

**LAWSON STATE COMMUNITY COLLEGE**  
**Office of Student Financial Services**

**STUDENT EMPLOYMENT FORM**

**SECTION I – TO BE COMPLETED BY STUDENT**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_

**TO BE SIGNED FOLLOWING WORK STUDY ORIENTATION:** *My signature affirms that I accept the position indicated on this form and that I have attended the Work Study Orientation session. I agree to comply with the college policies, particularly with regard to conduct and dress code. I understand that I will not be allowed to start working until I have submitted all appropriate documents to the Office of Student Financial Services and received a copy of my work approval.*

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

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**SECTION II – TO BE COMPLETED BY SUPERVISOR**

**NOTICE TO SUPERVISORS:** Students are not allowed to work until you receive a copy of the FWS Employment Authorization form signed by the Office of Student Financial Services. All work study jobs are terminated upon the student's graduation, withdrawal from school, or at the end of the summer semester, whichever is earlier. If the student is terminated by you or resigns this position, you must notify the Director of Student Financial Services immediately. Students must reapply for federal financial aid in the spring to be considered for work study for the next award year.

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Phone: \_\_\_\_\_

*My signature affirms that I:*

- Have accepted the above named student for employment, and*
- Have read the "Federal Work Study Guidelines for Supervisors", and*
- Understand it is my responsibility to verify the hours worked and to mail or deliver the student's timesheet.*

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

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

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**SECTION III – TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR**

The above named student is eligible for employment through the Federal Work Study Program and has completed all required documentation for employment, and attended the Work Study Orientation session. The student may begin working 10-15 hours per week on or after \_\_\_\_\_ at an hourly rate that is not below the minimum wage of \$7.25.

Total Earnings Cannot Exceed \$ \_\_\_\_\_ During the Scheduled Period: \_\_\_\_\_ to \_\_\_\_\_.

Financial Aid Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"It is the policy of the Alabama State Board of Education and Lawson State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, sex, religion, national origin, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment."

LAWSON STATE COMMUNITY COLLEGE  
Office of Student Financial Services

FEDERAL WORK-STUDY AGREEMENT

The purpose of this agreement is to insure a clear understanding between the Federal Work-Study student and the Office of Student Financial Services regarding the expectations of each student employed under this program. Please retain a copy of these rules and regulations for future reference. If you have questions at any time about any aspects of work-study, please direct your questions to the Office of Student Financial Services.

1. *The Federal Work-Study program is a job program* in which students *work* to earn money to help meet their educational cost. Supervisors will evaluate each participant at the end of the year. Work-Study provides an excellent opportunity for students to gain valuable work experience and a reference as well as earning money for college.
2. *Students must not begin work until the supervisor has received the work approval from the Director of Student Financial Services. The amount the student may earn is on the work approval and on the student's award letter.*
3. *Student workers must become familiar with college policies and procedures in the Student Handbook/General Catalog.*
4. *Unsatisfactory conduct, lack of attendance or any violation of college policies will not be tolerated on the job.* Students must be punctual. If for any reason the student cannot report to work, the student *must notify the supervisor* immediately. *Failure to do so will result in termination* from the Federal Work-Study program. Students must dress and behave in strict accordance with published college standards.
5. *Timesheets must be completed in INK and properly signed by the student and supervisor. The supervisor must submit the timesheet* to the Office of Student Financial Services at the close of the day on the last working day of the month. Timesheets will not be accepted after 9:00a.m. on the first working day of the subsequent month. *Timesheets turned in late will result in the student not being paid until the following month.* The student and supervisor are both responsible for insuring the timesheets are accurate.
6. *The Business Office will disburse paychecks on the tenth day of the following month.*
7. *The Director of Student Financial Services makes all job assignments and job changes/transfers.*
8. *Individual work schedules* should be approved by the student's immediate supervisor and must *never* conflict with class schedules. Students are not allowed to work without supervision.
9. *To be eligible for student employment, students must maintain satisfactory academic progress.* The Student Handbook/General Catalog contains the satisfactory academic progress policy.
10. *Federal Work-Study is awarded annually and students must reapply each year.* The Free Application for Federal Student Aid (FAFSA) should be filed in early spring for the upcoming award year.
11. *At LSCC, the student must be enrolled at least half-time (6 credit hours) to be employed on the Federal Work-Student Program.* Please report all changes in enrollment to the Office of Student Financial Services.

My signature acknowledges that I have read and understand this agreement.

\_\_\_\_\_  
Signature of Work-Student Student

\_\_\_\_\_  
Date

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**LAWSON STATE COMMUNITY COLLEGE**  
**Office of Student Financial Services**

**Work-Study Student's  
Statement of Understanding  
Of the Family Education Rights and Privacy Act (FERPA)**

I understand that by virtue of my employment as a work-study student at Lawson State Community College I may have access to records that contain individually identifiable information. The disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Lawson State Community College's policy and could constitute just cause for disciplinary action including termination of employment regardless of whether criminal or civil penalties are imposed.

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Date

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Signature of Work-Study Student

**LAWSON STATE COMMUNITY COLLEGE**  
**Office of Student Financial Services**

**FEDERAL WORK STUDY ORIENTATION**

**Certification Statement**

This is to certify that the Director of Student Financial Services or designee has provided me with detailed information regarding the Federal Work Study Program at Lawson State Community College.

I have been provided with a copy of the following documents:

1. "Federal Work Study Agreement"
2. "Work Study Student's Statement of Understanding of the Family Education Rights and Privacy Act (FERPA)"
3. Copy of the college dress code as printed in the LSCC catalog.

I understand that failure to comply with the rules and regulations set forth may result in termination of employment. I have been advised to contact the Director (Assistant Director) of Student Financial Services if I have any questions or concerns.

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Student's Signature

Date

I \_\_\_\_\_, ID # \_\_\_\_\_ am  
(PRINT NAME)

aware that my work study form must be returned to the Office of Student Financial Services no later than the 3<sup>rd</sup> of each month to assure consideration for payment on the 10<sup>th</sup> day of the same month. If I submit the form after the 3<sup>rd</sup> I am aware that I would be considered for payment in the next month.

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Student Signature

Date

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FAO Signature

Date

\*NOTE: If the 3<sup>rd</sup> falls on a weekend day, the form is accepted on the next business day (Monday by 7:00 p.m.)

# Form W-4 (2009)

**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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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: B \_\_\_\_\_

- 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.

**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 \$1,800 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. G \_\_\_\_\_

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

**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. H \_\_\_\_\_

- 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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.</p>	OMB No. 1545-0074  <h1 style="margin: 0;">2009</h1>
1 Type or print your first name and middle initial. <span style="float: right;">Last name</span>		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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 (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)

ALABAMA DEPARTMENT OF REVENUE  
**Employee's Withholding Exemption Certificate**

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**EMPLOYEE:**  
 File this form with your employer. Otherwise, Alabama income tax must be withheld from your wages without exemption.

**EMPLOYER:**  
 Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Alabama Department of Revenue should be so advised.

If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim "exempt" from Alabama withholding tax. To claim exempt status, check this block, sign and date this form and file it with your employer. Employees claiming exempt status are not required to complete Lines 1 through 5 .....

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. IF YOU ARE SINGLE, \$1,500 personal exemption is allowed.
  - (a) if you claim full personal exemption (\$1,500) write a letter "S"
  - (b) if you claim no personal exemption write the figure "0" (Note: If you claim no personal exemption on Lines 1 or 2, you cannot claim dependents on Line 3.) .....
2. IF YOU ARE MARRIED or SINGLE CLAIMING HEAD OF FAMILY, \$3,000 personal exemption is allowed.
  - (a) if you claim exemption for both spouses (\$3,000), write the letter "M"
  - (b) if you are single claiming head of family (\$3,000), write the letter "H" (see "head of family" instructions on back of this form)
  - (c) if you claim exemption for yourself only (\$1,500) write the letter "S"
  - (d) if you claim no personal exemption write the figure "0" (see note under 1(b).) .....
3. If during the year you will provide more than one-half of the support of persons closely related to you (other than spouse) write the number of such dependents. (See instructions on other side.) .....
4. Additional amount, if any, you want deducted each pay period. .... **\$** \_\_\_\_\_
5. TOTAL EXEMPTIONS (Example: Employee claims "S" on Line 2 and "1" on line 3. Employer should use column headed S-1 in Withholding Tables.) .....

I certify that the withholding exemptions claimed on this certificate do not exceed the amount to which I am entitled. DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**CHANGES IN EXEMPTIONS**

You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

**OTHER DECREASES** in exemption, such as the death of a spouse or dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

Any correspondence concerning this form should be sent to the Alabama Department of Revenue, Individual and Corporate Tax Division, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480 or telephone (334) 242-1300 (fax (334) 242-0112).

**EXCLUSION FROM WITHHOLDING TAX**

"No tax liability last year" means that your previous year's tax return indicated no tax liability for that taxable year. Therefore, if you had Alabama income tax withheld or paid estimated tax, all of this tax must have been refunded to you. If any portion of the tax paid last year was not refunded, you may not qualify for this

exemption from Alabama withholding tax.

**DEPENDENTS**

To qualify as your dependent (Line 3 on other side), a person must receive more than 1/2 of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

**PENALTIES**

Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

**HEAD OF FAMILY**

Employers: If you are computing Alabama withholding tax using the formula method and an employee claims "H" (head of family), the deduction allowed in item "A" of the formula is 20% limited to \$2,000. The deduction allowed in item "C" for employees claiming "H" is \$3,000.

If you are computing tax using the tax tables and an employee claims "H", the "M" column (along with the appropriate number of dependents) should be used.



# Employee's Withholding Exemption Certificate

For Use By Full-time Students Who Expect To Have Income of Less Than \$1,800.00 During The Year

FULL NAME (TYPE OR PRINT)	SOCIAL SECURITY NUMBER	EXPIRES (SEE INSTRUCTIONS)
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HOME ADDRESS (NUMBER AND STREET)

CITY, STATE, AND ZIP CODE

**EMPLOYEE** – File this certificate with your employer. Otherwise Alabama income tax must be withheld from your wages.

**EMPLOYEE'S CERTIFICATION** – I certify that I am a full time student and that I anticipate my income will be less than \$1,800.00 this year.

**EMPLOYER** – Keep this certificate with your records. This certificate may be used instead of Form A-4 by those employees qualified to claim the exemption.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Instructions

### Who may claim the exemption from withholding of income tax?

Full-time students in temporary employment expecting to earn less than \$1,800 during the taxable year and expecting to owe no Alabama withholding tax. In order to establish this exemption, they must file withholding exemption certificate Form A-4E. A full-time student means an individual who during each of five calendar months during the taxable year is enrolled at an educational institution for the number of hours or courses which is considered to be full-time attendance.

### When to claim the exemption.

File this certificate with your employer upon reporting for work.

### Multiple Employers.

If you are employed by more than one employer, you may claim the exemption from withholding with each employer, provided that the total of your anticipated income will not exceed \$1,800 during the current year.

This exemption certificate will expire on December 31 of the current year.