Student Employee Onboarding Checklist

US Citizen

The final component of the University of Pittsburgh's student hiring process is for you to complete this onboarding checklist along with the required documents.

ALL COMPLETED DOCUMENTS MUST BE ATTACHED TO THIS CHECKLIST AND SUBMITTED TO THE ONBOARDING ADMINISTRATOR IDENTIFIED IN YOUR EMPLOYMENT CONFIRMATION EMAIL BEFORE YOU START WORKING.

Your hiring department will then review and submit this onboarding packet to the Office of Human Resources, Office of Student Employment for processing.

Required Onboarding Documents *(attach to this checklist)*

- ☐ Residency Certification Form
- ☐ Direct Deposit Form
- ☐ W-4 Form
- ☐ Local Services Tax Exemption Form (Optional)
- ☐ Federal Work Study Job Permit Card (Only if utilizing a Federal Work Study award)
  This card is issued by the Office of Admissions and Financial Aid for all students eligible for Federal Work Study

Additional Required Onboarding Actions

In addition to the required documents referenced above, you must complete the following actions prior to starting to work:

- ☐ Electronic Form I-9 (www.hr.pitt.edu/I9instructions)
- ☐ Child Protection Clearances (CPC) (www.hr.pitt.edu/cpcinstructions)
  Pennsylvania State Police Request for Criminal Records Check
  Pennsylvania Child Abuse History Clearance
  FBI Criminal Background Check

I hereby acknowledge that I have completed each of the above referenced required onboarding documents and taken the necessary steps to complete the Electronic I-9 and the Child Protection Clearances. I further understand that my failure to complete timely the required electronic I-9 and Child Protection Clearances will result in me being unable to work.

_____	_____
Student Name (Print)	Onboarding Administrator Name (Print)
_____	_____
Student Signature	Onboarding Administrator Signature

UNIVERSITY OF PITTSBURGH - PAYROLL DEPARTMENT
IN CONJUNCTION WITH COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
GOVERNOR'S CENTER FOR LOCAL GOVERNMENT SERVICES

RESIDENCY CERTIFICATION FORM / ADDRESS CHANGE

ADDRESS INFORMATION - PERMANENT RESIDENCE LOCATION		Effective Date:
Please check one: ☐ U.S. Citizen/Permanent Resident ☐ Visa holder		
NAME (Last, First, Middle Initial)		
EMPLOYEE ID *OR* LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		
FIRST LINE OF ADDRESS (P.O. BOX not accepted)		
SECOND LINE OF ADDRESS		
CITY	STATE	ZIP CODE
COUNTY	SCHOOL DISTRICT	
MUNICIPALITY		

THE INFORMATION ON THIS FORM IS REQUIRED BY THE COMMONWEALTH OF PENNSYLVANIA.

This form must be completed by all newly hired individuals for entry into the University of Pittsburgh's HR/Payroll system, those returning to the University from a terminated status, and in the event of an address change.

The address provided on this form will be used to calculate applicable state and local tax withholding for employees subject to these taxes.

Student: Use the street address of your permanent residence. For most students, this will be the address where you permanently resided before you went to college. College dormitories, fraternity houses, sorority houses, and off-campus rentals by enrolled college students generally do not qualify as permanent addresses.

Visa Holder: Use your current U.S. mailing address when completing the RCF. To provide or change your home country address, use the International Address Form @
http://www.cfo.pitt.edu/payroll/documents/InternationalAddressForm.pdf

Non-Pennsylvania Resident: Do not complete the County, Municipality, and School District fields.

Former Employee: Use this form to submit an address change to the University.

CERTIFICATION

SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

To obtain the appropriate MUNICIPALITY (City, Borough, Township) and SCHOOL DISTRICT please visit www.newPA.com @ http://munstatspa.dced.state.pa.us/FindLocalTax.aspx?T=1 and type in your address.

For a list of Frequently Asked Questions and Answers regarding the RCF, please visit the University's Payroll Department web site @ http://www.cfo.pitt.edu/payroll/documents/FrequentlyAskedQuestionsv5.pdf

Entered by: ☐ Date: ☐ Payroll Review: ☐ Date: ☐

Print Form

University of Pittsburgh

Payroll Department

207 P Craig Hall
200 S. Craig Street
Pittsburgh, PA 15260
Phone: 412-624-8070
Fax 412-624-8072

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET EARNINGS, EXPENSE REIMBURSEMENTS AND OTHER PAYMENTS

YOUR NAME _____ **LAST 4 DIGITS ONLY** OF SOCIAL SECURITY NUMBER _____

DEPARTMENT _____ PHONE _____

EFFECTIVE DATE _____ PAYCHECK FREQUENCY ◯ MONTHLY ◯ BIWEEKLY

I authorize and request the University of Pittsburgh to:

◯ BEGIN ◯ CHANGE ◯ DISCONTINUE

DIRECT DEPOSIT of any amounts owed to me for net earnings, expense reimbursements or any other payments to ONE account in the bank or institution ("BANKING INSTITUTION") named below; and I authorize and request the BANKING INSTITUTION to accept the direct deposit authorization (and/or corrections to previously deposited amounts) as certified correct by the University for my account.

SELECT THE TYPE OF ACCOUNT TO BE CREDITED. ONLY **ONE** CAN BE SELECTED. ◯ CHECKING ◯ SAVINGS

PROVIDE YOUR ACCOUNT AND ROUTING INFORMATION USING **ONE** OF THE FOLLOWING OPTIONS:

OPTION 1. ATTACH A COPY OF A VOIDED CHECK OR OTHER OFFICIAL BANKING INSTITUTION CONFIRMATION OF YOUR ROUTING AND ACCOUNT INFORMATION.

OPTION 2. TYPE OR LEGIBLY PRINT YOUR ACCOUNT NUMBER, ROUTING NUMBER, AND BANKING INSTITUTION BELOW.

ACCOUNT NUMBER _____ ROUTING NUMBER **(must be 9 digits)** _____

BANKING INSTITUTION _____

TERMS AND CONDITIONS

Deposits can be made in one banking institution only and in one account within the banking institution. Deposits are limited to either checking or savings accounts. Partial deposits will not be permitted; total net payment must be deposited.
Monthly direct deposit authorization forms received in Payroll after the 15th of the month are not guaranteed for processing until the following month. **Exception: November 30 is the deadline for the December MONTHLY payroll.** The deadline for biweekly direct deposit authorization forms is 8 days before each biweekly payday.
Pay statements are provided online or via paper copy depending on job classification. Visit the payroll web site for more information. In the event this agreement is incomplete, incorrectly prepared, or unsigned, the employee will be notified and required to complete and execute a new agreement.

My signature attests to my agreement with the terms and conditions stated above.

SIGNATURE _____ DATE _____

Mail, fax, or hand deliver to address above.

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can 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. 505 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. 505 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. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** _____

F Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $65,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
- If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child . . . **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **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.**

OMB No. 1545-0074
2015

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	**4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ► ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2015, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ► **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This 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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $309,900 and you are married filing jointly or are a qualifying widow(er); $284,050 if you are head of household; $258,250 if you are single and not head of household or a qualifying widow(er); or $154,950 if you are married filing separately. See Pub. 505 for details	1	$
2	Enter: { $12,600 if married filing jointly or qualifying widow(er); $9,250 if head of household; $6,300 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2015 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 $4,000 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4			
5	Enter the number from line 1 of this worksheet	5			
6	**Subtract** line 5 from line 4			6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here			7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed			8	$
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $6,000	0	$0 - $8,000	0
6,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 26,000	3	26,001 - 34,000	3
26,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $75,000	$600	$0 - $38,000	$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and 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.

CITY OF PITTSBURGH
2014 LOCAL SERVICE TAX – EXEMPTION CERTIFICATE

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer and to the political subdivision levying the Local Services Tax for the municipality or school district in which you are primarily employed.
- **This application for exemption from the Local Services Tax must be signed, dated, and given to each employer.**
- No exemption will be approved until proper documentation has been received.

PRINT NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ PHONE #: _____

CITY – STATE – ZIP: _____

REASON FOR EXEMPTION

1. _____ **MULTIPLE EMPLOYERS**: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.

2. _____**EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN THE CITY OF PITTSBURGH WILL BE LESS THAN $12,000**: Attach copies of your last pay statements from all employers or copies of your W-2's from all employers for the prior year. Also submit copies to your employer(s).

   If you are **SELF-EMPLOYED**, attach a copy of your PA Schedule C, F, or RK-1 for the prior year.

3. _____**ACTIVE DUTY MILITARY EXEMPTION**: Attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. **You are required to advise your employer and tax office when you are discharged from active duty status**.

4. _____**MILITARY DISABILITY EXEMPTION**: Attach a copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the taxpayer or tax collector to withhold the tax. Employer must retain Exemption Certificate.

Tax Office: LST Exemption Certificate, City of Pittsburgh, Department of Finance,
Address: 414 Grant Street Room 212
City, State & Zip: Pittsburgh PA 15219

The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than $12,000.

SIGNATURE:_____ DATE: _____

For additional information go to **www.city.pittsburgh.pa.us/finance or call 412-255-2504.**

EMPLOYMENT INFORMATION: List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER under #1** and your secondary employers under the other columns. If self-employed, write "SELF" under employer name column.

	1. PRIMARY EMPLOYER	**2.**	**3.**
Employer Name			
Address			
Address 2			
City, State & Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Status **FT** or **PT**			
Gross Earnings			

	4.	**5.**	**6.**
Employer Name			
Address			
Address 2			
City, State & Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Status **FT** or **PT**			
Gross Earnings			