

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



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

# CONNORS

— STATE COLLEGE —

Building Futures One At A Time Since 1908

## Student Work Request Form FY 26

**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:**

- Summer 1 - 7 Wks July 1 – August 17 (2025)
- Fall - 18 Wks August 18 – Dec 12 (2025)
- Spring - 18 Wks January 5 – May 18 (2026)
- Summer 2 - 8 Wks May 17 – June 30 (2026)

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: 12 (15HRS MAX)      Hourly Rate: \$7.25      Weeks Per Year: \_\_\_\_\_

FWS Position #: \_\_\_\_\_

REALLOCATION TO #: \_\_\_\_\_

CW Budget Position #: \_\_\_\_\_

REALLOCATION AMOUNT:

Organization Code #: \_\_\_\_\_

\$ \_\_\_\_\_

Encumbrance Amount \$ \_\_\_\_\_

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

\_\_\_\_\_  
Financial Aid Approval (signature)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

| <b>LIST A</b><br>Documents that Establish Both Identity and Employment Authorization   | OR | <b>LIST B</b><br>Documents that Establish Identity  | AND | <b>LIST C</b><br>Documents that Establish Employment Authorization  |
|--|----|---|-----|---|
| <ul style="list-style-type: none"> <li>★ U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ul style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ul style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ul> </li> </ul> </li> <li>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</li> </ul> | OR | <ul style="list-style-type: none"> <li>★ 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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ul> | AND | <ul style="list-style-type: none"> <li>★ A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ul style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ul> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>   |    |   |     |   |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>   | OR | <ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>  | AND | <ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>  |

\*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
**Form I-9**  
 OMB No 1615-0047  
 Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)     | Other Last Names Used (if any) |   |
| Address (Street Number and Name)  |                             |  | Apt Number (if any) | City or Town                | State ZIP Code                 |   |
| Date of Birth (mm/dd/yyyy)  | U.S. Social Security Number | Employee's Email Address   |                     | Employee's Telephone Number |                                |   |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> |                             | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions):   |                     |                             |                                |   |
|   |                             | <input type="checkbox"/> 1 A citizen of the United States  |                     |                             |                                |   |
|   |                             | <input type="checkbox"/> 2 A noncitizen national of the United States (See Instructions)                                       |                     |                             |                                |   |
|   |                             | <input type="checkbox"/> 3 A lawful permanent resident (Enter USCIS or A-Number.)  |                     |                             |                                |   |
|   |                             | <input type="checkbox"/> 4 A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) |                     |                             |                                |   |
|   |                             | If you check Item Number 4., enter one of these:   |                     |                             |                                |   |
|   |                             | USCIS A-Number   | OR                  | Form I-94 Admission Number  | OR                             | Foreign Passport Number and Country of Issuance |
| Signature of Employee   |                             |  |                     | Today's Date (mm/dd/yyyy)   |                                |   |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

| List A                    | OR | List B   | AND | List C |
|---------------------------|----|--|-----|--------|
| Document Title 1          |    |  |     |        |
| Issuing Authority         |    |  |     |        |
| Document Number (if any)  |    |  |     |        |
| Expiration Date (if any)  |    |  |     |        |
| Document Title 2 (if any) |    | <b>Additional Information</b><br><br><br><br><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents |     |        |
| Issuing Authority         |    |  |     |        |
| Document Number (if any)  |    |  |     |        |
| Expiration Date (if any)  |    |  |     |        |
| Document Title 3 (if any) |    |  |     |        |
| Issuing Authority         |    |  |     |        |
| Document Number (if any)  |    |  |     |        |
| Expiration Date (if any)  |    |  |     |        |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

|  |  |   |                           |
|--|--|---|---------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative |  | Signature of Employer or Authorized Representative  | Today's Date (mm/dd/yyyy) |
| -Financial Aid   |  |   |                           |
| Employer's Business or Organization Name<br>Connors State College        |  | Employer's Business or Organization Address, City or Town, State, ZIP Code<br>700 College Rd Warner, OK 74469 |                           |

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



**Supplement B,  
Reverification and Rehire (formerly Section 3)**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS  
Form I-9  
Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

|   |   |   |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| <b>Date of Rehire (if applicable)</b>   | <b>New Name (if applicable)</b>                    |                                       |  |
| Date (mm/dd/yyyy)   | Last Name (Family Name)                            | First Name (Given Name)               | Middle Initial   |
| <b>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</b>                                 |  |                                       |  |
| Document Title  | Document Number (if any)                           | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. |  |                                       |  |
| Name of Employer or Authorized Representative   | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)             |  |
| Additional Information (Initial and date each notation.)  |  |                                       | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| <b>Date of Rehire (if applicable)</b>   | <b>New Name (if applicable)</b>                    |                                       |  |
| Date (mm/dd/yyyy)   | Last Name (Family Name)                            | First Name (Given Name)               | Middle Initial   |
| <b>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</b>                                 |  |                                       |  |
| Document Title  | Document Number (if any)                           | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. |  |                                       |  |
| Name of Employer or Authorized Representative   | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)             |  |
| Additional Information (Initial and date each notation.)  |  |                                       | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| <b>Date of Rehire (if applicable)</b>   | <b>New Name (if applicable)</b>                    |                                       |  |
| Date (mm/dd/yyyy)   | Last Name (Family Name)                            | First Name (Given Name)               | Middle Initial   |
| <b>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</b>                                 |  |                                       |  |
| Document Title  | Document Number (if any)                           | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. |  |                                       |  |
| Name of Employer or Authorized Representative   | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)             |  |
| Additional Information (Initial and date each notation.)  |  |                                       | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

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

An Employee of Connors State College

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.

X \_\_\_\_\_  
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.

(Seal, if any)

\_\_\_\_\_  
Signature of the Notary

\_\_\_\_\_  
Title and Rank (if other than a notary)

My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_

**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.**

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

|   |   |    |
|---|---|----|
| 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 States 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.

|  |                          |
|--|--------------------------|
| <b>Employee's Signature</b> (Form is not valid unless you sign it) | <b>Date (MM/DD/YYYY)</b> |
|  |                          |

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        |
| <b>\$6,350</b> - standard deduction | <b>\$12,700</b> - 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".

# Employee's Withholding Certificate

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.

**2025**

|   |   |                                  |
|---|---|----------------------------------|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial _____ Last name _____   | (b) Social security number _____ |
|   | Address _____   |                                  |
|   | City or town, state, and ZIP code _____   |                                  |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><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.) |                                  |

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](http://www.ssa.gov).

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(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

**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.)

|  |   |             |          |
|--|---|-------------|----------|
| <b>Step 3:</b><br><b>Claim Dependent and Other Credits</b> | 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 . . . . .   | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional): Other Adjustments</b>                | (a) <b>Other income (not from jobs).</b> 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 . . . . . | <b>4(a)</b> | \$ _____ |
|  | (b) <b>Deductions.</b> 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 . . . . .  | <b>4(b)</b> | \$ _____ |
|  | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ _____ |

**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**

|                       |                                   |                                |  |
|-----------------------|-----------------------------------|--------------------------------|--|
| <b>Employers Only</b> | Employer's name and address _____ | First date of employment _____ | Employer identification number (EIN) _____ |
|                       |                                   |                                |  |

# 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 \_\_\_\_\_  
Print Name Here hereby certify that I have reviewed the Student 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.

## Direct Deposit Setup

Visit [connorsstate.edu](http://connorsstate.edu), and in the top right corner select My CSC. Your screen will look like this:



Select Faculty & Staff

### Faculty and Staff Main Menu

[Faculty & Staff Home](#)

[Banner](#)

[Canvas](#)

[C-Key Login](#)

[CSC Portal](#)

Once you log into the portal select employee from the menu:

**myConnorsState**

[Home](#) [Employee](#) [Faculty](#) [Advisor](#) [Logout](#)

## Home

Then select Employee Dashboard, and your screen will look like this: From there select Direct Deposit Information and enter your numbers. Please call me if you have any questions.

