



MOUNT MARTY
UNIVERSITY

2023 - 2024

Federal Work-Study

**Student / Supervisor
Handbook**

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INTRODUCTION

This handbook has been prepared for the benefit of Mount Marty University students, faculty and staff who work with the Federal Work-Study Program. It sets forth guidelines to clarify the working relationship between the student and the supervisor in order to promote better communication. It also explains the rights and responsibilities of students and their employers.

Students may participate in the Work-Study Program if the student has been awarded Federal Work-Study by the Financial Assistance Office AND if they are maintaining satisfactory academic progress as a full-time student. Full-time status is 12 credit hours per semester.

Students must apply for financial assistance by completing the Free Application for Federal Student Aid (FAFSA) in order to qualify for federal work-study. Students cannot be placed in a position unless they have completed this process, regardless if they have had a position in previous years. Work study is awarded on a first-come, first-served basis.

If you have questions or suggestions concerning student employment, please direct them to:

Financial Assistance Office
Roncalli 100
(605) 668-1589

Lauren Svanda, Financial Assistance Director
Chris Hein, Assistant Director of Financial Assistance

STUDENT EMPLOYMENT PHILOSOPHY

Work-Study is a student assistance program that provides part-time jobs for students with financial need. The purpose of the program is to provide students with employment which will assist them in meeting their academic expenses as well as learning knowledge of work ethics and responsibility.

JOB PLACEMENT

Incoming and Transfer students are placed in positions based on information provided on their Student Employment Application. Notifications of job assignments are sent to students prior to the beginning of the fall semester. Students who will start during the spring semester will be sent notification of their position prior to the spring semester

EMPLOYMENT OPPORTUNITIES

There are many departments and offices where students may be assigned a position at Mount Marty University. The Financial Assistance Office staff will try to assign you a position in your area of interest when possible. The following is a listing of departments where students may be placed:

America Counts Program**	Financial Assistance Office
America Reads Program**	Institutional Advancement Office
Art Department	IT Support Services
Athletic Department	Lancer Locker
Benedictine Institute	Office of Marketing & Communications
Biology Department	MMU Library **
Business Department	Music Department
Business Office	Nursing Lab
Campus Dining	President's Office
Campus Programming	Psychology Department
Career & Support Services Office	Recreation Management Department
Chemistry Department	Registrar's Office
Criminal Justice Department	Resident's Hall
Education Department	Student Affairs
Education / Nursing – Master's Program	Theatre Department
English Department	Theology / Philosophy Department
Facility Services	Watertown Location

** Indicates positions which include community service related duties.

GETTING STARTED

1. Accept your work-study award on LancerLink.
2. If new to work study, complete and submit the work-study application found on the MMU website (Common Forms section) to the Financial Assistance Office. Returning students who had a work-study position in the previous academic year will have the opportunity to express their work-study preferences in a survey completed in the Spring semester.
3. The Financial Assistance staff will assign a position to the student and send notification of their placement to the student before they arrive on campus. Additionally, Students will accept / reject these placements before they arrive on campus.
4. During the first week of campus (or if assigned a position after classes have started), students will need to complete paperwork before beginning to work.

NEW STUDENT (incoming, transfer or returning student new to work-study) – Students will complete the following paperwork with a MMU representative:

- I-9 -- **original** documentation (see attached sample at end of handbook) is presented to MMU representative. NO COPIES OR PHOTOGRAPH on a phone will be accepted.
- W-4,
- Student Responsibilities Agreement
- MMU Confidentiality Agreement and
- Direct Deposit Form (optional).

RETURNING STUDENTS will report to the Financial Assistance Office to complete the MMU Confidentiality Agreement, the Student Responsibilities Agreement and if needed, the Direct Deposit Authorization form.

5. Once the paperwork is completed, the student will take the Campus Work Authorization Form to the supervisor for their signature. The form (signed and dated by the student and supervisor) is returned to the Financial Assistance Office and a time sheet will be sent to the supervisor. The student is NOT to work until the Campus Work Authorization form has been returned to the Financial Assistance Office
6. Set up a work schedule for the semester with your supervisor. Be sure to take along your class schedule.

Students are expected to stay in their assigned position until they have earned the amount of their award. No change in employment may be made without the approval of the Financial Assistance Office.

STUDENT RESPONSIBILITIES

- If this is your first job on campus, complete the federal I-9 and W-4 Forms with a Mount Marty University representative. Each student must annually complete the MMU Confidentiality Agreement, the Student Responsibilities Agreement and MMU Campus Work Authorization Form.
- The student and supervisor will complete a work schedule at the beginning of each semester.
- Do not work during your scheduled class times.
- Report for work as scheduled and on time.
- Contact your supervisor if you need to rearrange your work schedule for a planned absence.
- If you will be absent due to illness, contact your supervisor as early in the work-day as possible
- If you call in, ALWAYS speak to your supervisor; do not let friends or family call in for you unless an emergency occurs.
- Confidentiality of student and university records is of utmost importance.
- Follow procedures and meet expectations set by your supervisor.
- Discuss any work-related problems you experience (schedules, job expectations, not enough hours, etc.) with your supervisor.
- If you experience a hostile work environment, harassment, or discrimination please contact the Financial Assistance Office, the Title IX Coordinator or a Deputy Title IX Coordinator directly.
- Keep record of your total earnings and work with your supervisor to ensure that you do not exceed your total awarded amount per semester. Upon earning the full amount of your award, you must not work any more hours in your department.
- If a student decides to resign from their assigned position, they are required to give at least a two-week advance written notice to the supervisor and to the Financial Assistance Office. The Financial Assistance Office is under no obligation to assign another position to student if they resign from their assigned position.

SUPERVISOR RESPONSIBILITIES

- Before allowing a student to work, make sure the student is authorized to work by the Financial Assistance Office. Each student must present you with an MMU Work Authorization Form. The supervisor must sign and date this form before allowing a student to work.
- Set up a work schedule that does not interfere with the student's class schedule. Do NOT allow a student to work during their scheduled class time.
- Fully explain all duties associated with the position, as well as being responsible for training the student so that they are able to complete all assigned tasks.
- Complete a job description for each work-study title in your department (e.g. dish room, line server, cook assistant). This is to be completed each academic year.
- If a student fails:
 - to complete assigned duties in a satisfactory manner,
 - to show up at the assigned time, or
 - to conduct him/herself in a responsible manner,

The supervisor's responsibility is to counsel the student and complete a Job Performance Warning Form. Refer to discipline procedures.

- Monitor number of hours each student works to insure the student does not earn more than they are allocated. Students should also be given the opportunity to earn their allocated amount.
- Please contact the HR Specialist if you would like to pay the worker once the allocated amount is reached. The department will be charged 100% of the wages. If a student is allowed to work beyond the semester award, the hours to be paid will be given to the HR Specialist and processed with the next scheduled university bi-weekly payroll.
- Inform the student of all special safety considerations pertaining to their job and work environment.
- Assist the student in properly completing time sheets. Refer to time sheet procedures in this manual.

DETERMINING NUMBER OF HOURS TO WORK EACH WEEK TO EARN FULL ELIGIBILITY

To determine the amount of hours per week a student can work to earn their full eligibility, please use the following calculation as a guide:

Yearly award ÷ 32 weeks (16 wks/semester) = total amount to earn per week

Total amount to earn per week ÷ pay rate per hour = hours to schedule per week

EXAMPLE:

$\$2000 \div 32 \text{ wks} = 62.50 \text{ hrs}$

$62.50 \text{ hrs} \div \$10.80/\text{hr} = \mathbf{5.75 \text{ HRS/WK}}$

For each semester (fall and spring terms), a student may earn up to 50% of their authorized award amount. Once a student has worked the maximum hours allowed, they will stop working. The supervisor's department will be responsible to pay all wages a student works over their allocation. Please contact the HR Specialist if the department will need the student to work more than the allocated amount. The additional hours will be submitted to the HR Specialist and processed with the next scheduled university bi-weekly payroll. The department will be charged 100% of the wages.

Students cannot use unworked hours from the Fall semester in the Spring semester. Also, students cannot transfer unused hours to other work-study students. However, supervisors may "lend" their students to another supervisor should the need arise. In that scenario, the student will have to have the hours available to work. They will not be awarded an additional amount of hours to work in a different department.

TIME SHEETS

A time sheet is a legal document recording hours worked by a student.

- At the beginning of the academic year, the student must have all paperwork completed in the Financial Assistance Office before a time sheet can be issued. Remember...a student is not to work without their supervisor's signature on the Campus Work Authorization form.
- Time sheets will be issued to the supervisors on a monthly basis prior to the beginning of the month. Time sheets will be distributed to the Bede and Roncalli mailboxes. If a time sheet is not received for a student, notify the Financial Assistance Office.
- Time sheets must be completed in **INK** on a **DAILY** basis. **NO PENCIL**. Once a student or supervisor has signed the time sheet, no changes can be made to the hours worked (with the exception of a mathematical correction) unless agreed to by both student and supervisor. All changes should be made by crossing out the incorrect data and both student and supervisor initialing the mark. If data is added, again both student and supervisor must initial the change. White-out WILL NOT be accepted.
- At the end of the month, review and approve the timesheet. Both the student and supervisor signatures are required. Time sheets must be signed by the student in order for a paycheck to be processed.
- Indicate the total hours worked each week. Indicate the total hours for the month in the appropriate box on the timesheet.
- Turn in all time sheets, even if a student does not work any hours. If a student did not work, simply indicate this on the time sheet and send it to the Financial Assistance Office.
- Time sheets are due in the Financial Assistance Office (NOT in the Bede or Lancer Locker mailboxes) by 5:00 pm on the last day of the month. If the last day falls on a weekend, the time sheets are due on the Friday before the weekend. If this should change because of a holiday, there will be a notice sent by way of email to the supervisor indicating when time sheets are due.
- Late time sheets will be paid with the following month's batch of timesheets.

PLEASE NOTE: THE LAST DAY FOR SUBMITTING TIME SHEETS FOR THE ACADEMIC YEAR IS THE LAST DAY OF CLASSES. DEPARTMENTS WILL PAY FULL WAGE FOR TIME SHEETS RECEIVED AFTER THAT DATE.

PAYCHECKS

Paychecks are distributed to the student's campus mailbox on a monthly basis. After all of the timesheets are received at the Financial Assistance Office, they will be reviewed for accuracy and submitted to the HR Department for processing. Timesheets must be signed by the student in order for a paycheck to be processed.

Students have the option of using direct deposit as a pay method as well. Rather than receiving a check, a paycheck can be deposited into a savings or checking account. The paystub is viewable through the student self-service portal on LancerLink. The student may print out a direct deposit form (available in this handbook) and submit it along with a voided check or printed savings account form from the bank or they may stop by the Business Office to fill one out. The direct deposit pay method is optional.

If a student's Work Study check is lost or stolen, it should be reported to the Business Office immediately. There is a \$35.00 charge for stopping payment on the check and issuing a new check.

Work Study/student employment earnings are taxable. All student workers will be issued a W-2 Wage and Income Statement by the Business Office by January 31st of each year.

WAITING LIST

If a student is not originally assigned a Work Study or campus employment position, they can ask to be placed on a waiting list. Once the academic year has begun and if there are openings, the Financial Assistance Office will contact students on the waiting list in the order placed on the list. If a student has been assigned a position on campus and decides to resign that position, they can ask to be placed on a waiting list. Students who have not been placed in a position have priority in placement over students who have declined their first position. The Financial Assistance Office has the right to make exceptions due to specific job requirements in certain positions (e.g. Chemistry Lab Assistant, Biology Lab Assistant).

WORKING DURING PERIODS OF NON-ENROLLMENT

Students are allowed to work during periods when classes are not in session. Periods of non-enrollment include Thanksgiving break, Christmas break, Easter break and Spring break. If a student works during a break that occurs within a semester (e.g. Spring break), their earnings will be counted towards that semester's earnings. Students are not allowed to work more than 40 hours/week.

Christmas Break - No student will be allowed to work from the end of the fall term through December 31st. Students are allowed to work during Christmas break after January 1st. All money earned during this break will be counted toward spring semester earnings. A student working during the Christmas break is required to be registered for the spring semester.

Summer Employment – Summer employment requires a Summer Financial Assistance application be completed by the student. This form is available in the Financial Assistance Office in March. Positions vary from one year to the next and are based on availability of funds. A student applying for summer positions must qualify for Federal Work Study before they will be considered for a position. A student working during the summer must be registered for the fall semester.

REHIRING STUDENTS

Once a student has been hired in a department, they will remain in that department as long as the student is eligible for student employment. A student will not be placed in the same department if they are not eligible for student employment or if they have been terminated by their supervisor through one of the following procedures:

- a. Student Employment Discipline Process,
- b. Memo sent to the student by the supervisor indicating termination with a copy sent to the Financial Assistance Office,
- c. Conversation with the student with documentation sent to the Financial Assistance Office. A student will also not be placed in the same department if the student requests another area at the end of the year. Extenuating circumstances will be reviewed on a case by case basis.

POSITION RESIGNATION

Once a student has been placed in a position, they are expected to stay in that position the entire academic year. If a student decides they do not want to work in their position, they will need to give a two-week written notice of resignation to their supervisor and to the Financial Assistance Office. The student can be placed on a waiting list for another position, but students who have not been placed in a position will be placed before a student who has resigned their first position. If a student resigns their position, the Financial Assistance Office is under no obligation to locate another position. The Financial Assistance Office has the right to make exceptions due to specific job requirements in certain positions (e.g. Chemistry Lab Assistant, Biology Lab Assistant).

STUDENT EMPLOYEE DISCIPLINE PROCEDURE

In order for student employment to be a legitimate resource on campus, certain procedures must be put in place to ensure accountability. Student workers must realize that with any job there are certain expectations. If expectations are not achieved, workers run the risk of not only losing their job, but jeopardizing their opportunities for future employment. This discipline procedure should be used as a tool for communication. It is important to emphasize to students and supervisors the importance of discussing problems informally before beginning a formal process.

1st WARNING -- Supervisor completes a Job Performance Warning form indicating the date of the incident and an explanation of what occurred. Both the student and supervisor are required to sign the form. This ensures that the student is aware of the consequences of the warning and that further negligence will result in termination. If the student is unavailable to sign the form (e.g. warning being given for not showing up to work), this must be indicated on the student signature line by simply writing N/A. The Warning form has three copies (white - student, yellow - Financial Assistance Office, pink -supervisor). It is the supervisor's responsibility to distribute the copies to the appropriate parties.

2nd WARNING -- If after the first warning, the student's behavior continues to not meet expectations, a second Job Performance Warning form must be completed. Both student and supervisor signatures are required. Supervisor must distribute copies to the appropriate parties.

3rd WARNING (TERMINATION) -- If after the second warning, the student's behavior still does not meet expectations, a third and final warning is issued indicating the date of the incident and an explanation of what occurred. The third warning results in termination of the student employee. Both student and supervisor signatures are required. The supervisor must distribute copies to the appropriate parties. Upon receipt of the third notice, the Financial Assistance Office will send a notice to the student of his/her termination. Once a student is terminated, the Financial Assistance Office will be under no obligation to place the student in another position.

If an agreement regarding corrective actions cannot be reached during this process, the Financial Assistance Director or Financial Assistance Counselor may facilitate a meeting between the supervisor and student

A student employee may be discharged at any time, without regard to the preceding steps, if he or she commits an offense for which immediate discharge is specified as a penalty or if, in the supervisor's judgment, the employee's continued presence or continued absenteeism would be contrary to the well-being of the department or the university.

FORMS

There are many forms mentioned throughout this manual that must be completed or used in the Work-Study/campus employment program. Examples of these forms will be included in the following pages

- 1) Employment Eligibility Verification, I-9 Form
 - a) New students fill this out at the beginning of the semester
 - b) Will need to present ORIGINAL forms of identification (examples provided on the form)
- 2) Employee Withholding Allowance Certificate, W-4
 - a) New students fill this out at the beginning of the semester
- 3) Confidentiality Agreement
 - a) All students will need to complete this form each year
 - b) Reinforces need for confidentiality in departments
- 4) Student Responsibilities Form
 - a) All students will need to complete this form each year
 - b) Reinforces need for students to be good employees
- 5) Campus Work Authorization Form
 - a) All students will need to complete this form each year
 - b) Student and Supervisor will sign this form
- 6) Time Sheet
 - a) Keep track of student's hours
 - b) Signed by student and supervisor at the end of the month
 - c) New forms provided at the start of each month
- 7) Job Performance Warning Form
 - a) Used to communicate to student areas for improvement
- 8) Direct Deposit Enrollment Form
 - a) Paycheck deposited directly into the student's account



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
--	--

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
--	--

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
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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.
Your withholding is subject to review by the IRS.**

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Mount Marty University 1105 W 8th Street Yankton, SD 57078		46-0283336

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,600	3,760	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Confidentiality Agreement

Important: Please read all sections below. If you have any questions regarding this agreement, please ask your Work Study supervisor or the Financial Assistance Office.

- I recognize and acknowledge that confidentiality is the right of all students, faculty, and staff of Mount Marty University.
- I recognize that by reason of my duties as a work study student, I may come into contact with such confidential information as: academic, financial, or personal matters relating to the students, faculty, or staff of Mount Marty University. I hereby agree that except as directed by the university, I will not, at any time during or after my intern experience, disclose any information which is of a confidential nature to any person whosever.
- I agree I will not ask questions or seek information regarding confidential matters which are not relevant to my assigned duties at Mount Marty University.
- I recognize that failure to comply with this agreement may result in the termination of my intern position or lead to a civil lawsuit.

By my signature below, I certify that: I have read the foregoing confidentiality agreement; I have had an opportunity to ask any questions I might have; I understand the agreement; and I agree to be bound by the terms.

Student _____

Date _____

MMU Staff _____

Date _____



MOUNT MARTY
UNIVERSITY

Edited 8/14/23

Work Study - Student Responsibilities

Student employees of Mount Marty University through the Work Study program have responsibilities to adhere to during the 2023-2024 Academic Year. These responsibilities will ensure the student will have a successful, professional work experience and ensure the supervisor will have a good employee that they can trust to accomplish the required tasks. Read through these responsibilities and sign below that you understand and will adhere to these responsibilities.

As a student employee of Mount Marty University in the Federal Work Study or Campus Employment program, I will:

- * Complete a work schedule at the beginning of each semester with my supervisor.
- * NOT work during my scheduled class times.
- * Report for work as scheduled and on time.
- * Inform, in advance, my supervisor if I need to miss for a PLANNED absence.
- * Contact my supervisor as early in the workday as possible if I will be absent due to illness. I will ALWAYS speak to my supervisor, if I call in, and will NOT have friends or family call in for me unless an emergency occurs.
- * Follow procedures and meet expectations set by my supervisor.
- * Discuss any work-related problems I experience (schedules, job expectations, not enough hours, etc.) with my supervisor.
- * Contact the Financial Assistance Office, the Title IX Coordinator or a Deputy Title IX Coordinator directly if I experience a hostile work environment, harassment, or discrimination
- * Work with my supervisor to ensure that I do not exceed my total awarded amount per semester. Upon earning the full amount of my award, I will not work anymore hours.
- * Give at least a two-week advance written notice to the supervisor and to the Financial Assistance Office, if I decide to quit my position. I understand the Financial Assistance Office is under no obligation to locate another position for me if I quit my assignment.

Student Signature _____

Date _____



MOUNT MARTY
UNIVERSITY

Edited 8/14/23

Campus Work Authorization Form

Name: Student Name

Department: Assigned Position

Supervisor: Supervisor Name

Hourly Rate: \$ 10.80

Total Award: \$ 2,000

Period: 08/28/23 – 05/02/24

FCWS or ICE: FCWS

The named student has been awarded work-study for the period indicated. Students may earn up to 50% of their authorized award during the fall and spring semesters. Award amounts not earned do **NOT** carry over to the next semester or academic year. Students will not be paid if they earn more than their scheduled amount.

No time sheet will be issued or wages paid until this form is returned to the Financial Assistance Office, Roncalli 100.

Student Certification: I understand that the authorized award is the maximum amount that I may earn for the period indicated and that this offer is conditional upon my satisfactory performance of the job.

Student Signature

Date

Employer Certification: This is to certify that the above named student is to be employed in my department and that work performed will be in compliance with Federal Work-Study regulations.

Supervisor Signature

Date



MOUNT MARTY
UNIVERSITY

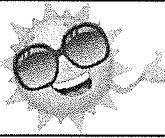
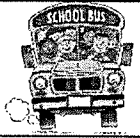
September 2023 Timesheet



MOUNT MARTY
UNIVERSITY

Student Name – Student ID

Assigned Position -- Supervisor --

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL WEEKLY HRS
		August 29	August 30	August 31	September 1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
					Due by 5:00 PM		

FA Approval

Total Hours Worked _____

- Timesheet **MUST** be completed and signed in **INK** to be processed
- **Return this timesheet to the Financial Assistance Office (Roncalli 100) by 5:00 PM on the last working day of the month – even if there are NO hours worked.**

I certify that I have worked all the hours indicated and that this timesheet is correct.



Student's Signature (**Must be signed in ink**)

Date

I certify that the above named student performed the total hours reported in a satisfactory manner and that not more than 40 hours were worked during one week.

BACK TO SCHOOL!



Supervisor's Signature (**Must be signed in ink**)

Date



**Work Study / Campus Employment
Job Performance Warning**

Student's Name

Student's Signature

Department

Supervisor's Signature

_____ 1st Notice
MO/DAY/YR

_____ 2nd Notice
MO/DAY/YR

_____ 3rd Notice
MO/DAY/YR

Supervisor's explanation: _____

*****Third warning will result in job dismissal*****

White-Student

Yellow-Financial Assistance Office

Pink-Supervisor

Payroll Direct Deposit Enrollment Form

Mount Marty University, 1105 West 8th Street, Yankton, SD 57078

Account 1	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____.
Bank Routing* #:	Acct.*#:

Account 2	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____.
Bank Routing* #:	Acct.*#:

Account 3	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____.
Bank Routing* #:	Acct.*#:

Account 4	
Bank Name:	_____
Bank Address:	_____
Circle one: checking/savings	Amount: \$ _____.
Bank Routing* #:	Acct.*#:

I authorize the direct deposit of my net pay into account(s) indicated above. If my employer deposits funds to my account to which I am not entitled, I authorize my employer to direct the above financial institution(s) to return said funds. The agreement will remain in effect unless I provide written notice to the Business Office.

Print your name: _____

Sign your name: _____ Date: _____

Return to the Payroll and Benefits Administrator in Business Office

*Bank Routing #: the first digits of machine-readable type at the bottom of your check.

*Acct#: the digits of machine-readable type to the right of Bank Routing #.

Please attach a cancelled check from your account for checking or contact the bank for your bank routing and account # for savings to verify information and reduce chance of errors.