



# DAYTONA STATE COLLEGE

## Student Employment New Student Packet

All Student Employment and Human Resources required forms are to be submitted to Student Employment located in Financial Aid Services. Students who submit incomplete packets will receive an email stating what is missing.

### **Student Employment Required Forms**

- Work Authorization Form
- Student Employment Job Description
- Current Semester Class Schedule
- Current Semester Work Schedule
- Student Employment Handbook Acknowledgement
- Confidentiality Statement
- Drug Free Campus Policy Form
- Criminal History Form
- Loyalty Oath

### **Human Resources Required Forms**

- Direct Deposit Authorization Form w/ attached check or bank letter
- FRS
- I-9 w/ copies of Support Docs
- W-4
- Employee Data Form

Submit completed packets to Student Employment located at:

Daytona Beach Campus  
Building 100/Room 104  
1200 W. International Speedway Blvd  
Daytona Beach, FL 32114



# DAYTONA STATE COLLEGE

## Student Employment Work Authorization Form 2022-2023

Student Name:

Student ID:

Previously Employed at DSC within the Past Year?

Yes

No

**This Section Is To Be Completed By The Supervisor/Department**

Start Date:

End Date: June 30, 2023

Position:

Department:

Department Number:

Cost Center Number:

Campus:

# of Weeks Student will Work:

# of Hours per week:

Supervisor Name:

Ext:

Supervisor Signature: \_\_\_\_\_

Budget Manager Name:

Ext:

Budget Manager Signature: \_\_\_\_\_

**This Section Is To Be Completed By Student Employment**

Employment Type:

\_\_\_ Federal/58101

FWS Award Amount: \$ \_\_\_\_\_

\_\_\_ Florida Work Experience (FWEP)/5410120

FWEP Award Amount: \$ \_\_\_\_\_

\_\_\_ Institutional/58001

\_\_\_ Change from IWS to FWS

\_\_\_ Change from FWS to IWS

Pay Rate:

\_\_\_ Clerical (\$12)

\_\_\_ Instructional (\$13)

\_\_\_ Specialized (\$13)

\_\_\_ Comm Service (\$13.50)

Budgeted Amnt (Hrs pr wk \* payrate)\*(wks): \_\_\_\_\_

Student Employment Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_



# DAYTONA STATE COLLEGE

## Student Employee Work Schedule Academic Year 2022-2023

**Student:**

**Student ID:**

**Position:**

**Department:**

**Check Term\*\*:**      Summer B                  Fall                  Spring                  Summer A

**Hours  
Per Day**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**Total Hours Per Week** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

*\*\*Attach your class schedule for the semester indicated above.*

**Supervisor Name:**

**Supervisor Signature:** \_\_\_\_\_

*Please note this must be the same staff member indicated as supervisor on the Work Authorization Form.  
If the supervisor has changed, please notify Student Employment*



# DAYTONA STATE COLLEGE

## Drug-Free Schools and Campuses Policy Employee Certification

Daytona State College is committed to maintaining a drug-free environment. Therefore, as a condition of employment, you must agree you:

- Will not possess, sell, purchase, deliver, use, be under the influence of, manufacture or distribute illegal drugs or controlled substances (including alcohol) while present on any Daytona State College campus; in attendance at any College sponsored event; or conducting authorized College business; and
- Will submit to drug testing if the College has “reasonable suspicion” that the employee has used drugs in violation of the College policy. Reasonable suspicion will be based upon objective facts such as causing or contributing to an accident at work, exhibiting abnormal conduct, erratic behavior, establishing physical symptoms or manifestations of using drugs or being under the influence of a drug (including alcohol).

I have read, understood and will obey [Daytona State College’s Drug-Free Schools and Campuses Policy](#), page 39-42.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employees who refuse to sign the drug-free certification document may be refused employment at Daytona State College.**

### Employment Conditions

**Please initial the following conditions regarding employment at Daytona State.**

\_\_\_\_\_ I have received a copy, read, understand and will comply with [Daytona State College’s Anti-Harassment Policy](#), pages 25-29.

\_\_\_\_\_ I understand all accidents incurred by a staff member or a student employee in a program at Daytona State must be reported to Campus Security and Student Employment within **48** hours of the incident.

\_\_\_\_\_ I agree to return all library resources, other materials, equipment, and keys issued to me when I am no longer employed by Daytona State. I understand there is a charge for lost keys, and my final paycheck may be withheld until such items are returned or accounted for.

***I have read and understand the above conditions of employment and attest to the accuracy of the information given above.***

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# DAYTONA STATE COLLEGE

## **Student Employment Handbook Acknowledgement**

Student employees are a vital part of the Daytona State College community. Like other DSC employees, student employees must abide by certain policies and procedures. The student employment handbook was designed to assist students in understanding the student employment process.

**Please note:** The Student Employment Handbook is a guide and not all-inclusive. If you have a question, please be sure to contact your immediate supervisor or Student Employment.

By signing below, I understand I will receive a copy of the Student Employment Handbook when I am officially cleared to work. In addition, I acknowledge the website also has a PDF copy of the Student Employment Handbook, which can be accessed by me at any time.

Employee Name:

Employee Signature:

Student ID:

Date:

Supervisor Name:

Supervisor Signature:

Date:



# DAYTONA STATE COLLEGE

## Student Employee Statement of Confidentiality

As a Daytona State College (DSC) student employee, I have a responsibility and duty to protect the privacy of all prospective, current, and former students.

At any time, I may have access via various formats, such as written documents, conversations, or electronic communications, to confidential information about a student, faculty or staff member. For example:

- I may be asked to copy, file, scan, or discard private information pertaining to a specific student.
- Working in a department, I may hear a student, faculty, or staff member being counseling on academics, or financial aid. This information is to remain confidential.

In addition, as a DSC student employee, I understand student information is protected by the Family Educational Rights and Privacy Act of 1974 (sometimes referred to as FERPA or the Buckley Amendment).

As a student employee I will not respond to requests from other students, faculty, staff, or outside entities, *unless* requested by my supervisor. Similarly, I will not provide any additional information to these entities other than what the supervisor approved

### **Certification Statement:**

I have read, understand, and agree to treat all information discovered through my student employment position, as strictly confidential, the unauthorized release of which may lead to immediate dismissal.

Employee Name:

Student ID:

Employee Signature:

Date:

Supervisor Name:

Supervisor Signature:

Date:



# DAYTONA STATE COLLEGE

## LOYALTY OATH (Per Florida Statute 876.05)

I, \_\_\_\_\_

A citizen of the State of Florida and of the United States of America and being employed by or an office of Daytona State College, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

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

Student ID: \_\_\_\_\_

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

Date: \_\_\_\_\_

### DAYTONA STATE COLLEGE REPRESENTATIVE

Student, \_\_\_\_\_, appeared before me stating that they have read the foregoing Oath, is familiar with what it says, and has signed it freely and voluntarily and in my presence.

DSC Rep./Supervisor Name: \_\_\_\_\_

DSC Rep./Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# DAYTONA STATE COLLEGE

## Criminal History

Have you ever been convicted of a crime, found guilty, or entered a plea of nolo contendere (no contest), even if adjudication was withheld? (Please check your answer below)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you must give complete details for each charge below. Your answer to this question will be checked against local, state and federal records. An affirmative (Yes) answer will not necessarily disqualify you from consideration for student employment opportunities; however, failure to answer this question honestly and accurately could cause denial of employment.

If it is determined a student employee participating in the College's Student Employment Program was not truthful and/or did not provide complete details of any such history, dismissal from the Program may occur.

| Where Convicted | Date(s) | Nature of Charge(s) | Disposition(s) |
|-----------------|---------|---------------------|----------------|
|                 |         |                     |                |
|                 |         |                     |                |
|                 |         |                     |                |
|                 |         |                     |                |

## Student Certification and Agreement

I certify the facts set forth in this Criminal History questionnaire are true and complete to the best of my knowledge. I understand any false statements and/or omissions may result in my dismissal.

I understand this questionnaire must be filled out in its entirety, signed, and included in a student employment packet along with the other student employment documents.

I authorize the college to investigate my background and to obtain information concerning my ability and desirability as a prospective student employee. In connection with this investigation, I authorize any former employers to release to the college, without liability, any information in their possession relevant to my past performance as their employee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return with the completed Student Employment packet to the Student Employment Office.



# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with enrollment instructions.

Name \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous or Current FRS Employer \_\_\_\_\_

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.  
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have **never** been a member of a State of Florida administered retirement plan.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (**also complete Section III or IV**)<sup>1</sup>

- FRS Pension Plan (incl. DROP)     FRS Investment Plan     State University System Optional Retirement Program (SUSORP)  
 State Community College System Optional Retirement Program (SCCSORP)     Senior Management Service Optional Annuity Program (SMSOAP)  
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

### Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was \_\_\_\_\_.

**Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.**

#### I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

#### I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup> There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7<sup>th</sup> through 12<sup>th</sup> months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.



# DAYTONA STATE COLLEGE

## Authorization Agreement For Direct Deposit

|              |                             |           |
|--------------|-----------------------------|-----------|
| Name:        |                             |           |
| Address:     |                             |           |
| City:        | State:                      | Zip Code: |
| Employee Id: | Telephone Number/Extension: |           |

I hereby authorize Daytona State College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called Depository, to credit and/or debit the same to such account. In the case of unrecoverable funds posted to this account beyond the control of the employer, the employee will be responsible for the depositing of such funds to this account. **Your first check will be a paper check allowing the bank to prenote your account numbers.**

Transaction Type (Select One):

New Direct Deposit Authorization

Change of Account Number

Change of Account Type Designation

Cancellation of Direct Deposit    Transit/ABA Number:                      Account Number:

Change of Partial Amount            Transit/ABA Number:                      Account Number:

Account Type (Select One):

|                                  |                          |             |                          |                   |  |
|----------------------------------|--------------------------|-------------|--------------------------|-------------------|--|
| Financial Educators Credit Union | <input type="checkbox"/> | Net Deposit | <input type="checkbox"/> | Partial Amount of |  |
| Checking Account                 | <input type="checkbox"/> | Net Deposit | <input type="checkbox"/> | Partial Amount of |  |
| Savings Account                  | <input type="checkbox"/> | Net Deposit | <input type="checkbox"/> | Partial Amount of |  |

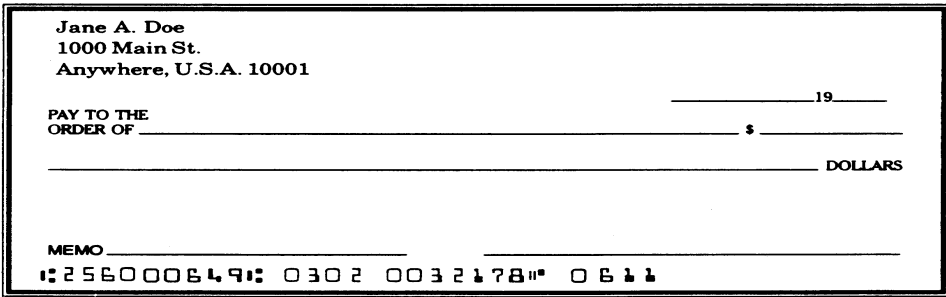
|                                |        |           |
|--------------------------------|--------|-----------|
| Name Of Financial Institution: |        |           |
| City:                          | State: | Zip Code: |
| Transit/ABA Number:            |        |           |
| Account Number:                |        |           |

This authorization is to remain in full force and effect until Daytona State College has received written notification from me on its termination in such time and in such manner as to afford the college a reasonable time to act on it.

|                                  |       |
|----------------------------------|-------|
| Signature:                       | Date: |
| Co-Signature (If Joint Account): | Date: |

Attach a voided blank check for checking accounts or a savings account deposit slip for savings accounts to validate account information.

**ATTACH VOIDED BLANK CHECK OR DEPOSIT SLIP HERE**



|             |             |           |
|-------------|-------------|-----------|
| Transit No. | Account No. | Check No. |
|-------------|-------------|-----------|

## **DIRECT DEPOSIT NOTICE**

Daytona State College requires newly hired employees to authorize automatic payroll deposits into their checking or savings accounts. Anyone who has a checking or savings account with almost any bank or financial institution in Florida or elsewhere in the country can use that account for direct deposit.

To have your payroll check deposited directly to your checking or savings account, you must: (1) Complete and sign the attached authorization agreement for electronic fund transfer (EFT), and (2) Submit to the payroll office a voided blank check for checking accounts or a savings account deposit slip for savings accounts, along with the completed agreement. Employees who wish to arrange a direct deposit to a credit union account or to an investment firm money market account should contact the financial institution to verify the transit and account numbers that are valid for ACH transactions.

Your checking account will be “prenoted” for one pay period. The prenote process is a “dry run” to detect any problems with your bank transit and account numbers. Your bank transit number and account number will be included on the EFT tape that notifies your bank of direct deposit transfers, but no funds actually will be transferred on the prenote date. You will receive your regular paycheck for the prenote pay period.

If the prenote process detects no problems, your net pay for the next pay period (i.e., your gross pay less withholding for federal, state, and local taxes, plus any other required or voluntary deductions) will be electronically transferred to your checking account. In lieu of receiving a paycheck, you will receive a pay information statement that reports the same information that would have appeared on your paycheck stub.

**Any changes to your bank transit number or account number must be reported in writing to the Payroll Office prior to the end of the pay period in which the change is made. You also must notify the Payroll Office prior to closing your account.**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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 <i>(Family Name)</i>          |   | First Name <i>(Given Name)</i> |                           | Middle Initial | Other Last Names Used <i>(if any)</i> |                   |
| Address <i>(Street Number and Name)</i> |   |                                | Apt. Number               | City or Town   |                                       | State<br>ZIP Code |
| Date of Birth <i>(mm/dd/yyyy)</i>       | U.S. Social Security Number<br>□□□□ - □□ - □□□□ |                                | Employee's E-mail Address |                | Employee's Telephone Number           |                   |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

|  |  |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States   |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>   |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____  |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>   |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| QR Code - Section 1<br>Do Not Write In This Space  |  |

|                       |                                  |
|-----------------------|----------------------------------|
| Signature of Employee | Today's Date <i>(mm/dd/yyyy)</i> |
|-----------------------|----------------------------------|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**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     |  | Today's Date <i>(mm/dd/yyyy)</i> |                   |
| Last Name <i>(Family Name)</i>          |  | First Name <i>(Given Name)</i>   |                   |
| Address <i>(Street Number and Name)</i> |  | City or Town                     | State<br>ZIP Code |

**STOP**    *Employer Completes Next Page*    **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>Employment Authorization                     |
|---|----|---------------------------------------|-----|--|
| Document Title                                  |    | Document Title                        |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                     |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                       |     | Document Number  |
| Expiration Date (if any) (mm/dd/yyyy)           |    | Expiration Date (if any) (mm/dd/yyyy) |     | Expiration Date (if any) (mm/dd/yyyy)                  |
| Document Title                                  |    | Additional Information                |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |
| Document Title                                  |    |                                       |     |  |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

|   |   |                               |  |                   |
|---|---|-------------------------------|--|-------------------|
| Signature of Employer or Authorized Representative  |   | Today's Date (mm/dd/yyyy)     | Title of Employer or Authorized Representative                           |                   |
| Last Name of Employer or Authorized Representative  | First Name of Employer or Authorized Representative |                               | Employer's Business or Organization Name<br><b>Daytona State College</b> |                   |
| Employer's Business or Organization Address (Street Number and Name)<br>1200 W. International Speedway Blvd |   | City or Town<br>Daytona Beach | State<br>FL  | ZIP Code<br>32114 |

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

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

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | <b>AND</b> | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>   |
|--|-----------|---|------------|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> | OR        | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND        | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

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

**Refer to the instructions for more information about acceptable receipts.**



## 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

|   |  |           |   |
|---|--|-----------|---|
| <b>Step 1:<br/>Enter<br/>Personal<br/>Information</b> | <b>(a)</b> First name and middle initial   | Last name | <b>(b)</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 <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code  |           |   |
|   | <b>(c)</b> <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><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.)

|  |  |             |    |
|--|--|-------------|----|
| <b>Step 3:<br/>Claim<br/>Dependent<br/>and Other<br/>Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____<br>Multiply the number of other dependents by \$500 . . . . . \$ _____<br>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 . . . . . | <b>3</b>    | \$ |
| <b>Step 4<br/>(optional):<br/>Other<br/>Adjustments</b>          | <b>(a) Other income (not from jobs).</b> 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 . . . . .  | <b>4(a)</b> | \$ |
|  | <b>(b) Deductions.</b> 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 . . . . .   | <b>4(b)</b> | \$ |
|  | <b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .   | <b>4(c)</b> | \$ |

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

|                           |  |                          |   |
|---------------------------|--|--------------------------|---|
| <b>Employers<br/>Only</b> | Employer's name and address<br><b>Daytona State College<br/>1200 W. International Speedway Blvd.<br/>Daytona Beach, FL 32114</b> | First date of employment | Employer identification number (EIN)<br><b>59-1211226</b> |
|---------------------------|--|--------------------------|---|

## 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](http://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             | 3,760             | 3,960               | 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              |



# Human Resources Employee Data Form

Revised 01/27/2017

New Employee     Update Existing Data

Print name as it appears on social security card.

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone (       ) \_\_\_\_\_

Cell     Home     Other

New Employee-list  
Social Security No. \_\_\_\_\_

DSC ID \_\_\_\_\_

Gender     Female     Male

Date of Birth \_\_\_\_\_

Birth City, ST \_\_\_\_\_

Birth Country \_\_\_\_\_

Name Change-list  
previous name \_\_\_\_\_

## Demographics

### Citizenship

- U.S. Citizen
- Permanent Resident
- Non-Resident Alien
- Student Visa

### U.S. Military Status

- No Military Service
- National Guard
- Reservist
- Veteran Service before 9/11/01
- Veteran Service 9/11/01 or later

### Highest Education Completed

- Less than High School
- High School Graduate/GED
- Some College
- Technical School
- 2-Year College Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

### Marital Status

- Civil Partnership
- Common Law
- Divorced
- Married
- Separated
- Single
- Widowed

### Ethnicity

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White
- Prefer Not To Answer

## Emergency Contact

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address Same as Above

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

(       ) \_\_\_\_\_

Cell     Home     Other

Secondary Phone \_\_\_\_\_

(       ) \_\_\_\_\_

Cell     Home     Other

## Authorization

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**