applicable CITIZENSHIP: US Citizen; Non-Resident Alien; Resident Alien/Non-Citizen									

S U	Account Number:	Student must be taking at least 6 credits to be considered a student.				
P E	Student Job Title:					
R V I	Actual Start Date or Change Date: End Date:	Hourly Work Study (select/circle one) (ALL WORK-TO-LEARN POSITIONS ARE UNDER HOURLY. PLEASE				
S O R	Time Card Hourly Rate of Pay:	Financial Aid must sign for Work Study				
Supervisor's Signature Date		Office Use Only: Date Entered in Computerby				
		Position#: ID#:				
Supervisor – Please Print Name		ORGN ACCT				
N 1		ORGN Code of Approver				
Name of Web Time Entry Approver (If different from supervisor). Please Print						
		Revised: November 22, 2021				

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

OMB No. 1545-0074

Department of the T			m W-4 to your employer.			<u> </u>			
Internal Revenue Se			g is subject to review by the IF	(S.					
Step 1:	(a) F	irst name and middle initial	Last name		(b) S	Social security number			
Enter									
Personal	Address								
Information card? If no						on your social security If not, to ensure you get			
	City o	r town, state, and ZIP code			credit for your earnings, contact SSA at 800-772-1213				
						to www.ssa.gov.			
	(c)	Single or Married filing separately							
		Married filing jointly or Qualifying surviving s	oouse						
		Head of household (Check only if you're unmarr	ried and pay more than half the costs	of keeping up a home for yo	ourself a	nd a qualifying individual.)			
		4 ONLY if they apply to you; otherwis m withholding, other details, and privac		2 for more informatio	n on e	each step, who can			
Step 2:		Complete this step if you (1) hold more							
Multiple Job	s	also works. The correct amount of wit	hholding depends on income	e earned from all of th	ese jo	bs.			
or Spouse		Do only one of the following.							
Works		(a) Reserved for future use.							
		(b) Use the Multiple Jobs Worksheet of	on page 2 and enter the recu	It in Stop 4(a) bolow:	or				
			· -						
		(c) If there are only two jobs total, you							
		option is generally more accurate the higher paying job. Otherwise, (b) is		iying job is more man	nan c	ine pay at the			
		TIP: If you have self-employment inco							
		THE TH YOU have self-employment inco	me, see page 2.						
		4(b) on Form W-4 for only ONE of the you complete Steps 3-4(b) on the Form			s. (Yo	ur withholding will			
Step 3:		If your total income will be \$200,000 o	r less (\$400,000 or less if ma	arried filing jointly):					
Claim		Multiply the number of qualifying c	hildren under age 17 by \$2,0	00 \$	_				
Dependent and Other		Multiply the number of other deper	ndents by \$500	. \$	-				
Credits		Add the amounts above for qualifying this the amount of any other credits. E		ents. You may add to		\$			
Step 4		(a) Other income (not from jobs).	If you want tax withheld f	or other income vol	,				
(optional):		expect this year that won't have w							
		This may include interest, dividend				ı) \$			
Other	_	•							
Adjustments	5	(b) Deductions. If you expect to claim							
		want to reduce your withholding, u	se the Deductions Workshee	t on page 3 and enter					
		the result here			4(b	o) \$			
		(c) Extra withholding. Enter any addit	ional tax you want withheld e	each pay period	4(0	e) \$			
Stop 5:									
Step 5:	Unde	er penalties of perjury, I declare that this certi-	ricate, to the best of my knowled	age and belief, is true, co	orrect,	and complete.			
Sign	gn								
Here									
	Em	ployee's signature (This form is not va	lid unless you sign it.)	Da	ite				
Empleyers	Emn	over's name and address		First date of	Faralas as identification				
Employers	Empi	oyer's name and address				yer identification er (EIN)			
Only						· · · · · ·			