Student Employee/Supervisor Checklist

All steps must be completed BEFORE the student begins work.

- □ Student: Complete and sign the **Employee Initial Setup & Change Form.**
- □ Supervisor: Complete and sign the **Employee Initial Setup & Change Form.**
- □ Student: Complete and sign **Student Payroll Direct Deposit Form.**
- Student: Take Employee Initial Setup & Change Form to the Office of Financial Assistance to complete their section. Financial Assistance Advisor should give the signed original and a photocopy of the form to the student.
- Student: Complete I-9 and W4 forms in the Office of Financial Assistance. Financial Assistance Advisor should give the original W4 to the student. Note: You must present your <u>original</u> social security card <u>or</u> birth certificate <u>and</u> your driver's license/permit <u>or</u> FMU ID in order for your I-9 to be completed.
- Student: Take the original signed copy of Employee Initial Setup & Change Form and the original W4 to the Accounting Office.
- □ Accounting Office: Receive forms and Set up time entry.
- Student: Provides the photocopy of the completed Employee Initial Setup & Change Form to Supervisor to confirm federal work study status.

Additional Information About Required Documents:

- Employee Initial Setup & Change Form
 - Please note that if any changes are needed to pay rate or the student wages account to be charged, a new Employee Initial Setup & Change Form must be completed
- Student Payroll Direct Deposit Form
 - o After initial setup, all changes can be made online
- W4 Form
 - After initial setup, the student will only need to fill out a new W4 if they wish to change any information originally reported on the form

Student Employee Initial Setup/Change Form

TO BE COMPLETED BY SUPERVISOR (PLEASE SIGN BELOW)

Employee Status (o	Employee Status (circle one): New Employee		loyee	Curre	Current Employee	
Hire Date			Termination D	Date		
Student Name						
Student ID #			Pay Rate (Hou	ırly)		
Position Title			Department N	lame		
Department Budge	t/Student Wages Account					
Project number to be charged if applicable						
If the student qual	ifies for Federal Work Stud	ly (FWS) a p	ercent of their	wages can be charg	ged to	Nia
the FWS budget (ci	rcle" No" if wages are not	to be split,	if nothing is cir	cled, yes will be det	fault) Yes	No
Supervisor's Name	(please print)					
Alternate Supervisor's Name (please print)						
IMPORTANT NOTES TO SUPERVISORS:						
Student employees must inform you of other jobs they have on campus.						
Students that work more than 40 hours in one or more departments will be paid overtime pay.						
FWS eligibility may change. Student is responsible for providing an updated award notice if changes occur.						
Supervisor Signatu	re			Date		

STUDENT CONTRACT PAYMENT SETUP (TO BE COMPLETED BY SUPERVISOR IF APPLICABLE)				
Contract Amount	No. of Payments			
1 st Pay Date (Pay-dates can be verified using the Student Pay Dates Schedule)				
Supervisor Signature	Date			

TO BE COMPLETED BY STUDENT EMPLOYEE		
Are you currently employed <i>full-time</i> by the State of South Carolina? (circle one):	Yes	No
Are you currently enrolled in <i>at least 6</i> hours at Francis Marion University? (circle one):	Yes	No

STUDENT STATEMENT & SIGNATURE (PLEASE READ BEFORE SIGNING):

I understand that I must notify the Office of Financial Assistance if I become enrolled in less than 6 hours during a semester. I understand that FICA will be deducted from my paycheck if I become enrolled in less than 6 bours. I understand that I may not work on campus if I am not a currently enrolled student at Francis Marion University. I understand that I am responsible for notifying my supervisor immediately if there is a change in my FWS eligibility.

Student Signature	Date	

TO BE COMPLETED BY FINANCIAL ASSISTANCE OFFICE			
Does the student qualify for FWS? (circle one)		Yes	No
Has the student completed appropriate form(s)? (circle form(s) completed by student)		I-9	W-4
What is the student's enrollment status? (circle one) Full-time		Part-	Summer
		time	
	Enrolled # of h	ours	

Financial Assistance Signature	Date	
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STUDENT PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM



Instructions:

THIS FORM IS FOR STUDENT PAYROLL ONLY. ANY DIRECT DEPOSIT INFORMATION PROVIDED FOR YOUR STUDENT CHANGE CHECK IS UNRELATED.

- 1. Complete <u>ALL</u> information including the account type, transit routing number and account number.
- **2.** Attach a voided check (checking account), voided withdrawal form (savings), or official document from your bank with your name, routing, and account number.
- **3.** Sign and return the form to the Accounting Office, Stokes Administration Building, Room 103 or mail to the address below. If a joint account, then signature of joint accountholder is also required. IF this form is mailed or faxed, then a copy of your driver's license **MUST** be provided.

	Francis Marion University Accounting/Cashier's Office PO Box 100547 Florence, SC 29502	
STUDENT NAME:	STUDENT ID#:	
CHECK ONE: NEW DIRE	CT DEPOSIT ENROLLMENT	
CHANGE [IRECT DEPOSIT ENROLLMENT (changing the financial	institution/account #)
DELETE/TI	RMINATE DIRECT DEPOSIT ELECTION	
ACCO	JNT TYPE:CHECKING ACCOUNTSA	VINGS ACCOUNT
TRANSIT ROUTING NUMBER (9 dig	its)	
ACCOUNT NUMBER		
I hereby request, until further writ account as designated above.	ten notice is filed with Francis Marion University, that	my payroll checks be deposited into my
University to direct the bank desig	e to my account by Francis Marion University in error, nated herein to debit my/our account for the amount y the student when this situation occurs.	
	I have instructions with my domestic bank to deposit t his box only if these funds will be deposited directly or sul	•

STUDENT SIGNATURE DATE JOINT ACCOUNT HOLDER'S SIGNATURE DATE

Routing Number Account Number Check Number