Student Employment Paperwork Packet

Name: ____________________________
   (Last)   (First)   (Middle Initial)

Date: ____________________________  Student ID: ____________________________

Department for which I’ll be working: __________________________________________

Supervisor, if known: ______________________________________________________

Area to be filled out by Student Employment Staff

☐ Paperwork Track __________

☐ Workflow __________

☐ Index (payroll, confidentiality, universal availability notice) __________

☐ E-verify __________

☐ Banner __________

☐ E-verify Workbook __________

☐ Index (I-9 information) __________
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.)*

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States *(See instructions)*
- [ ] 3. A lawful permanent resident *(Alien Registration Number/USCIS Number):________________*
- [ ] 4. An alien authorized to work ______________ until (expiration date, if applicable, mm/dd/yyyy): ______________

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ______________

2. Form I-94 Admission Number: ______________

3. Foreign Passport Number: ______________

   Country of Issuance: ______________

<table>
<thead>
<tr>
<th>Signature of Employee</th>
<th>Today's Date (mm/dd/yyyy)</th>
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**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.

<table>
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<th>Signature of Preparer or Translator</th>
<th>Today's Date (mm/dd/yyyy)</th>
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<th>State</th>
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**Employee’s Withholding Certificate**

- Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
- Give Form W-4 to your employer.
- Your withholding is subject to review by the IRS.

### Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
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</table>

- Address
- City or town, state, and ZIP code

(c) □ Single or Married filing separately

- □ Married filing jointly (or Qualifying widow(er))

- □ 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, when to use the online estimator, 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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

### Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000 ▶ $
- Multiply the number of other dependents by $500 ▶ $

Add the amounts above and enter the total here ▶ $ 3

### Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

- ▶ $ 4(a)

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

- ▶ $ 4(b)

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period.

- ▶ $ 4(c)

### Step 5: Sign Here

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

**Employee’s signature** (This form is not valid unless you sign it.)

**Date**

**Employers Only**

Employer’s name and address

First date of employment

Employer identification number (EIN)

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For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2020)
State of Indiana

Employee’s Withholding Exemption and County Status Certificate

This form is for the employer’s records. Do not send this form to the Department of Revenue.

The completed form should be returned to your employer.

Full Name __________________________________________ Social Security Number or ITIN ______________________________

Home Address ______________________________________ City __________________________ State __________ Zip Code ________

Indiana County of Residence as of January: __________________ (See instructions)

Indiana County of Principal Employment as of January: Delaware County (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter “1” ____________________________ (See instructions)

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter “1” ____________________________ (See instructions)

3. You are allowed one (1) exemption for each dependent. Enter number claimed ____________________________ (See instructions)

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or ____________________________ (See instructions)

(b) you and/or your spouse are legally blind. ____________________________ (See instructions)

Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐

Enter the total number of boxes checked ____________________________ (See instructions)

5. Add lines 1, 2, 3, and 4. Enter the total here ____________________________

6. You are entitled to claim an additional exemption for each qualifyng dependent (see instructions) ____________________________

7. Enter the amount of additional state withholding (if any) you want withheld each pay period ____________________________ $ ____________

8. Enter the amount of additional county withholding (if any) you want withheld each pay period ____________________________ $ ____________

I hereby declare that to the best of my knowledge the above statements are true.

Signature: ____________________________ Date: ____________________________

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter “not applicable” on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter “1” on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than $1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. NOTE: An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions increases. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you decreases for any of the following reasons:

(a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
(b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person’s support for the tax year; or
(c) the person who you claim as an exemption will receive more than $1,000 of income during the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.
Authorization for Direct Deposit

Instructions:
1.) Fill in the form and submit it using the buttons in the top right corner of the page. If printing, please return the form to the Payroll office in the Administration Building either in person or via campus mail. Please use the address listed in the top left corner of this form.

2.) You may deposit into a maximum of 4 accounts. To deposit funds into more than the 2 accounts listed on the form, please fill out and attach an additional form. Please make sure to number the accounts in order from 1-4.

9 Digit BSU ID: ____________________________

Last Name: ____________________________ First Name: ____________________________ Middle Initial: ____________________________

START direct deposit to the bank or credit union(s) elected below.

CHANGE my current direct deposit by stopping all authorizations on record.

A new direct deposit record will be created using the bank or credit union information listed below.

1.) Name of Bank or Credit Union: ____________________________

Account type (select only one):

☐ Checking Account
☐ Savings Account

Percent or Dollar Amount to be deposited. Use ONLY if depositing to more than one account:

% ____ OR ____

9 digit Bank Routing Number: ____________________________

Bank Account Number: ____________________________

Only complete (2) if you are electing the remaining portion of your direct deposit go to an additional bank or credit union.

2.) Name of Bank or Credit Union: ____________________________

Account type (select only one):

☐ Checking Account
☐ Savings Account

Percent or Dollar Amount to be deposited. Use only if depositing to more than one account:

% ____ OR ____

9 digit Bank Routing Number: ____________________________

Bank Account Number: ____________________________

I authorize Ball State University to deposit my payroll automatically to my account at the financial institution(s) indicated above. I understand that the earliest I can expect my checking or savings accounts to be credited will be on pay day. I further understand that if I change or terminate my account(s) without notifying Ball State’s Department of Payroll and Employee Benefits in writing, my pay will be delayed.

Name: ____________________________ Date: ____________________________
WHAT IS A 403(b) and 457(b) PLAN?
403(b) and 457(b) plans are tax-deferred retirement plans for employees of certain tax-exempt, governmental organizations or public education institutions. An employer may sponsor 403(b) and 457(b) plans to provide a benefit to its employees to save for retirement on a tax-deferred basis. Contributing to a 403(b) or 457(b) plan may help to give you peace of mind through financial security during your retirement.

Participation in the 403(b) or 457(b) plan sponsored by the University is completely voluntary. You may contribute a portion of your pay to the 403(b) plan as a pre-tax contribution or an after-tax (Roth) contribution (and to the 457(b) plan as a pre-tax contribution) in order to save toward your retirement. If you are already contributing to the 403(b) or a 457(b) plan, now may be the perfect time to think about increasing your contributions.

WHO IS ELIGIBLE TO CONTRIBUTE TO A 403(b) and 457(b) PLAN?
All University employees and students are eligible to participate in the University’s 403(b) plan and non-resident aliens who receive no earned income from the University which constitutes U.S. source income. Students may not participate in the 457(b) plan.

WHAT ARE THE BENEFITS OF CONTRIBUTING TO A 403(b) and 457(b) PLANS?
LOWER YOUR TAXES
You may make pre-tax contributions to the 403(b) plan and 457(b). This means that you are taxed on a lower amount of income. For example, if your federal marginal income tax rate is 25%, and if you contribute $100 a month to the 403(b) and/or 457(b) plan, you have reduced your federal income taxes by nearly $25. In effect, your $100 contribution costs you only $75. You will realize similar tax savings based on your state income tax rate. The tax savings can grow with the size of your contributions to the plans.

TAX-DEFERRED GROWTH
Interest and earnings on your contributions to the 403(b) and 457(b) plans grow tax-free until you withdraw them from the plan. The compounding interest on your contributions to the 403(b) and 457(b) plans can allow your account to grow more quickly than saving money in a savings account where interest and earnings are generally taxed each year.

TAKING THE INITIATIVE
Contributing to the 403(b) and 457(b) plans can help you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person’s salary upon retirement. The 403(b) plan can be a great way to provide you with additional income at retirement.

POSSIBLE TAX CREDITS
If you contribute to the 403(b) and 457(b) plans, you may be able to receive a tax credit, which could reduce your overall federal income tax paid for the year. Please contact your tax advisor to learn more.

ROTH 403(b) OPTION
You may also choose to contribute a portion of your pay to the 403(b) plan on an after-tax (Roth) basis. If you wait at least five years before taking a distribution of your after-tax (Roth) account and meet certain other requirements, you can request a distribution of your entire account tax-free.

HOW MUCH CAN YOU CONTRIBUTE TO A 403(b) & 457(b) PLANS?
You may elect to contribute up to $19,000 of your pay to the 403(b) and also the 457(b) plan in 2019. (If you are age 50 or older, or will attain age 50 by the end of the calendar year, you may also elect to contribute up to an additional $6,000 of your pay to the 403(b) and/or 457(b) plans in 2019.)

HOW TO ENROLL IN THE PLAN
You must first select an investment provider with which to invest your contributions. Once you have opened an account with an investment provider, you should submit a 403(b) and 457(b) Plan Salary Reduction Agreement (SRA) to the Office of Payroll & Employee Benefits indicating the percentage of pay you would like to contribute to the 403(b) and/or 457(b) plans. A list of approved investment providers under the 403(b) and 457(b) plans and a SRA for making your elections can be found on the Payroll & Employee Benefits website at www.bsu.edu/benefits and following the Retirement Benefits link.

INVESTMENT CHOICES
You can contact the approved investment providers under the 403(b) and 457(b) plans for a comprehensive listing of the investment options offered by each investment provider.

DISTRIBUTIONS FROM THE PLAN
You or your beneficiary can take a distribution from the 403(b) and 457(b) plans at the earlier of:
1. Retirement
2. Total disability
3. Death of participant
4. Termination of employment
5. Attainment of age 59 ½ for 403(b) or age 70 ½ for 457(b)

Your investment provider will provide you with the distribution paperwork.

LOANS (403(b) Plan only)
Loans are limited to one at a time from all investment providers combined. You may borrow up to ½ of your balance up to a maximum of $50,000. Contact your investment provider for more information.

GENERAL PLAN INFORMATION
To obtain additional information about the 403(b) and 457(b) plans, please contact the Office of Payroll & Employee Benefits at 765-285-8461 or peb@bsu.edu.

Plan Name:
Ball State University Tax Deferred Annuity Plan - 403(b)
Ball State University 457(b) Deferred Compensation Plan

Plan Administrator:
Ball State University

Updated 11/21/18
1. INTRODUCTION

This Confidentially and Information Access Employee Agreement must be read, understood, and signed by all employees who either access or may encounter Ball State University confidential information as a part of their assigned duties. Questions which arise during the course of employment may be directed to your immediate supervisor, Career Center, or the Office of Information Security Services. Employees signing this agreement should keep a copy for their records.

2. CONFIDENTIAL INFORMATION DEFINED

Ball State University is dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our student, employee, and organizational information. “Confidential Information” includes all of this information that is personally identifiable and non-public. I understand Confidential Information may be paper-based, electronic, or stored or transmitted in some other form, and that examples of Confidential Information include, but are not limited to:

- Academic information, such as grades and class schedules
- Bank and credit card account information, income, credit history, and consumer report information
- Disciplinary or employment records or related information
- Loan information, including loan applications and loan servicing, collection and processing
- Money wiring and other electronic funds transfers
- Other non-public personally identifiable information relating to a financial transaction
- Social Security Numbers, driver's license numbers, or similar identification codes or numbers
- Student account balance information, financial aid information

I understand the existence of information in one publicly available format does not imply approval to disclose it in another format. For example, I understand certain student directory information (such as telephone numbers and mailing addresses) may appear in the printed Ball State University Directory, however disclosure of the same information in another format such as an electronic file requires separate approval from the appropriate Data Steward. I will contact my supervisor or the Office of Institutional Effectiveness for help in determining the appropriate Data Steward for particular university data when dealing with Confidential Information if I am unsure how to proceed.

3. PROTECTION OF CONFIDENTIAL INFORMATION

Protection of Confidential Information requires the following minimum standards, which I agree as a condition of my continued employment:

- **Download or Transmission of Confidential Information:** I will not download or extract Confidential Information to removable storage devices such as compact discs or flash drives, or transmit such information to any non-university system including personally owned systems or entity without explicit approval to do so from my supervisor or the appropriate Data Steward and the Office of Information Security Services.
- **Access to Confidential Information:** I will safeguard and maintain the confidentiality of all Confidential Information at all times and will only access, use, or disclose Confidential Information necessary to perform my assigned duties. I will disclose such information to other individuals or organizations only for legitimate University business, research, or academic purposes, and only after I have received prior approval to do so from my supervisor or the appropriate Data Steward.
- **Desktop and Laptop Computer Security:** I will maintain the security of any computer or device I use to access or store Confidential Information to the best of my ability including the use of passwords, protected “screen savers”, approved antivirus and anti-spyware software, and other measures as may be required by Information Technology Security procedures available at http://www.bsu.edu/security. If I am uncertain as to how to secure my computers or devices I will obtain the necessary help to ensure they are protected.
3. PROTECTION OF CONFIDENTIAL INFORMATION (CONTINUED)

d. Servers and Vendors: I understand implementing servers on or off-campus requires compliance with a separate set of procedures available at http://www.bsu.edu/security. I will not implement servers or hosted systems before contacting the Office of Information Security Services to ensure alignment with applicable hosting procedures.

e. Duty to Protect Passwords: I understand passwords used to access university systems are Confidential Information and that I am responsible for access assigned to me. I will not disclose my university passwords for any reason absent the approval of the Office of Information Security Services. In the event I suspect my password has been lost or stolen I will immediately notify the IT Helpdesk (765-285-1517) or Computer Operations (765-285-1549) so that my password may be disabled or reset.

f. Duty of Renounce Access: In the event my duties and responsibilities or job assignment changes or my employment with the university ceases I affirm that I will maintain the confidentiality, integrity and availability of all Confidential Information and will promptly notify the appropriate systems administrator or other authority so that my access may be properly adjusted or removed.

g. Reporting An Information Security Breach Or Policy Violation: In the event I suspect a security breach or inappropriate disclosure of Confidential Information my first action will be to immediately notify either the Office of Information Security Services (765-285-4390), the Office of University Compliance (765-285-5162), or IT Computer Operations after-hours support (765-285-1419). I will then review the official procedures for Reporting an Information Security Incident or Suspected Violation and will take any additional subsequent steps required.

h. Appropriate Use of Technology: I understand the Information Technology Users’ Privileges and Responsibilities policy governs my usage and I agree to abide by the terms of this policy regarding the appropriate use of all technology and information systems at Ball State University.

i. Security Monitoring and Testing Software or Hardware: I will not use software, tools, or techniques (human, technical, or otherwise) designed or intended to break, exploit, or test the security of university technology resources without explicit written approval from the Office of Information Security Services.

j. Audit & Security Review of BSU Information Systems: I understand I have no personal expectation of privacy in any computer or storage system owned, maintained, or utilized by Ball State University. I further understand the university audits, logs, reviews, and utilizes information stored on or passing through information systems for legal or administrative purposes, and that the university may not provide notification of such access or usage.

k. Sanctions: I understand violations of this Agreement may result in disciplinary action up to and including termination of employment, suspension and loss of privileges, termination of authorization to Confidential Information, as well as legal sanctions.

PLEASE REFER ANY QUESTIONS RELATED TO THIS AGREEMENT TO YOUR SUPERVISOR OR THE CAREER CENTER.

By signing this Agreement, I acknowledge that I have read and fully understand and agree to comply with all of its terms and conditions. I also understand my current access may be revoked and I may be denied future access to university information unless I sign, date and return this Agreement in a timely manner.

Employee’s Signature ____________________ Date ____________________

Employee’s Printed Name ____________________ Date ____________________

Employee (student) ID ____________________

Please Return This Completed Agreement To The Career Center.