

Office of Human Resources

APPALACHIAN STATE UNIVERSITY

Foreign National Student Employee New-Hire Paperwork

Congrats on landing your first on campus job!

In order to be hired and paid on time you must complete the new-hire process by following steps A-C outlined below.

Appointment required: You must email or call the Office of Human Resources to make an appointment prior to your new hire process meeting:

Holly Turlington - turlingtonhd@appstate.edu , 828-262-6616

Cindy Day - daycl@appstate.edu , 828-262-6481

DIRECTIONS:

A. Make an appointment:

The Office of Human Resources is located off-campus at 300 University Hall Drive in Boone, accessible by AppalCart (Pink Route - <https://www.appalcart.com/bus-routes>)

You must call the office ahead of time to make your appointment. The meeting will take approximately 30 minutes if all required documents in section B and C are ready.

B. Complete ALL of the following documents:

1. ***Student Temporary Authorization*** (See page 2 of this packet, completed with your supervisor or a representative from your employing department)
2. ***I-9 identifying documentation*** (see page 6 of this packet)
3. **Section 1 of I-9** (see page 5 of this packet)
4. ***NC-4NRA*** (State Tax Form, see page 3 and 4 of this packet)

C. Bring All of the following, original documents, if it is applicable to you:

1. Passport
2. All US issued visa(s)
3. I-94 form - Travel history
4. I-20 or DS-2019

Be sure to have items 1 and/or 2 in Step B, and any applicable items in Step C when coming for your appointment with the Office of Human Resources.

Please note: after meeting with HR you will have a follow up meeting with the Office of Tax Compliance for your Tax Analysis. This appointment will be arranged during your time with HR.

Office of Student Employment

APPALACHIAN STATE UNIVERSITY

Appalachian State University
Student Temporary Employment Authorization – HOURLY WAGE

Please submit completed form to the Office of Student Employment for approval

Student Name (last, first) _____ Banner ID _____

Permanent Address _____ AppState Email _____

(city, state, zip code) _____

Job Title _____ Hourly Wage \$ _____

Employing Department _____

Beginning date of Employment _____ Ending Date of Employment _____

Budget Information (FOAP Code) --- all fields required

Fund _____ Org _____ Account _____ Program _____

Time Sheet Org _____

- 1) Before reporting to work, all participants must have on file a Student Employment Authorization, the NC-4[EZ] and W-4 tax forms, and an I-9 form with printed confirmation of E-verify with either Appalachian State's Office of Student Employment or Office of Human Resources
- 2) Student temporary employees are under the immediate supervision of the person(s) in charge of their areas of assignment
- 3) Payrolls are due in the Controller's Office by the published payroll deadlines. All authorizations not properly submitted will be returned to the department.
- 4) Payroll checks will be issued on or before the 15th and the last working day of the month. If you owe Appalachian, it is subject to be deducted from the your paycheck. All student temporary employees are required to enroll in direct deposit via "Employee" tab of AppalNet.
- 5) Your employment as a student temporary employee is "at will". That is, just as you may resign from your employment with Appalachian at any time and for any reason, Appalachian may terminate your employment at any time and for any lawful reason.
- 6) Your employment in this position is contingent upon the continued availability of funds supporting this position.

The following statement must be completed for all individuals:

Statement of Selective Service Registration Compliance

___ I certify that I am registered with Selective Service

___ I certify that I am not required to be registered with selective service because

___ I am female

___ I am in the armed services on active duty (note: members of the Reserves & National Guard are not considered on active duty)

___ I have not reached my 18th birthday

___ I was born before 1960

___ I am a permanent resident of the Trust Territory of the Pacific Islands (Palau) or Northern Mariana Islands

___ I am a nonimmigrant alien

Statement: I understand I am not covered by unemployment insurance and I have read and understood the above statements.

Student Signature _____ Date _____

Supervisor Name _____ Supervisor Email _____

Supervisor Signature _____ Date _____

*Disclosure of employees' social security number is mandatory. Appalachian State University is authorized or required by federal law (including 26 U.S.C. 6011 and 26 U.S.C. 6051) to obtain your social security number for employment and tax purposes. The university will use your social security number to comply with federal employment tax laws and regulations.

<p>For Office of Student Employment Use Only:</p> <p><input type="checkbox"/> EPAF</p> <p><input type="checkbox"/> TCP</p> <p><input type="checkbox"/> WS Overage</p>
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<p>For Payroll Department Use Only:</p>
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NC-4 NRA Nonresident Alien Employee's Withholding Allowance Certificate

PURPOSE - If you are a nonresident alien, you must complete Form NC-4 NRA so that your employer can withhold the correct amount of State income tax from your pay. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.) Regardless of your actual filing status, the State income tax to be withheld will be determined as if your filing status is "Single" along with the number of allowances you claim on this form. If you do not provide a new Form NC-4 NRA to your employer before the first day of the first payroll period that ends on or after January 1, your employer is required to withhold as "Single" with zero allowances.

GENERAL INSTRUCTIONS - Complete the **NC-4 NRA Allowance Worksheet** on page 2. The worksheet will help you determine the number of withholding allowances you are entitled to claim based on federal and State adjustments to gross income, including the N.C. Child Deduction Amount, N.C. itemized deduction for charitable contributions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the State income tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 NRA with your employer within 10 days after the change occurs.

Generally, a nonresident alien is not eligible for the standard deduction. Line 2 of this form requires the nonresident alien employee to enter an additional amount of State income tax to be withheld for each pay period to account for the inclusion of the standard deduction in the wage bracket tables, percentage, and annualized methods of computing State income tax withheld. The additional tax to withhold per pay period is identified in a chart on page 2 of Form NC-4 NRA and represents the income tax on the standard deduction for the single filing status (\$12,750) divided by

the number of payroll periods during the year. For example, an employee paid monthly is required to enter \$55 ($\$12,750 \times 5.09\% \div 12$). The additional withholding properly addresses the tax impact of the ineligibility for the standard deduction for most nonresident alien employees. However, the additional withholding results in overwithholding on nonresident alien employees who are either students or business apprentices from India. These individuals should report \$0 on Line 2.

WAGES EXEMPT FROM WITHHOLDING - Wages that are exempt from U.S. income tax under an income tax treaty are generally exempt from withholding. Residents of Canada and Mexico who enter or leave the United States at frequent intervals are not subject to withholding on their wages if these persons either (1) perform duties in transportation service between the United States and Canada or Mexico, or (2) perform duties connected to the construction, maintenance, or operation of a water-way, viaduct, dam, or bridge crossed by, or crossing, the boundary between the United States and Canada or the boundary between the United States and Mexico. Nonresident aliens who are bona fide residents of the U.S. Virgin Islands are not subject to withholding of tax on income earned while temporarily employed in the United States.

TWO JOBS - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 NRA. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 NRA filed for the higher paying job and zero allowances are claimed for the other.

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated income tax payments using Form NC-40 to avoid interest on the underpayment of estimated income tax. Form NC-40 is available on the Department's website at: www.ncdor.gov.

CAUTION: All NC-4 NRA forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the Department. If you furnish an employer with a Nonresident Alien Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

Nonresident Alien Employee's Withholding Allowance Certificate

I certify that I am exempt from North Carolina withholding because I am a resident of Canada or Mexico and my duties are in transportation services.

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from Page 2, Line 12 of the NC-4 NRA Allowance Worksheet) _____
2. Additional amount to withhold from each pay period, see chart on Page 2, Part II, Line 13 _____ .00
3. Employee elected additional withholding (Enter whole dollars) _____ .00
4. Total additional withholding from each pay period. (Add Lines 2 and 3) _____ .00

Social Security Number _____

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____

M.I. _____

Last Name _____

Address _____

County (Enter first five letters) _____

City _____

State _____

Zip Code (5 Digit) _____

Country (If not U.S.) _____

Employee's Signature _____

Date _____

I certify under penalties provided by law, that I am entitled to the number of withholding allowances claimed above, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

NC-4 NRA Allowance Worksheet

Part I

Answer **all** of the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Will your charitable contributions exceed \$2,499? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will your N.C. Child Deduction Amount from Page 3, Schedule 1 exceed \$2,499? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will you have federal adjustments or State deductions from income? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Will you be able to claim any N.C. tax credits or tax credit carryovers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "No" to all of the above, STOP HERE and enter ZERO (0) as total allowances on Form NC-4 NRA, Line 1. On Line 2, enter \$13 if you are paid weekly; enter \$25 if you are paid biweekly; enter \$28 if you are paid semimonthly; or enter \$55 if you are paid monthly. If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you qualify for additional allowances.

NC-4 NRA

Part II

- | | | |
|---|--------|--------|
| 1. Enter your total estimated charitable contributions | 1. \$ | _____. |
| 2. Enter an estimate of your total N.C. Child Deduction Amount from Page 3, Schedule 1 | 2. \$ | _____. |
| 3. Enter an estimate of your total federal adjustments to income and N.C. deductions from federal adjusted gross income | 3. \$ | _____. |
| 4. Add Lines 1, 2, and 3 | 4. \$ | _____. |
| 5. Enter an estimate of your nonwage income (such as dividends or interest) | 5. \$ | _____. |
| 6. Enter an estimate of your N.C. additions to federal adjusted gross income | 6. \$ | _____. |
| 7. Add Lines 5 and 6 | 7. \$ | _____. |
| 8. Subtract Line 7 from Line 4 (<i>Do not enter less than zero</i>) | 8. \$ | _____. |
| 9. Divide the amount on Line 8 by \$2,500 . Round down to whole number | 9. | _____. |
| Ex. $\$3,900 \div \$2,500 = 1.56$ rounds down to 1 | | |
| 10. Enter the amount of your estimated N.C. tax credits | 10. \$ | _____. |
| 11. Divide the amount on Line 10 by \$128. Round down to whole number | 11. | _____. |
| Ex. $\$200 \div \$128 = 1.56$ rounds down to 1 | | |
| 12. Total number of allowances (Add Lines 9 and 11) Enter on Line 1 of Form NC-4 NRA | 12. | _____. |

13. Enter on Line 2 of Form NC-4 NRA the appropriate amount from the chart based on your payroll period

Payroll Period	Weekly	Biweekly	Semimonthly	Monthly
Additional Withholding	\$13	\$25	\$28	\$55



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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.