



**STUDENT FINANCIAL SERVICES**  
**Student Employment Authorization Form**  
*Section 1 – to be completed by student*

**SEAF**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Hourly Rate \_\_\_\_\_ Job Title \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_ Job Location \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

*Students will be terminated if they are enrolled in less than 6 credit hours or their GPA has fallen below the minimum 2.0 requirement. Additionally, students may be terminated or have their hours reduced if they have received additional aid that will cause them to be overawarded after they are placed to work.*

**Section 2 – to be completed by Employing Supervisor**

Date requested for beginning of employment \_\_\_\_\_ Term \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Name of School \_\_\_\_\_

Please check if appropriate:  America Reads Tutor (English)  America Counts Tutor (Math)

Comments \_\_\_\_\_

**Supervisor:** Please send this form to the Student Financial Services Operations Center for employment authorization. Students may not begin to work until an authorized copy is returned to you or an email is sent confirming that the student is eligible to work by Student Financial Services. Departments will be responsible to pay students for any unauthorized hours. Keep a copy for your records.

**Section 3 – to be completed by Student Employment Office**

**Student is not authorized to work until this section is signed below. If the account number states "void", the student is not authorized to work.**

Account Number \_\_\_\_\_

Authorized Student Financial Services Signature \_\_\_\_\_ Date \_\_\_\_\_

Eligibility Period \_\_\_\_\_ to \_\_\_\_\_  Fall  Winter  Summer

Authorized Hours per Week \_\_\_\_\_

**Office Use Only**

Credits Enrolled \_\_\_\_\_ GPA \_\_\_\_\_ Amount of Award \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Student Financial Services**  
**Federal Work-Study Program Acceptance Form**

**WSACF**

In order to accept or decline your Federal Work-Study award, you must complete this form and return it to your campus Student Financial Services office. If you accept the award, you must locate a job and submit this form with the work-study application. Please mark the appropriate box:

- I have never participated in the Federal Work-Study Program and would like to accept my award.
- I am a returning student in the Federal Work-Study Program and would like to accept my award.
- I do not wish to accept my Federal Work-Study Award. Please remove my award.

Please fill out the following information:

Student Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Major: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current GPA \_\_\_\_\_ Are you a Florida resident?  Yes  No

**Special Skills:**

Computer Knowledge: \_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

**Work Schedule Days/Times:**

\_\_\_\_\_

\_\_\_\_\_

To see the jobs available, please refer to our student employment web page at [www.broward.edu/workstudyjobs](http://www.broward.edu/workstudyjobs).

***If this form is not returned within 30 days of the date awarded, we will cancel your award and assume you are not interested in the Work-Study program.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Form W-4 (2009)

**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 2009 expires February 16, 2010. 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 their 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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

**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 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____		
<b>B</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"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>				
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____		
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____		
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____		
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• 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" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____		
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____		
	For accuracy, <b>complete all worksheets that apply.</b> <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"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
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. <b>Note.</b> 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 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_

**3** Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 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 8* in Pub. 919.) 5 \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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.



Student Financial Services
Student Employment Application

STAPP

Student Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

List all work experience you have had, including jobs on and off campus, and any work skills, hobbies or interests which may be useful on the job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

I understand that if employed under the Broward College Work-Study program:

- I may work a maximum of 20 hours per week during periods of enrollment.
I must maintain a GPA of 2.0 in order to be eligible for the Work-Study program.
I must be enrolled for at least six credit hours.
Any information on the application can be released to outside agencies to assist me in obtaining a job.

I certify that the information provided on this application is true and correct to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Input \_\_\_\_\_ Pay Date \_\_\_\_\_ Date \_\_\_\_\_

**Broward College**  
**The College Computing Facilities, World Wide Web Site, and Email Accounts**

Broward College provides all of its employees with College Network and Internet access so that they can obtain up-to-date information useful to them for the performance of their job functions and duties. Inappropriate College Network and software usage will result in the loss of network access and may result in further disciplinary action, up to and including termination.

#### Purpose and Network Account Creation

- The employee's job function and department requirements will determine the level of access to network directories and applications. Users may be provided access to other systems with written authorization from their supervisor and application data owner.

#### Network Usage

- Use of the College Network shall be based on college or academic need.
- With the exception of academic reasons, Broward College prohibits employees from using the Internet intentionally visit sites that are pornographic, sexually explicit, racially or ethnically biased or harassing or offensive in any way, either in graphic or text form.
- Broward College reserves the right to monitor any and all network activities to and from any computer directly connected to the College Network, including Internet access. Such activities may be archived and monitored at a future date.

#### Software Usage

- The College will provide licensed software for College owned personal computers as a part of a standard desktop configuration. Any additional software installed on a personal computer will be the responsibility of the Department or individual. Software may only be installed in strict accordance with the license agreement accompanying the software.
- Only authorized Broward College employees or vendors will install software on College computers.
- Only licensed software or evaluation software compatible with the College Network will be installed on Broward College's computers.
- All software and files downloaded from non-Broward College sources via the Internet (or any other public network) must be screened with Broward College approved virus detection software. **Only approved academic research or job related software may be downloaded.**

#### The following activities are **prohibited**:

- Attempts to adversely affect the availability or quality of service of the Broward College Network.
  - Storing, posting, or displaying obscene or offensive data, even temporarily, in areas where someone might view them passively or inadvertently, except in cases where academically necessary.
  - Attempts to circumvent established security procedures or to obtain access privileges to which a user is not entitled.
  - Attempts to modify computer systems or software in any unauthorized manner.
  - Attempts to obtain unauthorized access to either local or remote computer systems or programs.
1. The World Wide Web can not be used for personal research during working hours unless authorized by department or supervisor.
  2. Users are responsible for using software and electrical materials in accordance with copyright and licensing restrictions and applicable college policies. Individuals using Broward College's computing resources are required to abide by all applicable copyright laws and licenses. **Both college policies and the law expressly prohibit the copying of software that has not been placed in the public domain and distributed as "freeware" and use appropriate precaution to protect their own privacy. "Shareware" users are expected to abide by the requirements of the Shareware agreement.** Shareware or freeware cannot be downloaded without the express consent of the Broward College and should only be for academic or college use and not personal use or entertainment.
  3. Broward College equipment may not be used to violate copyright laws or license agreements. No one may inspect, change, copy or distribute proprietary data, programs, files, disks or software without the proper authority.
  4. The College will honor the privacy of individual users, but reserves the right to monitor communications and/or usage when there is just cause, e.g. to remove or compress inappropriate or large files, to investigate user directories and files which may cause or be affected by a system problem.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Student assistants are required to comply with the performance standards established by the department or organization for which they work. Students who fail to perform in a satisfactory manner may be removed from their assignments and from the program.

Any student who accepts a student assistant position accepts the responsibility of maintaining professional standards and agrees to the following:

1. Perform the job assignment in a serious, responsible and efficient manner. Student employees are required to follow the rules and policies regarding the privacy and confidentiality of student records information:
  - A. Student records, in whole or part, are not to be removed from any college office unless requested by the student assistant supervisor.
  - B. Student employees given access to student records information are accountable for the protection of the information and its contents.
  - C. Accessing and/or discussing record information of the **employee, family members, friends, acquaintances or peers is prohibited.**
  - D. Making personal use of college equipment, office supplies, telephones or any other college property is prohibited except as designated by the supervisor.
  - E. Students are prohibited from working on their own records.
  - F. Students may not use personal cell phones, PDAs, IPODs and/or send text messages during working hours or as designated by their supervisor.
2. **Don't work in any position** until the Student Employment Office has approved the employment and a Student Employment Authorization Form (SEAF) has been completed.
3. Provide the supervisor with a schedule of classes as well as work hours each time either one of them changes.
4. Follow a pre-determined work schedule that is acceptable to the student and the supervisor and **not report hours for scheduled class periods.**
5. Notify the supervisor as soon as possible when illness or other circumstances prevent the student from working.
6. Dress appropriately, be dependable and prompt, and behave in a businesslike manner. Students in high visibility areas should consult their superiors regarding the appropriate dress code.
7. Do not study or do homework assignments during working hours.
8. Do not take breaks. If a break is needed and approved by the supervisor, the student must sign out before taking a break and sign in after a break has been taken.
9. Discuss any work-related problems with the supervisor. If the problem cannot be resolved, the student should contact the Student Employment Office for assistance.
10. Give the supervisor at least **two weeks** notice before terminating a job assignment.
11. Ensure that timesheets are signed and submitted on time. Late timesheets will not be processed until the next pay date.
12. Work a maximum of 20 hours per week except when otherwise approved by the Student Employment Office.
13. Notify the Student Employment Office if enrollment status drops below half time (six credit hours), upon completion of a degree program or upon earning the full amount of the award.
14. Accurately maintain all time reports. **Do not report odd hours;** only quarter, half, three-quarter and full hours are acceptable, i.e. 8:00, 8:15, 8:30 or 8:45; students should sign in and out each day. The supervisor must sign the time report at the end of the pay period and send it to Student Employment. Students and supervisors are responsible for checking and submitting correct time reports. Special attention should be paid to the method of reporting hours worked (1 hour and 30 minutes is reported as 1.5 hours).

I certify by my signature below that I have read, been informed and understand these rules and policies. I further understand that violation of the aforementioned rules or policies may subject me to immediate termination of employment. I understand it is a federal offense to falsify payroll time sheets and can expect disciplinary measures.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

**Please keep a copy of this form for your records.**

AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

Form FIA-202 (Rev. 8/08)

FB

## Instructions

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

### When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

### Filling Out the Form I-9

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

**Section 3, Updating and Reverification:** Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

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## What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

## USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

## Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

## Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

## Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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

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

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible 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 #

<p><b>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.</b></p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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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: _____		_____		_____
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 eligible 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)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		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. U.S. Social Security card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 ( <i>Form FS-545 or Form DS-1350</i> )
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card ( <i>Form I-197</i> )
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States ( <i>Form I-179</i> )
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS ( <i>other than those listed under List A</i> )
	9. Driver's license issued by a Canadian government authority			
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		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)**



# Authorization Agreement for Automatic Deposits

Complete this document to establish direct deposit of your paycheck from Broward College. *You must complete the entire form and indicate your account type.*

Please indicate:  Add  Change  Stop Account type:  Checking  Savings

## Broward College

I hereby authorize Broward College, hereinafter called Company, to initiate credit entries for payroll deposits to my checking/savings account indicated below and the depository named below, hereinafter called Depository and, if necessary, to initiate a debit due to any payroll deposits made in error.

Depository Name (Name of Bank) \_\_\_\_\_

Depository Street Address) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Transit/ABA Number (first 9 digits at bottom of check) \_\_\_\_\_

Account Number (please do not include a check number) \_\_\_\_\_

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it.

**Print Name Clearly** \_\_\_\_\_

PID Number or Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** For checking accounts, please write void across one of your personal checks and attach below.  
For savings accounts, please attach one of your personal savings deposit tickets below.