PAYROLL FORMS INSTRUCTION SHEET

All payroll packets must be completed and submitted to the SCCD Student Employment Office/Work Study, Sequoia Building – 105, prior to a student's initial day of work. Packet information must be received by the 10th, in order for a student to be paid at the end of the same month.

DIRECTIONS: Check off each step as completed and return Instruction Sheet with forms. Supervisor must provide copy of Student Employment Handbook (Version 5) to student worker. Available on-line at the SCCD Student Employment/Work Study website: cos.edu/en-us/student-support/student-employment

Student		Supervisor		
Student Demographic Survey				
	Complete the top portion of the form *Tax forms are mailed to the address on file with the COS Admissions Office; please make sure to keep your mailing address current. You may do this by logging in to Banner Web and updating your personal information.		Fill out the bottom section titled: "Supervisor"	
W–4 Form – Employee Withholding Allowance Certificate				
	Complete Employee portion			
	Sign and date lines "Employees signature" and "Date"			
I–9 Form - Employment Eligibility Verification				
	Complete Section I.		*Complete Section II.	
	Sign and date lines "Signature" and "Date" at the bottom of Section 1		Sign line titled "Signature of Employer or Authorized Representative" and list title	
Business Organization is:				
	College of the Sequoias, 915 S. Mooney Blvd., V			
Note:	Note: *Identification from either List A or from List B and List C must be written under the corresponding List. For			
 details regarding proper identification from Lists A, B and C, turn to the back page of the I–9. Attach copies of identification corresponding to Lists A, B, or C on I–9. <u>Required by Payroll:</u> An attached copy of the Social Security Card. Student's name in the Banner system must match name on Social Security Card; otherwise, student must submit Name Change Form to Admissions Office. 				
Oath of Office				
	Print name at the top		Fill out bottom portion of the page with date, name and	
	Position: Student Worker		title.	
_	District Name: Tulare County Schools			
	Print name in the oath paragraph Sign line "Employee's Signature".			
Notice of Exclusion from CalPERS Membership – [PERS–AESD–139 (9/99)]				
	Complete 1 and 2.		Sign line, "Signature of Certifying Officer" with title and	
	Sign line, "Signature of Employee"		date at the bottom of the page	
Notice to Employee Labor Code section 2810.5 – Paid Sick Leave				
	Print name "Print Name of Employee"		Print name "Print Name of Employer Representative"	
	Sign and date lines "Signature of Employee"		Sign and date lines "Signature of Employer	
	and "Date", below signature.		Representative" and "Date", below signature.	
Student Employment Application				
	Complete and sign.		Review for completeness.	
	Conviction Record Form			
Student Worker Agreement				
	Complete "Students" portion		Complete Supervisor section in center of page	
			Optional: List wage information in "Optional Budget Information" section	
Student Employee Acknowledgment of Responsibility for Security and Confidentiality of Student Records				
	Sign line, "Employee Signature"		Sign line, "Supervisor's Signature".	
Child Abuse Reporting Form				
	Read and sign			
	*Keep Administrative Procedures and California			
	Penal Code for future reference.			
New Hire Pamphlet from Workers' Compensation				
	Read and keep for future reference.			