

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:

Jason Els, HR Specialist, 828-262-6616, elsjb@appstate.edu

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.

CAREER DEVELOPMENT CENTER

STUDENT EMPLOYMENT

Appalachian State University

Student Temporary Employment Authorization – HOURLY WAGE

Please submit completed form to the Office of Student Employment for approval. All fields are required for submission.

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.

For Office of Student Employment Use Only:

EPAF

TCP

WS Overage

For Payroll Department Use Only:

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

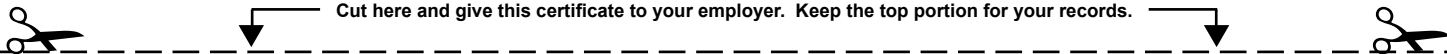
the number of payroll periods during the year. For example, an employee paid monthly is required to enter \$52 ($\$12,750 \times 4.85\% \div 12$). The additional withholding properly addresses the tax impact of the ineligibility for the standard deduction for most nonresident alien employees. However, 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 receive 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 \$12 if you are paid weekly; enter \$24 if you are paid biweekly; enter \$26 if you are paid semimonthly; or enter \$52 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 \$122. Round down to whole number | 11. | _____. |
| Ex. $\$200 \div \$122 = 1.64$ 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	\$12	\$24	\$26	\$52



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>		<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <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)					
		<p>If you check Item Number 4., enter one of these:</p>					
		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)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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 Student Employment Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name Appalachian State University		Employer's Business or Organization Address, City or Town, State, ZIP Code 263 Locust Street, 287 River Street, Boone NC 28608	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be **UNEXPIRED**.

* Documents extended by the issuing authority are considered unexpired.

Employees must present either 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).

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 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. 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</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"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

