

# HIRING PROCEDURES FOR A NEW INTERNATIONAL STUDENT EMPLOYEE





## **New Hire Checklist for International Student Employees**

Employ	yee Name:
SMU II	D:
Start D	ate:
Comple	ete the following steps before you begin working:
•	SMU is required by federal law to complete an Employment Verification Form (Form I-9) for all employees. A new employee must complete an I-9 Form no later than close of business on his/her first day of work. Please note that the federal government may impose civil penalties on SMU when a new employee has not completed the I-9 appropriately. See <a href="https://www.uscis.gov">www.uscis.gov</a> for further details.
•	Visit the International Student & Scholar Services Office at the International Center to obtain a work eligibility form (blue form), before visiting HR to complete an I-9 Form. Please note that if you are an international student and you will be working a 2 <sup>nd</sup> job, you must go to the International Center to obtain another work eligibility form for your 2 <sup>nd</sup> job.
	Work eligibility form completed, ISSO initials
•	Visit the Department of Human Resources to complete an I-9 Form. Office hours are 8:30 a.m. to 5:00 p.m. HR is on east campus, in Expressway Tower, located at 6116 N. Central Expressway, Suite 200, Dallas, TX, 75206. For questions or directions call 214-768-3311. Location and parking information.
•	The list of acceptable documents to complete an I-9 Form is on the following page. Please bring your documents with you and remember that <u>all documents must be originals and unexpired (copies are not accepted).</u> Additionally, you will need your I-94 number and your I-20 to complete the I-9 Form.
	Complete the W-4 form within this packet.
•	Complete the Direct Deposit Authorization Form within this packet. A voided check must be attached to the direct deposit form. Direct deposit is mandatory for all University employees, except for students who are participating in either a federal or state work study program. However, direct deposit is strongly recommended for students who are on work study.
•	Complete Alien Determination Form.
•	Once you have completed the W-4, Direct Deposit Authorization Form and Alien Determination Form return them to your supervisor. Your supervisor will attach these forms to the Payroll Authorization Form (PAF), which will be submitted to Payroll.
•	Maintain a record of hours worked until you have access to the time clock located in your building or TIMEaccess. Your supervisor can show you how to record your hours.
•	Bring this New Hire Checklist with you to HR. Your name, SMU ID, and start date must be completed at the top. Once you have completed the I-9, HR will initial below, indicating that you are authorized to work at SMU. Take this checklist back to your supervisor to show proof that you have completed the I-9 and can begin work.
NEW H	IIRE CHECKLIST  I-9 Completed, HR initials Work Eligibility Form W-4 Form Completed (Return to your supervisor) Direct Deposit Form Completed and Voided Check Attached to the Form (Return to your supervisor) Alien Determination Form (Return to your supervisor)

<u>IMPORTANT:</u> Return this form to your supervisor after you have completed the I-9 and HR has initialed above. This checklist is only for your department's records.

Payroll does not require the checklist, nor does it need to be attached to the Payroll Authorization Form (PAF).

## LISTS OF ACCEPTABLE DOCUMENTS TO COMPLETE FORM I-9

To complete the I-9 Form, you must present proof of identity and proof that you are legally allowed to work in the United States.

**Option A –** One document from the list below is acceptable for both <u>identity</u> and <u>employment eligibility</u>. Only <u>unexpired, original documents</u> are accepted.

#### Documents that Establish both Identity and Employment Eligibility

- 1. U.S. Passport or U.S. Passport Card
- 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- 3. Foreign passport with 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. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, an unexpired foreign passport with Form I-94 or Form I-94A, bearing the same name as the passport and containing an endorsement of the alien's non-immigrant status, as long as the 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 Free Associate Between the United States and the FSM or RMI

**Option B –** If you do not have any documents from Option A, you will need **one document to establish identity** and **one document to establish employment eligibility**. Only **unexpired, original documents** are accepted.

### **Documents that Establish Identity**

- 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
- 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. U.S. Military card
- 5. Military dependent's ID card
- 6. U.S. Coast Guard Merchant Mariner Card
- **7.** Driver's license issued by a Canadian government authority

## **AND**

## Documents that Establish Employment Eligibility

- Social Security Account Number card other than the one that specifies on the face that the card does not authorize employment in the United States
- **2.** Certification of Birth Abroad issued by the Department of State (*Form FS-545*)
- **3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or territory of the United States bearing an official seal
- 5. Native American tribal document
- 6. U.S. Citizen ID Card (Form I-197)
- **7.** ID Card for use of Resident Citizen in the United States (*Form I-179*)
- **8.** Employment authorization document issued by DHS

Form I-9 (Rev. 08/07/09) Y Page 5



□ Savings

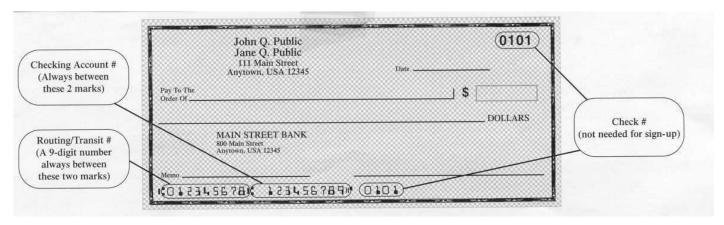
Deposit Amount:

# SOUTHERN METHODIST UNIVERSITY Payroll Department

## **DIRECT DEPOSIT AUTHORIZATION FORM**

To enroll in direct deposit, complete this form and send it to the Payroll Department. Attach a voided check for each checking account—<u>not a deposit slip</u>. If depositing to a savings account, ask your bank for written verification of the Routing/Transit Number for your account—it's usually not what's on the savings account deposit slip. This will ensure that your pay is deposited to your account correctly.

Below is a sample check detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting to the Payroll Department.

**Payroll** - I authorize my employer, Southern Methodist University ("SMU"), and the Financial Institution(s) named below to deposit my net pay by electronic transfer to my account(s) each payday. If amounts to which I am not entitled are deposited into my account, I authorize SMU to direct my Financial Institution to reverse them. In the event my designated account is closed or contains an insufficient balance to allow a reversal for amounts deposited in error, I agree that SMU may withhold any amounts owed to me until such amount is repaid.

This authority is to remain in full force and effect until I revoke it by giving 10 days prior written notice.

Employee Nar	me		SMU ID				
Employee Signatu	ire			Date			
New Employe	es: check here!	Γhis is the firs	t direct deposit authorization for Pay	roll I have ever submitted to SMU.			
			able Direct Deposit Author SMU Accounts Payable De	rization Form for reimburseme epartment.	ents		
PAYROLL DIRECT I	DEPOSIT ACCOUNT INF	ORMATION					
				st be designated as your "Balance" acc			
☐ Checking	Account Number						
☐ Savings	Deposit Amount:			OR Balance			
2. Routing/Transit #	# (9 digits)		Bank Name				
_	Account Number						
Savings	Deposit Amount:	\$		OR Balance			
3. Routing/Transit #	# (9 digits)		Bank Name				
Checking	Account Number	r					

OR

■ Balance

## SOUTHERN METHODIST UNIVERSITY ALIEN DETERMINATION OF RESIDENCY FORM

All applicable questions must be answered. Attach copies of documents listed on the back of this form. This form and documents must be returned before any payment will be issued.

FOR PAYRO	LL USE ONLY
Visa:	FICA: Y N
Entr:	Start:
Exp:	Resident
Ctry:	Nonresident
Entered Rv	

SECTION I. PAYEE INFORMATION								
Name (Last, First)		Email:	SSN or ITIN					
Country of Citizenship		Country of Residence		Department (of employment)				
Passport Issued by (Countr	y) and Passport Number	Visa Number (not control i	SMU Student ID (if applicable)					
	SE	CTION II. CURRI	ENT ALIEN STAT	TUS				
Permanent R Permanent R B-1, WB, W F-1 Student	esident Applicant	F-1 Student on "  J-1 Student  J-1 Student on "  J-1 (Reseach Sc Short-Term Scho	H-1B Employee  J-2 Spouse/Dependant of J-1 (non-student) J-2 Spouse/Dependant of J-1 (student) Other USCIS Classification:					
SE	CTION III. IMM	IGRATION INFO	RMATION (Permane	ent Residents s	kip to Section	1 IV)		
Furnish the information		r of days of physical pr	resence in the US for e					
	List Calendar Year	Number of days of Physical Presence	Periods (dates) of physical presence	Visa/USCIS classification		Were tax treaty benefits taken?		
EXAMPLE	2007	350	1/15/07—12/31/07	J-1 Pro	ofessor	No		
Current Year								
Last Calendar Year								
2 Years Ago								
3 Years Ago								
4 Years Ago								
5 Years Ago								
6 Years Ago								
Date of first entry into US  USCIS visa of first entry  USCIS visa of first entry		classification held during Expiration date of current classification		USCIS Anticipated US		date of departure from the		
SECTION IV: CERTIFICATION AND SIGNATURE								
I certify that to the best of my knowledge all of the information provided above is true, correct and complete.  Signature  Date (MM/DD/YY)								
2.5.14.41.0				Dui	(1,11,11,1)			

SECTIO	ON V: DETER	MINATION OF	RESIDENT STATUS	FOF	R TA	XW	ITH	HOLD	ING	
TEST 1		<b>A. F-1 or J-1 STUDENTS:</b> Were you present in the US as a student, trainee or teacher during any part of the five (or fewer) calendar years, but not more than five years?								
Exempt from the Substantial Presence Test		B. J-2 Spouse of STUDENT: Are you the spouse of a J-1 student described in Question A above?								
(F or J Classification)	either entirely ab	C. J-1 NON-STUDENT Within the period of the previous six calendar years, were you either entirely absent from the US or present in the US as a student, trainee or teacher for only one calendar year?								
	D. J-2 Spouse of described in Qu		Are you the spouse of a J-1	non-s	studen	.t				
			are considered a Nonresiden ' to any questions above OF							Test 2.
		Calculate the	e number of days of physica	ıl pres	ence i	n the	US.			
mean a		List Calendar Year	Number of days of physical presence					Compu	utation fo	or Test
TEST 2	Current Year			X	1	=				
Substantial	Last Year				1/3	=	+			
Presence Test	2 Years Ago				1/6	=				
					-, -	TO	ΓAL			
	n for Tax Purposes IPLETE W-9)		Nonresident Alien for Tax Scholarship/Fellowship R Independent Contractor/I uments to attach to this	Purpo Receip Honoi	oses ents n rariur	nust (	comp ist coi	mplete \	W-8BEN	N-I
ALL classifications MUST		Copy of US Visa; C	Copy of I-94 card (both sides) (does For SSN or ITIN; W-9 form (Reside	s not ap	ply to F	PR or P		•		
Permanent Resident		Permanent Resident	t or Resident Alien Card							
Permanent Resident Applic	cant	Unexpired Employn Application has bee	ment Authorization Card (EAD); In processed.	Letter fr	rom US	CIS sta	ating th	ne Perman	ent Reside	nt
F-1 Student		Page 1 and 3 of I-20	)							
F-1 Student on Optional Pr	ractical Training (OPT)	Page 1 and 3 of I-20	); Unexpired Employment Authori	zation (	Card (E	AD)				
F-2 Student on Curricular I	Practical Training (CP	Γ) Page 1 and 3 of I-20	(Page 3 MUST indicate "CPT" ar	nd "Sou	ıthern M	<b>Aethod</b>	list Uni	versity"		
J-1 Student		DS-2019 Form								
J-1 Non-Student		DS-2019 Form								
J-2 Spouse		Unexpired Employr	ment Authorization Card (EAD)							
H-1B Worker		I-797 Notice of Act	I-797 Notice of Action (if a current H-1B can accept Receipt Notice); Prevailing Wage Statement							
TN Professional		I-94 indicating "TN	" status and the "Southern Method	list Uni	versity"	'; Pictu	ire Page	e of Passp	ort	
Treaty Eligible Aliens: (Mu	ust have SSN or Receip	-Form W-9 and W-9	venue Procedure Statement (Emplo 9A (Employees, Resident) nd recipients and Post-Doc Fellows endent Contractors)	-	Non-Re	sident)				
SEC	TION VII: TO	BE COMPLET.	ED BY DEPARTMEN	$\sqrt{T}R$	EPRI	ESE	NTA	TIVE		
Department Contact I Email Address: Fax Number:	Person:		Department Nar Phone Number:							

## Form W-4 (2014

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding, if you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- Is age 65 or older,
- Is blind, or
- . Will claim adjustments to income; tax credits; or

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments, Information about any future

itemiz	red deductions, on h	is or her tax return,	converting your other credits in	to withholding allowar	nces. developme enacted at	ents affecting Form V ter we release it) will	V-4 (such as legislation be posted at www.irs.g	gov/w4.	
		Person	al Allowances Works	<b>heet</b> (Keep fo	r your records.)				
A	Enter "1" for yo	ourself if no one else car	claim you as a dependent				A _		
	ſ	You are single and h	ave only one job; or			)			
В	Enter "1" if:	<ul> <li>You are married, hav</li> </ul>	e only one job, and your sp	oouse does not	work; or	} .	В		
	(		cond job or your spouse's v						
C			y choose to enter "-0-" if y		and have either a w	orking spouse	or more		
	than one job. (E	Entering "-0-" may help y	ou avoid having too little ta	ax withheld.) .			с _		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return								
E	Enter "1" if you	will file as head of hous	ehold on your tax return (s	see conditions u	nder <b>Head of hou</b> s	sehold above)	, , E		
F	Enter "1" if you	have at least \$2,000 of	child or dependent care e	xpenses for wh	iich you plan to cla	im a credit .	. , F		
			ments. See Pub. 503, Chil						
G			hild tax credit). See Pub. 9						
	•		65,000 (\$95,000 if married)			hen <b>less</b> "1" if :	you		
		•	s "2" if you have seven or r				•		
			00 and \$84,000 (\$95,000 and		**	•			
H	Add lines A throu	_	(Note. This may be different f				*****		
	For accuracy,		e or claim adjustments to i Norksheet on page 2.	ncome and wan	t to reduce your with	nholding, see th	e <b>Deductions</b>		
	complete all worksheets	earnings from all jobs	d have more than one job exceed \$50,000 (\$20,000 i	or are <b>married</b> f married), see tl	and you and your and Two-Earners/Mi	spouse both w uitiple Jobs Wo	ork and the com orksheet on page	ibined e 2 to	
	that apply.	avoid having too little							
		• If neither of the abo	ve situations applies, stop h	ere and enter th	e number from line l	1 on line 5 of Fo	rm W-4 below.		
		Separate here and	i give Form W-4 to your en	nployer. Keep th	ne top part for your	records			
	<b>187/</b>	Employ	ee's Withholding	<b>Allowan</b>	ce Certifica	te	OMB No. 1545-0	0074	
Form	AA		~ ntitled to claim a certain numb	•			୭⋒4∠	1	
	tment of the Treasury at Revenue Service		the IRS. Your employer may b					<b>T</b>	
i	Your first name	and middle initial	Last name			2 Your social	security number		
	Home address (	number and street or rural rou	te)	3 Single	Married Marr	ied, but withhold	at higher Single rate	<b>3</b> .	
				Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box					
	City or town, sta	ate, and ZIP code		4 If your last name differs from that shown on your social security card,					
					You must call 1-800-		· · · · · · · · · · · · · · · · · · ·		
5		•	laiming (from line H above				5		
6			ithheld from each paychec				6 \$	3000000	
7			r 2014, and I certify that I r		•		m.		
	Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and								
	This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.  If you meet both conditions, write "Exempt" here								
Unde			examined this certificate and			1 7 1	orrect, and comp	lete.	
		* **							
	loyee's signature form is not valid	e unless you sign it.) ▶				Date ►			
8			mplete lines 8 and 10 only if sen	ding to the IRS.)	9 Office code (optional)	10 Employer id	dentification number	(EIN)	

orm W-	-4 (2014)								₽age <b>∠</b>
			Deduct	ions and A	djustments Works	heet			
Note.	Use this work	sheet <i>only</i> if	you plan to itemize d	eductions or	claim certain credits or	adjustments	to income.		
1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details								
			ied filing jointly or qui		•				
2	Enter: \$9	,100 if head	of household or married filing sepa		}		, <b>2</b>	\$	
3			. If zero or less, enter				3	\$	
4					additional standard ded			\$	
5	Add lines 3	and 4 and er		e any amoui	nt for credits from the	Converting (	Credits to	\$	
6	_				vidends or interest) .			\$	
7			. If zero or less, enter					\$	
8					ere. Drop any fraction		8		
9			•		t, line H, page 1				
10	Add lines 8 a	nd 9 and ente	er the total here. If you	u plan to use	the Two-Earners/Mult	tiple Jobs Wo	orksheet,		
	also enter this	s total on line	1 below. Otherwise,	s <b>top here</b> an	d enter this total on Fo	rm W-4, line 5	5, page 1 10		
	*	'wo-Earne	rs/Multiple Jobs '	Worksheet	: (See Two earners o	or multiple je	obs on page 1.)		
Note.				-	ge 1 direct you here.				
1					ed the <b>Deductions and A</b> o				
2					ST paying job and ent				
	than "3" .				ing job are \$65,000 or I		2		
3					om line 1. Enter the res				
					of this worksheet				
Note.					age 1. Complete lines	through 9 be	elow to		
	figure the add	ditional withho	olding amount necess	sary to avoid	a year-end tax bill.				
4			2 of this worksheet			4			
5			1 of this worksheet			5			
6								<u></u>	
7					ST paying job and ente			\$	
8		•			additional annual withh			<b>D</b>	
9					ir example, divide by 25 i nere are 25 pay periods i				
					ional amount to be withh			\$	
	the result fore	Tab		110 10 1110 00011	ional amount to be within		ble 2	Ψ	
	Married Filing	~~~~	All Other	s	Married Filing J		All C	Other	s
If wage:	s from LOWEST	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are-	Enter on line 7 above	If wages from HIGHI paying job are—	EST	Enter on line 7 above
***************************************	\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,0		\$590
	01 - 13,000 01 - 24,000	1 2	6,001 - 16,000 16,001 - 25,000	1 2	74,001 - 130,000 130,001 - 200,000	990 1,110	37,001 - 80,0 80,001 - 175,0		990 1,110
24,0	01 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,0	100	1,300
	01 - 33,000 01 - 43,000	4 5	34,001 - 43,000 43,001 - 70,000	4 5	355,001 - 400,000 400,001 and over	1,380 1,560	385,001 and over	•	1,560
43,0	01 - 49,000	6	70,001 - 85,000	6	-100 <sub>1</sub> 00 / tand 0 / 6:	1,000			
	49,001 - 60,000 7 85,001 - 110,000 7 60,001 - 75,000 8 110,001 - 125,000 8								
75,0	01 ~ 80,000	9	125,001 - 140,000	9					
	01 - 100,000 01 - 115,000	10 11	140,001 and over	10					
115,0	000,000 - 100	12							
	01 - 140,000 01 - 150,000	13 14				;	1		
	01 and over	15							

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.