

Warner Campus
700 College Rd.
Warner, OK 74469
(918) 463-6310



Muskogee Campus
2501 N. 41st St.
Muskogee, OK 74403
(918) 684-5402



Student Work Request Form

FY 23

Student Name: _____

Filling New Position: ☐

Banner ID: _____

Or Replacement For: _____

Start Date: _____

(All fields must be completed or form will be returned. Please refer to the Student Work Employer procedures for guidance on hiring student workers and assistance with filling out this form)

Department Name: _____

Work Study Position Description Clerical ☐ Other: _____

Approver / Supervisor Name: _____

Secondary Approver Name: _____ Signature _____

Employment Period:

- | | | |
|-----------------------------------|----------|--------------------------------|
| <input type="checkbox"/> Summer 1 | - 7 Wks | July 1 – August 14 (2022) |
| <input type="checkbox"/> Fall | - 18 Wks | August 15 – December 16 (2022) |
| <input type="checkbox"/> Spring | - 18 Wks | January 3 – May 6 (2023) |
| <input type="checkbox"/> Summer 2 | - 8 Wks | May 7 – June 30 (2023) |

Students are **NOT** to begin working until this work requisition and all other required documents have been completed, returned and approved by the Financial Aid and Payroll Offices.

Supervisors will be notified by the Payroll Office when the student is to begin work. The Student will have a time sheet available in self service at that time, and will not receive pay for work prior to then.

For Financial Aid & Payroll Use ONLY

Hours Per Week: _____ (15HRS MAX) Hourly Rate: _____ Weeks Per Year: _____

☐ FWS Position #: _____

REALLOCATION TO #: _____

☐ CW Budget Position #: _____

REALLOCATION AMOUNT:
\$ _____

Organization Code #: _____

Encumbrance Amount \$ _____

Date: _____

Financial Aid Approval (signature)

[Instructions](#)[Start Over](#)[Print](#)

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>	
<div>QR Code - Section 1 Do Not Write In This Space</div>	

Signature of Employee ?	Today's Date (mm/dd/yyyy) ?
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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.

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 ?

[Click to Finish](#)



Employer Completes Next Page



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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 ?
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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 ?		<div>Additional Information ?</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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 ?	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative ?	Employer's Business or Organization Name ?	
Employer's Business or Organization Address (Street Number and Name) ?		City or Town ?	State ? ZIP Code ?

[Click to Finish](#)

[Instructions](#)[Start Over](#)[Print](#)

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

Employee Name from Section 1:	Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?
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Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) ?

Last Name (Family Name) ?

First Name (Given Name) ?

Middle Initial ?

B. Date of Rehire (if applicable)

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) ?

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 ?

[Click to Finish](#)

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		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	Documents that Establish Employment Authorization
			AND
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
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		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	

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Connors State College.
Agency, Authority, Commission, Department or Institution

700 College Rd. Warner, Ok 74469
Address, City and Zip Code

Print Name of Officer or Employee

LOYALTY OATH
(51 O.S., 36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am

Here put name of office, or if an employee, insert "An employee of Connors State College" followed by the complete designation of the employing officer, agency, authority, commission, department or institution.) 51 O.S., 36.2.

Affiant Sign Here

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of

_____, _____ by _____.

Print name of the person taking the oath.

Signature of the Notary

(Seal, if any)

Title and Rank (if other than a notary)

My Commission Expires: _____

Commission Number: _____

Employee's Withholding Certificate

OMB No. 1545-0074

- ▶ **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.**

2022

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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, 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 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 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 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)

Oklahoma Tax Commission

Employee's State Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial	Last Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town	State	ZIP Code

1. Allowance For Yourself: Enter 1 for yourself	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<u>Single</u>	<u>Married Filing Joint</u>
\$1,000 - personal exemption	\$ 2,000 - personal exemption
<u>\$6,350</u> - standard deduction	<u>\$12,700</u> - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".

Student Payroll Disbursement Form

THE FOLLOWING INFORMATION WILL BE USED TO DISBURSE YOUR PAYROLL CHECK. PLEASE READ CAREFULLY BEFORE MAKING YOUR SELECTION.

PLEASE MARK ONE DISBURSEMENT SELECTION BELOW:

- ☐ DIRECT DEPOSIT- COMPLETE THE ATTACHED
DIRECT DEPOSIT FORM
- ☐ WARNER BURSAR OFFICE
- ☐ MUSKOGEE BURSAR OFFICE

PRINT STUDENT NAME: _____

STUDENT SIGNATURE: _____

STUDENT ID# _____

DATE: _____

THE ONLY WAY TO MAKE CHANGES WILL BE BY SUBMITTING A NEW DISBURSMENT FORM TO THE FINANCIAL AID OFFICE.

THE FORM WILL BE IN EFFECT UNTIL A SUBSEQUENT ONE HAS BEEN RECEIVED IN THE PAYROLL OFFICE.



Connors State College

Official Use Only

AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and Higher Education Employees in communicating their direct deposit information.

PS Employee ID:

Social Security
Number:

xxx-xx-

First Name

(limit to 15 characters)

Last Name

(limit to 15 characters):

Date of Birth:

MM

DD

YYYY

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employee's Direct Deposit Act, 74:292.10 to:

<input type="checkbox"/> ADD	PAYROLL – (Deposit my payroll warrant in my account as indicated below)
<input type="checkbox"/> REMOVE	PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit)
<input type="checkbox"/> ADD/ REMOVE	SPENDING ACCOUNT – (HEALTH CARE, DEPENDENT CARE REIMBURSEMENT)
<input type="checkbox"/> ADD/ REMOVE	TRAVEL

If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT ☐ CHECKING ☐ SAVINGS ☐ PayCard

Financial Institution
Name (Your Bank):

City:

State:

This authority is to remain in full force and effect until: (A) I give my employer written notice using this form (OPM-73) to terminate this direct deposit agreement. (B) I fail to utilize payroll direct deposit for 365 days, at which time this agreement will expire. (C) The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing
Address:

City:

State:

ZIP:

Home Telephone
Number:

Work Telephone
Number:

Email:

Employing Agency:

Connors State College

Signature:

Date:

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer.

If this is an initial enrollment or bank routing and/or account number change please attach a voided check or an official document from your financial institution showing the financial institution's routing number and your account number.

A signed form must be on file with the employer.
Please mail the completed form to the address below.

Paycard Option

Customer Service Phone
Number:

1-866-444-4283

ATTACH CHECK HERE

Connors State College
ATTN: Patty Webber, Payroll Administrator
700 College Road
Warner, Ok 74469

Statement of Understanding of the Family Educational Rights and Privacy Act (FERPA POLICY)

I understand that by virtue of my employment in either the Financial Aid, Registrar's, Student Services, or Bursar Offices, or grading papers for faculty at Connors State College in Warner and Muskogee, OK, I will have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Education Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of the information to any unauthorized person, could subject me to criminal or civil penalties imposed by law. I further acknowledge that such willful and unauthorized disclosure also violates Connors State College's policy and could constitute just cause for disciplinary actions including termination of my employment regardless of whether criminal or civil penalties are imposed.

Student Employee's Signature

Date

Student Employee & Supervisor's Handbook

I _____ hereby certify that I have reviewed the Student
Print Name Here

Employee & Supervisor Handbook. I understand that it is my responsibility to thoroughly read this handbook located on our Connors State College Website under Financial Aid – Student Employment. I am also aware that I can get a paper copy by requesting one in writing from the Financial Aid Office.

If I should have any questions, or need clarifications on any items, it is my responsibility to speak with my supervisor immediately. I understand that it is my responsibility to abide by all the rules and regulations contained in this handbook.

Any disciplinary action in connection with employee violations of the policies contained in this handbook will be conducted in accordance with the provisions of any applicable collective agreements and statutes in effect at the time of such disciplinary action.

X _____
Signature

Date

Submit this sheet back to the Financial Aid Office with in 5 days.