



# Federal College Work Study Application

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

**VIRGINIA UNION UNIVERSITY OFFICE OF GRADUATE FINANCIAL AID**

207 Kingsley Hall  
1500 North Lombardy Street, Richmond VA 23222  
Fax 804-354-5944  
804-354-5924



**Complete each attached document:**

Work Study Application

Confidentiality Form

Employment Eligibility I-9 form (section 1)

VA-4 Form

Form W-4

Attach the following items:

Social Security Card, State ID

Or

Birth certificate or Signed Passport

# Graduate Work Study Document Checklist

## Work Study Application

Virginia Union University

Street Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Number ( ) \_\_\_\_\_ Dorm  
Phone \_\_\_\_\_

Position (JOB) you are interested in \_\_\_\_\_

Education: Current Major/Classification, \_\_\_\_\_

High School: \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

Previous College/University \_\_\_\_\_ Major \_\_\_\_\_

Previous Employment/Volunteer Experience:

Employer:

\_\_\_\_\_ Position \_\_\_\_\_

Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer:

\_\_\_\_\_ Position \_\_\_\_\_

Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Skills: check experience in (Internet Search Engines \_\_\_\_\_ Web Page \_\_\_\_\_

Experience \_\_\_\_\_ PowerPoint \_\_\_\_\_ Microsoft Word \_\_\_\_\_ Excel \_\_\_\_\_

Publisher \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Student ID # \_\_\_\_\_

# Graduate Work Study Document Checklist

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## Federal College Work study Program

### Confidentiality Form

\*Required for All Work Study Students

For security and confidentiality of records and /or data files, Virginia Union University has a policy of administering and maintaining student records in compliance with the Family Educational Rights and Privacy Act of 1974, as amended to date. Each Work Study Student at Virginia Union University holds a position of trust relative to maintaining the security and confidentiality of all records and must recognize the responsibility entrusted to him/her. Because conduct on or off the job may threaten the security and confidentiality of records in all forms whether it be oral or in writing. Each student is a contracted employee of VUU and is expected to adhere to the following:

1. No one may permit unauthorized use of any known information in files maintained, stored, or processed by VUU.
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 by virtue of work assignment while in the Work Study Program.
3. No one is to exhibit or divulge the contents of any record 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 record 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 or policy.
7. Any knowledge of a violation of this code must be immediately reported to your supervisor at Virginia Union University. If Off-campus you must report the violation to your off-campus supervisor.

Violation of this code will lead to 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 Virginia Union University's Code of Responsibility for security and confidentiality of records and /or data files for Virginia Union University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

# Graduate Work Study Document Checklist



## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

### Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



# Graduate Work Study Document Checklist

## FORM VA-4

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6) .....
8. Total of Exemptions - add line 4 and line 7 .....

-----  
 Detach here and give the certificate to your employer. Keep the top portion for your records  
 -----

#### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

**COMPLETE THE APPLICABLE LINES BELOW**

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER:** Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. **Note:** Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

2601064 Rev. 08/11

# Graduate Work Study Document Checklist

## Form W-4 (2016)

**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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>        </u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>        </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>        </u>

For accuracy, complete all worksheets that apply. {

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

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

Form <b style="font-size: 1.5em;">W-4</b> Department of the Treasury Internal Revenue Service	<h3 style="margin: 0;">Employee's Withholding Allowance Certificate</h3> <p style="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  <h2 style="margin: 0;">2016</h2>
1 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. <b>Note:</b> 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 <u>        </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>        </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>        </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

# Graduate Work Study Document Checklist

## ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT AUTHORIZATION



**Please read instructions on back.**

OFFICE USE ONLY

EMPL. NO.

PRINT LAST NAME, FIRST, MIDDLE INITIAL

SOCIAL SECURITY NUMBER

ACTION CODE  PRI CODE  1

BANK RTE NUMBER

BANK ACCOUNT NUMBER

SAV CHK IND  S  C  A  R

DISTR TYPE  S  A  R

DIST AMOUNT

BANK NAME

Contact your financial institution to verify your BANK (TRANSIT) ROUTING NUMBER and BANK ACCOUNT NUMBER.

Attach a VOIDED check, deposit slip or other document showing your BANK (TRANSIT) ROUTING NUMBER and BANK ACCOUNT NUMBER.

Select One:

**Checking Deposit -**  
Attach a voided check

**Savings Deposit -**  
Attach a savings deposit slip

Staple voided example to original here.

**CANCELLATION OF EFT TRANSACTIONS**

Check this box to cancel all EFT Transactions

Signature \_\_\_\_\_ Date \_\_\_\_\_

The information collected on this form will be used for the administration of the corporation's payroll and benefits. Protection from further disclosure will be in accordance with corporate policies on date privacy.

*White Copy - Return to your Human Resources office*

*Yellow Copy - Keep for your records*

**ENROLLMENT AUTHORIZATION**

Please enroll me in the Direct Deposit Program.

I authorize the Company to make payments of my net pay by initiating credit entries or correcting entries to the bank account I have designated above.

I have had an opportunity to read and understand all of the information provided by the Company regarding this program.

I understand that this authorization will continue in force unless discontinued by my written request, and it is also my responsibility to maintain the designated account as open to prevent rejected or returned entries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



# Graduate Work Study Document Checklist

## INSTRUCTIONS

### Electronic Funds Transfer (EFT) Enrollment Authorization

Please print the information required.

ACTION CODE

Enter 'A' to ADD a new account. First time authorizations will always require an 'A' entry.

Enter 'C' to CHANGE an account. Enter only the information for the fields you are changing.  
Exception - to change a PRIORITY CODE, you must submit a newly completed form.

Enter 'D' to DELETE an individual account. You must enter the BANK ROUTING NUMBER and BANK ACCOUNT NUMBER to be deleted. If you wish to delete all accounts, check the cancellation box.

It is recommended that you review your last authorization if you are changing or deleting accounts. Please contact your HR office if you need a copy.

BANK RTE NO

Enter your BANK (TRANSIT) ROUTING NUMBER that you verified with your financial institution.

BANK ACCOUNT  
NUMBER

Enter your BANK ACCOUNT NUMBER that you verified with your financial institution.

JANET K. DOE  
LIC. D-123-456-789-000  
1234 Any Street  
St. Paul, MN 55105

2653

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

CHEROKEE STATE BANK  
Saint Paul, Minnesota

CENTSABLE ACCOUNT

12-28-98

096000580 123456789 2653

Transit Routing Number Account Number

NOTE: BANK (TRANSIT) ROUTING NUMBER appears between these symbols -  
|: |: - and is followed by your BANK ACCOUNT NUMBER. Ignore any spaces in your  
BANK ACCOUNT NUMBER.

SAV  
CHK IND

Circle 'S' for savings account.  
Circle 'C' for checking or other accounts.

DISTR  
TYPE

Circle 'A' to deposit a set dollar amount.  
Circle 'R' to deposit net pay.

DIST  
AMOUNT

Enter a dollar amount for 'A' entry in DISTR TYPE field.  
Leave blank if the DISTR TYPE field is set to 'R'.

BANK NAME

Enter your bank name.

CANCELLATION OF  
EFT TRANSACTIONS

Check this box to cancel EFT transactions and sign it.

ENROLLMENT  
AUTHORIZATION

Complete entire section and sign it. Failure to do so will delay your enrollment process.