



Graduate Assistantship Handbook

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Introduction

The Seton Hall University graduate assistantship program provides full tuition along with a stipend to a select number of full-time graduate students each year. The students receive access to subsidized high quality graduate education, while the University is able to make use of the talent within its own ranks. Each year, several hundred admitted graduate students apply for the assistantship program, of which approximately 75 are accepted. Most of the assistantships are held for two to three years. The majority of assistantships are given to students enrolled in the academic department which holds the assistantship, although over a third are supervised by administrative departments which welcome applicants from all graduate programs.

Students interested in obtaining a graduate assistantship must first be admitted on a full-time basis to a graduate degree program at Seton Hall. Upon admission, they should go to the graduate student financial aid homepage at

<http://www.shu.edu/applying/graduate/grad-finaid.cfm>.

Click on the **GA Jobs Database** to see a list of all of the posted graduate assistantships open for the coming year. Note that this list is constantly changing, as new graduate assistantships become available and as open positions are filled. Each position is accompanied by a description of required skills, as well as a note telling whether priority for that position is given to students enrolled in particular departments. If you see a position which matches your qualifications, apply directly by following the directions and attaching your resume and pasting your personal statement in the comment section.

Supervisors hiring for a particular position will contact you if you meet the required qualifications. We recommend that you check the Jobs Database frequently and apply for those positions for which you are competitively qualified. Most positions will be filled through this process.

Types of Graduate Assistantships

The term "**Graduate Assistant**" or "GA" is an umbrella term for three different categories of responsibilities performed by full-time graduate students who have been awarded an assistantship. The categories of graduate assistantships and the differences among them are as follows:

Teaching Assistants (TAs) have responsibility for instruction, laboratory supervision, lab preparation, tutoring, grading and other similar instructional activities.

Faculty Research Assistants (RAs) have responsibility for assisting faculty, departmental, school or University research endeavors.

Administrative Research Assistants (usually referred to as GAs) have responsibility for a broad range of carefully defined professional support functions including researching topical subjects, preparing statistical reports and other unique duties as assigned by their supervisors.

Assignments and Supervision

Departments employing graduate assistants conduct the regular supervision and evaluation of the graduate assistant's performance. Departments must provide to both the graduate assistant and the Office of the Provost a written description of the duties the graduate assistant is expected to perform at the time the position is offered.

Generally the duties performed by the graduate assistant are to be congruent both with educational level of the student and the category of assistantship. Graduate assistants should not routinely be assigned menial tasks. The chain of command to be followed when concerns arise about the appropriate duties is Supervisor, Chair of Supervisor, Dean, Vice Provost.

Appointment Period and Scheduled Hours

Since the duties, responsibilities, working conditions and stipends vary by type of assistantship, comparisons may lead to false conclusions. The Office of the Provost monitors compensation to help ensure it is reasonable and equitable across the University.

Graduate assistants are generally appointed yearly for either a nine or ten month period. Appointments generally begin each academic year on the first day of graduate classes and terminate nine or ten months later. Normally, students pursuing a master's level degree hold an assistantship for two years; doctoral students are generally limited to three years beyond the master's degree. Departments consider performance before a graduate assistant is reappointed. Due notice to the graduate assistant is required if the student's assistantship will not be renewed.

Graduate assistants, typically, are expected to be available for assignments 20 hours per week throughout their appointment period. (Law school students are expected to work 15 hours per week for their first year of studies). **Please note: work schedules vary by type of assistantship.**

- a. *Teaching Assistants* (TAs) follow the Academic Calendar, and perform duties when the University is open and classes are in session. Generally TAs are not required to come to campus when classes are not in session.
- b. *Faculty Research Assistants* (RAs) also follow the Academic Calendar and may, but are not required, to come in when classes are not in session. Hours are

scheduled by mutual agreement between the supervisor and the assistant, and should total 20 hours per week.

- c. *Administrative Research Assistants* (usually referred to as GAs) follow the University Calendar, not the Academic Calendar. They are expected to function within the structure of their particular office. Except for a mutually agreed upon schedule adjustment administrative/student service graduate assistants are obligated to follow the regular schedule of their respective offices.

Graduate Assistants first and foremost are students. Assistantships are designed to contribute to the students' academic and professional development. Scheduled hours missed due to illness, or mutually agreed upon adjustments for matters such as exams are to be made up at a mutually agreed upon times. However, all graduate students are entitled to holidays during which the University is **closed**, such as Presidents' Day, Thanksgiving Thursday and Friday and appropriate Christmas break.

Stipends and Scholarships

Stipends vary depending upon the type of assistantship (teaching, research, administration) held. While stipends vary by type of assistantship, they are similar for a given type. The amount of the stipend is approved by the division head.

Graduate assistants may be awarded a scholarship of **up to 24 credits in their program** for an academic year appointment. For continuing Graduate Assistants, credits may begin with the May Intersession and end with the spring semester. Graduate assistants are not free to choose from all course offerings of the University. (For example, non credit classes are not covered.) **For Law School Students, the scholarship limit is 18 credits.** Graduate assistants are required to carry **a minimum of 9 credits and a maximum of 12 credits per semester in their program.** In the semester in which a graduate assistant completes his or her program, the minimum credit load does not apply. **There is no right to unused credits. Credits may only be applied to program requirements.** Please note that unused credits can not be used in any later semester, **particularly not in a semester when the student is no longer a graduate assistant.** The scholarship may not be used to audit a course. A graduate assistant who desires to audit a course should request audit status during pre-registration/registration and complete the appropriate form in Enrollment Services.

Periodically, graduate students may find that they have to take an undergraduate course or a course not included in the requirements for a degree program in order to either meet a prerequisite requirement, or in order to master a set of skills necessary to engage in graduate study. Graduate Assistantships do not cover tuition for such courses, and thus graduate students carrying graduate assistantships must pay tuition for such courses out of pocket. The exception to this policy comes when a program agrees to grant credit for such a course on a substitution basis within the program.

Graduate assistants are responsible for paying all University fees in a timely fashion. No late fee should be charged as a result of the scholarship not being processed in a timely fashion by the University. Should this occur, the graduate assistant's immediate supervisor will help resolve the matter.

Summer Employment

Graduate assistantships are for the academic year only. However, some departments or colleges may choose to offer graduate assistants summer employment. No graduate assistant is guaranteed summer employment, nor does employment over one summer guarantee employment the following summer. Your supervisor is best positioned to advise you on the likelihood of summer employment.

Resignation and Termination

A graduate assistant who resigns prior to the end of his/her appointment is liable, on a pro-rated basis, for payment of all tuition and fees applicable to the semester in which the resignation takes place. Graduate assistants must maintain a 3.0 cumulative grade point average. If the grade point average falls below a 3.0, or if the graduate assistant receives a failing grade in a course, the graduate assistantship will not be awarded for the following semester. If, at the end of that semester, the student has raised his or her grade point average above a 3.0, he or she may reapply for a graduate assistantship for the semester following.

Graduate assistants cannot be terminated without due process.

Other Employment at the University

Additional work or restriction that may impact your graduate assistantship should be reviewed by the Office of the Provost.

Graduate Assistant Hiring Procedures for Departments and Supervisors

All open graduate assistantships for the coming year must be posted on the **GA Job Database**. Contact Catherine Jeffrey in the Office of the Provost for authorial access to the database. After posting the position, students will apply directly for the position using the automatic application function embedded in the database.

An offer of an assistantship should be made only in writing and contain all of the rights, responsibilities, duties and expectations of the position. A job description for the position should be provided to the candidate and to the Office of the Provost. (See sample letter).

Upon receipt of a signed letter of appointment from the successful candidate, several forms must be completed (see chart below). Blank graduate award notices may be obtained from Catherine Jeffrey, ext. 9255. All graduate assistants must complete I-9, W-4 and Personal Data forms available from Human Resources.

What to submit for each Graduate Assistant:

CHECKLIST

Graduate Award Notice	All GAs
Salary Change/Payment Authorization Form	All GAs
Appointment Letter	All GAs
Job Description	All GAs
W-4	New GAs only
I-9	New GAs only
Personal Data Form (PDF)	New GAs only
Social Security Card	International Students

University policy requires the following:

1. **Graduate Assistant Award Notice.** For each graduate assistant, both new and returning, the graduate assistant's supervisor must complete and forward a Graduate Award Notice to Office of the Provost. The form will then be forwarded to Enrollment Services so that the graduate assistant's balance due is adjusted for the scholarship awarded.
2. **Salary Change/Payment Authorization Form.** For each graduate assistant, both new and returning, the graduate assistant's supervisor must complete and forward a Salary Change/Payment Authorization Form to Office of the Provost. The form will be

forwarded to Human Resources to ensure that the graduate assistant receives a paycheck at the end of each month.

3. Letter of Appointment. All hiring departments/supervisors must provide to each graduate assistant, both new and returning, a formal letter of appointment each academic year. A letter of appointment should state the starting and ending dates of the graduate assistant appointment, as well as the amount of the stipend, the number of credits allowed and the standards of satisfactory job performance and academic performance. It should be made clear to the graduate assistant that s/he must meet appropriate academic standards, as determined by his/her respective program, and that program academic standards must be maintained to retain the assistantship. The appointment letter should be approved by the dean or director of the department. The graduate assistant must sign and return a copy of the letter indicating his or her acceptance of the terms and conditions of the appointment.

4. Job Description. All hiring departments must provide to the graduate assistant a written job description. A copy of the job description must be sent to Office of the Provost.

5. Personal Data Form. Newly appointed graduate assistants **only** must fill out the (PDF).

Federal Law Requires the Following:

6. W-4 and I-9 Forms. Newly appointed graduate assistants **only** must fill out a W-4 and an I-9 form in Human Resources.

7. International Students. International students who have 999 identification numbers in Seton Hall's student system **cannot be paid** until they obtain a Social Security Card. Information on how to obtain a Social Security Card is available from Office of International Programs, Fahy Hall, Room 128. The phone number is 973-761-9072.

State Law Requires the Following:

8. Health Insurance. Full-time students must carry health insurance. For more information, contact Student Services at (973) 761-9175.

9. Immunization Record. All new matriculated students must provide a valid record of immunization or evidence of immunity as a condition of admission or enrollment. For more information, contact Health Services at (973) 761-9175.

Please note: The Graduate Award Notice, Salary Change/Payment Authorization Form, Appointment Letter, W-4, I-9, PDF and Job description, should be submitted to Office of the Provost for prompt processing. Sending forms to other offices will delay the graduate assistant's paycheck and/or tuition remission.

A sample appointment letter, copy of Graduate Award Notice, Salary Change/Payment Authorization Form, W-4, I-9 and PDF are included in this Handbook.

Orientation and Training

The Office of the Provost provides general information and acts as University liaison for graduate assistants.

Departments and colleges may conduct their own orientation and training programs.

Departments employing graduate assistants as teaching assistants are responsible for designating a mentor for each teaching assistant. Departments are also responsible for developing a program, to be approved by the dean, that provides counseling and support for teaching assistants as well as supervision for their work.

APPENDIX

Sample Letter of Appointment

Today's Date

Mr./Ms. Graduate Assistant
Address
Address

Dear XXX

It is with great pleasure that I offer you the position as Graduate Assistant for (department) for the academic year XXXX-XXXX, effective (beginning date) and ending (ending date).

*For the academic year, this position provides you with tuition remission up to a maximum of 24 cumulative credits, or the number of credits required for you to complete your program, whichever is less (maximum 12 credits per semester). **Tuition remission will not cover courses that do not apply to your degree, nor will it cover courses beyond the number of credits you need to graduate. You will also receive a stipend of \$XXX/month, to be paid over 9/10 months.***

As a Graduate Assistant, your responsibilities will include (teaching, research administrative support XXXXX), and other duties as assigned for the (department). Please be aware that you must maintain a GPA of 3.0 to retain this assistantship.

You are required to work 20 hours per week. As an administrative GA you are required to work whenever the University is open regardless of whether or not classes are held. This includes Spring Break. (Please include here any specific details of the appointment that you wish)

Again, welcome to (department), we look forward to working with you.

Sincerely,

I agree to the terms and conditions of the GA Appointment as described above.

(Supervisor)
(Title)

Student

Salary Change / Payment Authorization Form (Return to Human Resources)

Employee Name (Last,First): _____ CWID: _____
 Department: _____ Effective Date: _____

PART A - Base Pay Adjustments

Complete All Fields

Current Information ("From")

Proposed New ("To")

Hourly Rate	Current Information ("From")	Proposed New ("To")
Annual Salary		
Job Title		
Position #		
Grade		
Months Per Year (if less than 12 months, also list months)		
Scheduled Hours Per Week		
Supervisor		

Basis for Change (Check one): Promotion: Demotion: Other:

Comments/Additional Details: Leave:

PART B - Base Stipend Payments

Amount of payment : _____

Position #:

Pay Period Start: _____
Pay Period End: _____

Budget to be charged: (Required)

Index: _____ Acct: _____ Percent: _____
 Index: _____ Acct: _____ Percent: _____
 Index: _____ Acct: _____ Percent: _____
 Index: _____ Acct: _____ Percent: _____

Supervisor:
 Print Name _____ Signature: _____ Date: _____

Budget Center Manager:
 Print Name _____ Signature: _____ Date: _____

Division Head:
 Print Name _____ Signature: _____ Date: _____

Human Resources: _____ JCRE Code: _____ Date: _____

Budget Office: _____ Date: _____

Grants Office: _____ Date: _____

Payroll Office: _____ Date: _____

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	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	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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 income, see Pub. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____		
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____		
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____		
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____		
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____		
For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> </tr> </table>				{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 				

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2009
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) **6** \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____

8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” **2** _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet **4** _____

5 Enter the number from line 1 of this worksheet **5** _____

6 **Subtract** line 5 from line 4 **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	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 HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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 return.

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.

State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Couple Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
Name					
Address					
City	State	Zip			
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3.		
4. Total number of allowances you are claiming (see instructions)			4.		
5. Additional amount you want deducted from each pay			5. \$		
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here . . .			6.		
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature			Date		
Employer's Name and Address			Employer Identification Number		

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Couple Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union couple works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the chart from instruction A, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE or MARRIED/CIVIL UNION COUPLE SEPARATE** and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED JOINT/CIVIL UNION COUPLE**, and your wages combined with your spouse's/civil union partner wages plus your taxable non-wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable non-wage income will be \$20,000 or less for the current year.
- Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(ers)/surviving civil union partner. **Single individuals or married/civil union couples filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

		WAGE CHART										
		Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
YOUR WAGES	0 10,000		B	B	B	B	B	B	B	B	B	B
	10,001 20,000		B	B	B	B	C	C	C	C	C	C
	20,001 30,000		B	B	B	A	A	D	D	D	D	D
	30,001 40,000		B	B	A	A	A	A	A	E	E	E
	40,001 50,000		B	C	A	A	A	A	A	E	E	E
	50,001 60,000		B	C	D	A	A	A	E	E	E	E
	60,001 70,000		B	C	D	A	A	E	E	E	E	E
	70,001 80,000		B	C	D	E	E	E	E	E	E	E
	80,001 90,000		B	C	D	E	E	E	E	E	E	E
	over 90,000		B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE 'A'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over		
\$ 0	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384		\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	
\$ 673	\$ 769	\$ 11.54 + 3.9%	\$ 673		\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000	
\$ 769	\$ 1,442	\$ 15.28 + 6.1%	\$ 769		\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000	
\$ 1,442		\$ 56.34 + 7.0%	\$ 1,442		\$ 75,000		\$ 2,930.00 + 7.0%	\$ 75,000	
\$ 9,615		\$ 628.45 + 9.9%	\$ 9,615		\$ 500,000		\$ 32,680.00 + 9.9%	\$ 500,000	
RATE 'B'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over		
\$ 0	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 961	\$ 5.76 + 2.0%	\$ 384		\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000	
\$ 961	\$ 1,346	\$ 17.30 + 2.7%	\$ 961		\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000	
\$ 1,346	\$ 1,538	\$ 27.70 + 3.9%	\$ 1,346		\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000	
\$ 1,538	2,884	\$ 35.18 + 6.1%	\$ 1,538		\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000	
\$ 2,884		\$ 117.29 + 7.0%	\$ 2,884		\$ 150,000		\$ 6,100.00 + 7.0%	\$ 150,000	
\$ 9,615		\$ 588.46 + 9.9%	\$ 9,615		\$ 500,000		\$ 30,600.00 + 9.9%	\$ 500,000	
RATE 'C'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over		
\$ 0	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 769	\$ 5.76 + 2.3%	\$ 384		\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000	
\$ 769	\$ 961	\$ 14.62 + 2.8%	\$ 769		\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000	
\$ 961	\$ 1,153	\$ 19.99 + 3.5%	\$ 961		\$ 50,000	\$ 60,000	\$ 1,040.00 + 3.5%	\$ 50,000	
\$ 1,153	\$ 2,884	\$ 26.71 + 5.6%	\$ 1,153		\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000	
\$ 2,884		\$ 123.65 + 6.6%	\$ 2,884		\$ 150,000		\$ 6,430.00 + 6.6%	\$ 150,000	
\$ 9,615		\$ 567.90 + 9.9%	\$ 9,615		\$ 500,000		\$ 29,530.00 + 9.9%	\$ 500,000	
RATE 'D'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over		
\$ 0	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 769	\$ 5.76 + 2.7%	\$ 384		\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000	
\$ 769	\$ 961	\$ 16.16 + 3.4%	\$ 769		\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000	
\$ 961	\$ 1,153	\$ 22.68 + 4.3%	\$ 961		\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000	
\$ 1,153	\$ 2,884	\$ 30.94 + 5.6%	\$ 1,153		\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000	
\$ 2,884		\$ 127.88 + 6.5%	\$ 2,884		\$ 150,000		\$ 6,650.00 + 6.5%	\$ 150,000	
\$ 9,615		\$ 565.40 + 9.9%	\$ 9,615		\$ 500,000		\$ 29,400.00 + 9.9%	\$ 500,000	
RATE 'E'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over			Over	But Not Over	Of Excess Over		
\$ 0	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384		\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	
\$ 673	\$ 1,923	\$ 11.54 + 5.8%	\$ 673		\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000	
\$ 1,923		\$ 84.04 + 6.5%	\$ 1,923		\$ 100,000		\$ 4,370.00 + 6.5%	\$ 100,000	
\$ 9,615		\$ 584.20 + 9.9%	\$ 9,615		\$ 500,000		\$ 30,370.00 + 9.9%	\$ 500,000	

The Personal Data Form (PDF) is used to record the name, address, and other personal information for all new and returning employees and to change personal information for current employees. Seton Hall University is an equal opportunity employer and is required by federal law to report certain data regarding our faculty, administrators and staff. To satisfy government regulations we must provide accurate data on citizenship, gender and race/ethnicity of all employees, as well as data on those who have self-identified as veterans and individuals with disabilities. All information is reported in statistical form only. Please refer to the reverse side of this form for an explanation of selected terms. After completing, please sign, date and return to the Department of Human Resources, Presidents Hall.

Check appropriate box

- New Hire/Rehire
 Employment Status Change

SHUID #: _____

Hire/Effective Date ____/____/____

Office Telephone Number (____) ____-____

PERSONAL DATA

- Mr. Mrs. Ms. Miss
 Dr. Monsignor Reverend Sister

Social Security Number _____

Last Name _____ First Name _____ Middle Initial _____

NAME CHANGE Legal documentation indicating name change is required. For list of acceptable documents, see reverse side.
 New Last Name _____ New First Name _____ New Mid Init _____

 Address _____ City _____ State _____
 Zip Code _____ County _____ Home Telephone Number (____) ____-____ Birth Date ____/____/____

- | | | | | |
|--|--|---|---|--|
| <u>Sex</u>
<input type="checkbox"/> Male
<input type="checkbox"/> Female | <u>Disability Status</u>
<input type="checkbox"/> Yes
<input type="checkbox"/> No | <u>Citizenship</u>
<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien
Visa Type _____
Expiration Date _____ | <u>Military Reserve Status</u>
<input type="checkbox"/> Not in Military Reserve
<input type="checkbox"/> Active Reserve
<input type="checkbox"/> Inactive Reserve-Subject to Call-up
<input type="checkbox"/> Inactive Reserve |
| <u>U.S. Veteran Status</u>
<input type="checkbox"/> Non-Veteran
<input type="checkbox"/> Vietnam-Era Veteran
<input type="checkbox"/> Disabled Vietnam-Era Veteran
<input type="checkbox"/> Veteran-Other
<input type="checkbox"/> Disabled Veteran-Other | <u>Race/Ethnicity</u>
<input type="checkbox"/> White
<input type="checkbox"/> Black
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Native American | <u>Marital Status</u>
<input type="checkbox"/> Single
<input type="checkbox"/> Married
<input type="checkbox"/> Divorced | <input type="checkbox"/> Separated
<input type="checkbox"/> Widowed | |

EMERGENCY CONTACT

 Last Name _____ First Name _____ Relationship _____
 Address _____ City _____ State _____ Telephone Number/Extension (____) ____-____

EDUCATION

_____	____/____/____	_____
Degree	Date Conferred	Granting Institution
_____	____/____/____	_____
Degree	Date Conferred	Granting Institution
_____	____/____/____	_____
Certificate/License	Date Conferred	Discipline

SIGNATURE

Signature _____

 Today's Date ____/____/____
 Revised November 2005