

**JU STUDENT EMPLOYMENT PROGRAM
AUTHORIZATION TO WORK: HOURLY & CONTRACT 2022-23- SUMMER**

Already have DD set up

Student Last Name: _____ Student First Name: _____
JU Student ID #: _____ Student Social Security Number: _____
Supervisor Name: _____ Students Job Title: _____
Time Approver: _____ Approver Email Address: _____

ATTACH JOB DESCRIPTION

Program Type: **FWS 12-00-84210-61430** (if student runs out of FWS, we will use UNIV please provide the budget #)

UNIV GL / Budget Number: _____ **FUND CODE:** _____ **DEPT CODE:** _____

Hourly Wage: \$11.00 (Min wage, will auto increase with state increase) **Date of Hire:** _____
(over min. wage, **must attach brief justification of rate**)

FINAID - Prior Approval Needed for Contract/Check Request

Contract Start Date: _____ **Contract End Date:** _____ **Approximate Hours**

Total Contract Amount: \$ _____ **Bi-Weekly Amount to be Paid:** \$ _____

As part of this contract, Jacksonville University reserves the right to alter policies and practices as well as terminate student employment based on the following provisions:

- Violation of responsibility
- Inability to perform duties
- Re-organization to the department or program
- Loss of funds to support employment under department budget
- Violation of any infraction listed in the Student Handbook
- GPA falls below minimum 2.0

BUDGET APPROVAL

NAC 17 _____
NAC 21 _____
NAC 22 _____
NAC 24 _____

Important Note: NO student should work BEFORE the student's eligibility to work has been verified by the Student Employment Coordinator. Failure to verify this information may result in lost wages to the student or unexpected debits to the department's student worker award account in order to pay the student worker. Students **MUST** maintain at least a 2.0 GPA to participate. Employment is "At Will" and a student can be terminated at any time by the employing department. **Students may work up to 40 hours per week in all of their combined jobs on campus, during SUMMER only.**

Student Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Department Supervisor Signature: (person over budget) _____ **Date:** _____

Circle SVP over this area is: Kristie Gover – Christine Sapienza – Scott Bacon – Alex Ricker-Gilbert – Randy Freebourn - Teresa MacGregor

Student Employment Coordinator Signature: _____ **Date:** _____

(Office Use Only)

Position ID #: _____ **Date Received:** _____ **NEW** **ADD** **RGBS** **FASI** **STRS**

FWS \$ Summer avail. balance: \$ _____ **DD** _____

W4 Received **I9 Received** **IDs Received** **SRC and SEE Received** **Job Des.**

Comments: _____

Position Title: _____

Department: _____, 2800 University Blvd N, Jacksonville
Florida 32211

FWS and/or UNIV: _____ Student Worker

Student Title: Student Worker

of Positions: _____ for the full duration of the academic year (August-April)

Supervisor: _____

Rate of Pay: **11.00** (Min wage, will auto increase with state increase)
(higher rate will need to be justified by qualifications)

COVID-19 Requirements: Following JU guidelines

of Students Needed: _____ Student worker positions

Hours: Varies

Duties:

-
-
-

Basic Skills:

-
-
-

Contact: _____ at 904-256-_____ or _____@ju.edu

Students will be evaluated at the end of each academic year to determine if they are eligible to work the next semester.



**Student Employee Expectations
Jacksonville University**

As a student employee in the Jacksonville University Student Employment Program, I understand that I am responsible for:

1. Reading, understanding, and complying with the policies and procedures set forth in the **Student Employment Handbook**
2. Reviewing job listings on the Student Employment web page and finding my own job
3. **Completing training and all necessary paperwork BEFORE beginning ANY job or being compensated.**
4. Informing my supervisor of my academic schedule
5. Ensuring that I do not work during class time
6. Ensuring that my timesheets accurately reflect hours worked
7. **Monitoring my accumulated earnings** (Especially Federal Work Study Students)
8. Terminating my student employment once my FWS award has been exhausted or when the departmental budget has been exhausted
9. Complying with all Payroll Department procedures (including but not limited to the submission of all payroll forms which includes electronic timesheets.)
10. You are expected to be aware and communicate any inappropriate activities that may result in the termination of employment and additional sanctions from the Office of Student Life.
These activities include but are not limited to:
 - o Theft
 - o Falsification of time sheets
 - o Unauthorized release of confidential information as stated in the Statement of Responsibility and Confidentiality form signed by each employee
 - o Inappropriate language
 - o Fighting
 - o Being suspended from OR withdrawing from school
 - o Dropping below half-time status BEFORE census date (undergraduates 6 hours, graduate/professional 4.5 hours)

Student Signature: _____

Date: _____

Print Student Name: _____

Student ID #: _____

Supervisor Signature: _____

Date: _____

Print Supervisor Name: _____

Extension: _____

Disclaimer: By signing this form, you agree that you and your employee have both read and understand the above statements in relation to the Student Employment Program. This form must be signed and submitted to the Student Employment Coordinator before student can begin working or be compensated.

[Type here]



**Statement of Responsibility and Confidentiality
Jacksonville University**

The Financial Aid Office has adopted the following policy pertaining to the Statement of Responsibility and Confidentiality for its employees. Any deviation in policy must be met with the approval of the Director of Financial Aid and/or other governing entities.

For security and confidentiality of records and/or data files, the Financial Aid Office and all other offices on the campus at Jacksonville University has a policy of administering and maintaining student records in compliance with the **Family Educational Rights and Privacy Act of 1974**, as amended; also known as **FERPA**. Each office employee holds a position of trust relative to maintaining security and confidentiality of these records and must recognize the responsibility entrusted to him/her. Because conduct on or off the job may threaten the security and confidentiality of these records in any form, each student employee of any office help here on campus or off campus, students are expected to adhere to the following:

1. No one may make or permit unauthorized use of any information in files maintained, stored or processed by any and all offices on or off campus.
2. No one is permitted to seek personal benefit or allow others to benefit personally by knowledge of any confidential information which has come to him/her virtue of work assignment.
3. No one is to exhibit or divulge the contents of any records or report to any person except in the conduct of his/her work assignment and in accordance with University policies.
4. No one may knowingly include or cause to be included in any records or report a false, inaccurate or misleading entry.
5. No official record or report, or copy thereof, may be removed from the office where it is maintained except in the performance of a person's duties.
6. No one is to abet or act in conspiracy with another to violate any part of this code.
7. Any knowledge of a violation of this code must immediately be reported to a supervisor or the Student Employment Coordinator located in the Financial Aid Office.

Violation of this code will lead to a reprimand, suspension or dismissal consistent with the personnel policies of this University. Additionally, judicial sanctions may be considered according to the student judicial policies of this University.

I have read and will comply with the Statement of Responsibility and Confidentiality for security and confidentiality of records and/or data files. This form must be signed and submitted to the Student Employment Coordinator before student can begin working or be compensated.

Student Signature: _____

Date: _____

Print Student Name: _____

Student ID #: _____

Supervisor Signature: _____

Date: _____

Print Supervisor Name: _____

Extension: _____

[Type here]



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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		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): _____ 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: 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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

<input type="checkbox"/> Signature of Employee	<input type="checkbox"/> Today's Date (mm/dd/yyyy)
--	--

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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State 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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A	OR	List B	AND	List C
Identify and Employment Authorization	Identity	AND	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 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 Student Employment Coordinator	
Last Name of Employer or Authorized Representative Bratcher	First Name of Employer or Authorized Representative Donna		Employer's Business or Organization Name Jacksonville University	
Employer's Business or Organization Address (Street Number and Name) 2800 University Blvd N		City or Town Jacksonville	State FL	ZIP Code 32211

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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)
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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
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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.

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

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

Department of the Treasury
Internal Revenue Service

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

Step 1:

Enter Personal Information



(a) First name and middle initial	Last name	(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 www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<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.)

Step 3: Claim Dependent and Other Credits	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)

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.

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 1 \$ _____
- 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 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 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 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. 3 _____
- 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) 4 \$ _____

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 1 \$ _____
- 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

 2 \$ _____
- 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-" 3 \$ _____
- 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 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

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.

JACKSONVILLE UNIVERSITY

Employee Direct Deposit Enrollment Form

If depositing into a savings account, ask your bank to provide your Routing/Transit Number. The numbers do not always match the numbers on a deposit slip. Return form to Office of Human Resources.

ACCOUNT INFORMATION

The last listed account must be for the remaining amount owed to you. Indicate the type of account and the deposit amount if the amount is less than your total net paycheck. Routing number is always 9 digits.

1. Bank Name: _____ Routing/Transit #: _____
Account Number: _____ Account Type: ___ Checking ___ Savings ___ Other
Deposit Amount: \$ _____ or ___ Entire Net Amount

2. Bank Name: _____ Routing/Transit #: _____
Account Number: _____ Account Type: ___ Checking ___ Savings ___ Other
Deposit Amount: \$ _____ or ___ Entire Net Amount

3. Bank Name: _____ Routing/Transit #: _____
Account Number: _____ Account Type: ___ Checking ___ Savings ___ Other
Deposit Amount: \$ _____ or ___ Entire Net Amount

★ Attach a direct deposit authorization form from your bank or a voided check for each checking account ★

I hereby authorize Jacksonville University (hereinafter "JU") to deposit any amounts owed to me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by JU to my account. In the event that JU deposits funds erroneously into my account, I authorize JU to debit my account not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until JU and Bank have received written notice from me of its termination in such time and in such manner as to afford JU and Bank reasonable opportunity to act on it.

Employee Name: _____ SSN: XXX-XX-_____

Employee Signature: _____ Date: _____