



# Student Assistant Program Employment Form

OFFICE USE ONLY

Re-Hire  
New Hire  
Termination

I. Student Information  
Please complete items in Section 1 **only** and return all copies to the Student Assistant Program, Room C-209.

Name \_\_\_\_\_ BannerID# \_\_\_\_\_

Cell phone # \_\_\_\_\_ Ramapo E-mail \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Citizenship:	Age Range:	Ethnic Background:	Gender:
____ U.S. Citizen	____ 17	____ Am. Indian	____ Male
____ Permanent	____ 18-22	____ Asian	____ Female
____ Resident Alien	____ 23-30	____ Black	____ Prefer not to answer
____ Student Visa	____ 31-40	____ Prefer not to answer	

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

II. Unit \_\_\_\_\_ Job Title \_\_\_\_\_

a. Salary per hour: \_\_\_\_\_ 1st day of work: \_\_\_\_\_

b. **Termination:** Effective Date: \_\_\_\_\_

Reason: 1) Unit Student Aid/Grant allocation exhausted \_\_\_\_\_

2) Student's Federal Work-Study money exhausted \_\_\_\_\_

3) Student left college/graduated \_\_\_\_\_

4) Student resigned \_\_\_\_\_

5) For "cause" \_\_\_\_\_ reason \_\_\_\_\_

c. **Rate Change:** From: \_\_\_\_\_ To: \_\_\_\_\_ Date effective: \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

III. # of credits registered \_\_\_\_\_ Ck. Dist. \_\_\_\_\_ T/S Org. \_\_\_\_\_

SA \_\_\_\_\_ FW \_\_\_\_\_ Amt \$ \_\_\_\_\_ Position \_\_\_\_\_

FOAP \_\_\_\_\_

Position change: from \_\_\_\_\_ to \_\_\_\_\_ Date eff. \_\_\_\_\_

FOAP change: from \_\_\_\_\_

to \_\_\_\_\_

SAP \_\_\_\_\_ Date \_\_\_\_\_

HR \_\_\_\_\_ Date \_\_\_\_\_



**STUDENT ASSISTANT PROGRAM  
ON-CAMPUS EMPLOYMENT AGREEMENT**

Student's Name \_\_\_\_\_ Banner # R \_\_\_\_\_

I am accepting on-campus employment and understand that to remain employed in the Program, I must complete all employment paperwork prior to my first day of work.

**I agree to:**

1. Report to work on time in adherence with the agreed upon work schedule. If it is necessary to miss work, request excused absence from Supervisor as soon as possible.
2. Open timesheet on the first work day of the pay period and records hours worked after each shift on Web Time. Submit timesheet for approval bi-weekly. If alternate form of time reporting (Missed Timesheet doc.) submitted for three consecutive pay periods, student could face termination. Students are not paid for hours when the College is officially closed.
3. Adhere to the fifteen (15-20) hours per week maximum while classes are in session. Students who hold more than one job are limited to 15 hours per week. Students may work twenty-nine (29) hours during breaks and vacation with supervisor's permission.
4. Not work more than six (6) consecutive hours without taking an unpaid break of at least 30 minutes (1/2 hour) or during my scheduled class hours.
5. Request excused absence when planning to miss work.
6. Perform all aspects of the job to the best of my ability.
7. Act in a professional manner regarding confidentiality.
8. Discuss job-related problems with Supervisor and, if not resolved, with Student Assistant Program Coordinator.
9. Not work during my scheduled class hours.

I understand that I must be enrolled at least as a half-time (6 credits) student during the academic year (full time/12 credits if an International F-1 student unless in the last semester). If I accept summer employment, I must be enrolled for the Fall Semester.

I understand that I am making a semester-long commitment to the hiring unit.

If I fail to adhere to the practices cited above, my employment could be terminated.

If found to be justifiably dismissed "for cause" ("Termination Of Employment" on the Student Assistant Program web site), I understand I will not be referred to another unit for the remainder of the semester. Future participation in the Student Assistant Program will be determined on a case by case basis dependent upon previous history.

I have read fully, understand, and agree to uphold the conditions of employment as listed above in this document.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

# Right to be Free of Gender Inequity or Bias in Pay, Compensation, Benefits or Other Terms and Conditions of Employment

*New Jersey and federal laws prohibit employers from discriminating against an individual with respect to his/her pay, compensation, benefits, or terms, conditions or privileges of employment because of the individual's sex.*

## FEDERAL LAW

Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on, among other things, an individual's sex. Title VII claims must be filed with the United States Equal Employment Opportunity Commission (EEOC) before they can be brought in court. Remedies under Title VII may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

The Equal Pay Act of 1963 (EPA) prohibits discrimination in compensation based on sex. EPA claims can be filed either with the EEOC or directly with the court. Remedies under the EPA may include the amount of the salary or wages due from the employer, plus an additional equal amount as liquidated damages.

Please be mindful that in order for a disparity in compensation based on sex to be actionable under the EPA, it must be for equal work on jobs the performance of which requires equal skill, effort, and responsibility, and which are performed under similar working conditions.

There are strict time limits for filing charges of employment discrimination. For further information, contact the EEOC at 800-669-4000 or at [www.eeoc.gov](http://www.eeoc.gov).

## NEW JERSEY LAW

The New Jersey Law Against Discrimination (LAD) prohibits employment discrimination based on, among other things, an individual's sex. LAD claims can be filed with the New Jersey Division on Civil Rights (NJDCR) or directly in court. Remedies under the LAD may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

Another State law, N.J.S.A. 34:11-56.1 et seq., prohibits discrimination in the rate or method of payment of wages to an employee because of his or her sex. Claims under this wage discrimination law may be filed with the New Jersey Department of Labor and Workforce Development (NJDLWD) or directly in court. Remedies under this law may include the full amount of the salary or wages owed, plus an additional equal amount as liquidated damages.

Please be mindful that under the State wage discrimination law a differential in pay between employees based on a reasonable factor or factors other than sex shall not constitute discrimination.

There are strict time limits for filing charges of employment discrimination. For more information regarding LAD claims, contact the NJDCR at 609-292-4605 or at [www.njcivilrights.gov](http://www.njcivilrights.gov). For information concerning N.J.S.A. 34:11-56.1 et seq., contact the Division of Wage and Hour Compliance within the NJDLWD at 609-292-2305 or at <http://lwd.state.nj.us>.

***This notice must be conspicuously displayed.***



## Acknowledgment of Receipt of Gender Equity Notification

I received a copy of the gender equity notification on the date listed below.  
I have read it and I understand it.

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date



NEW JERSEY DEPARTMENT OF  
**LWD**  
LABOR AND WORKFORCE DEVELOPMENT  
nj.gov/labor



### **Confidentiality and Nondisclosure Agreement**

In consideration of my part-time employment at Ramapo College of New Jersey (hereinafter referred to as “Ramapo”), I agree to the following:

1. **Purpose.** I wish to provide services as a student aide at Ramapo College of New Jersey and acknowledge during the term of my work assignment that I may be the recipient of Confidential Information (as defined below).
2. **Definition of Confidential Information.** Confidential Information means any and all information, including without limitation, written materials, electronic information or data, files, policies, attorney-client privileged communications and work product, copyrighted materials, student records, employee records, methods and other confidential information of Ramapo (collectively, the “Confidential Information”) disclosed or obtained during the course of my work assignment at Ramapo. Confidential Information also extends to any third party’s information or data made available during the course of my work assignment. I acknowledge that this information is not generally known to the public or to others who could obtain certain value or benefit from their disclosure or use, and that this information is subject to a reasonable effort by Ramapo to maintain its secrecy and confidentiality.
3. **Nondisclosure of Confidential Information.** I agree not to use any Confidential Information disclosed to me for my own use or for any other purpose other than to carry out discussions concerning, and the undertaking of my work assignment at Ramapo. I will not disclose any Confidential Information of Ramapo to any third party. I agree that I will take all reasonable measures to protect the Confidential Information of Ramapo in order to prevent it from falling into the public domain or the possession of persons other than those persons authorized under this Agreement to have any such information. I further agree to notify Ramapo in writing of any misuse or misappropriation of Confidential Information. The obligations set forth in this section shall survive the terms of this agreement.
4. **Media and Publicity.** I will not disclose to any other person, including without limitation, any reporter, journalist, freelance writer or any other individual of a news media organization, any Confidential Information of Ramapo. The obligations set forth in this section shall survive the terms of this agreement.
5. **Return of Materials.** Any written materials or documents that have been furnished by Ramapo to me in connection with my work assignment will be promptly returned at the end of the assignment. If so requested by Ramapo, I will provide written confirmation to Ramapo evidencing my compliance with the terms of this section.

IN WITNESS WHEREOF, this Confidentiality and Nondisclosure Agreement is executed with an effective date as of \_\_\_\_\_ .

\_\_\_\_\_  
[INSERT NAME OF EMPLOYEE]

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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 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.



**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



## 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.

<b>RATE "A"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
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	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 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	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.29 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$ 56.35 + 7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00 + 7.0%	\$ 75,000	\$ 75,000	\$ 500,000	\$ 2,930.00 + 7.0%	\$ 75,000
\$ 9,615	\$ 96,154	\$ 628.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 32,680.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 32,680.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,195.77 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 478,180.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 478,180.00 + 15.6%	\$ 5,000,000
<b>RATE "B"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
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	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 962	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 962	\$ 1,346	\$ 17.31 + 2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.69 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$ 35.19 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$ 117.31 + 7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00 + 7.0%	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,100.00 + 7.0%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 588.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,600.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 30,600.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,155.77 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 476,100.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 476,100.00 + 15.6%	\$ 5,000,000
<b>RATE "C"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
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	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 + 2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000
\$ 769	\$ 962	\$ 14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000
\$ 962	\$ 1,154	\$ 20.00 + 3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040 + 3.5%	\$ 50,000	\$ 50,000	\$ 60,000	\$ 1,040 + 3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 26.73 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 123.65 + 6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00 + 6.6%	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,430.00 + 6.6%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 567.88 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,530.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 29,530.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,135.19 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 475,030.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 475,030.00 + 15.6%	\$ 5,000,000
<b>RATE "D"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
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	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 + 2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000
\$ 769	\$ 962	\$ 16.15 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000
\$ 962	\$ 1,154	\$ 22.69 + 4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 30.96 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 127.88 + 6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00 + 6.5%	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,650.00 + 6.5%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 565.38 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,400.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 29,400.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,132.69 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 474,900.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 474,900.00 + 15.6%	\$ 5,000,000
<b>RATE "E"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
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	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 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	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$ 84.04 + 6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00 + 6.5%	\$ 100,000	\$ 100,000	\$ 500,000	\$ 4,370.00 + 6.5%	\$ 100,000
\$ 9,615	\$ 96,154	\$ 584.04 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,370.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 30,370.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,151.35 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 475,870.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 475,870.00 + 15.6%	\$ 5,000,000



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

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

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

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

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

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

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

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

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

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

**Refer to the instructions for more information about acceptable receipts.**



# Ramapo College of New Jersey Authorization Agreement For Direct Deposit

I hereby authorize Ramapo College to initiate direct (automatic) deposit of my paycheck to my account(s) as indicated below:

Name: \_\_\_\_\_ Ramapo ID "R" Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check one:     New                       Change                       Cancellation

**Account #1:**

1.) Please deposit my net pay to the following account:

Type of Account:     Checking(1)  
                                   Savings

Bank Name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Transit/ABA Number(1):  
\_\_\_\_\_  
Account Number:  
\_\_\_\_\_

**Account #2:** (optional)

2.) Please also deposit a fixed amount of my net pay into the following account:

Type of Account:     Checking(1)  
                                   Savings

Fixed Amount: \_\_\_\_\_

Bank Name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Transit/ABA Number(2):  
\_\_\_\_\_  
Account Number:  
\_\_\_\_\_

- (1) This is the nine digit number that appears first on the bottom left of your check. For account other than checking, please call your bank to get transit/ABA number.
- (2) Note: Should you choose to have a fixed dollar amount directly deposited into a second account, the amount deposited into Account #1 will be your net pay less the fixed dollar amount deposited into Account #2.

For Payroll Use Only

Date: \_\_\_\_\_ Pay Period Prenoted: \_\_\_\_\_ Pay Period Effective: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

# New Jersey Earned Sick Leave

## Notice of Employee Rights

Under New Jersey's Earned Sick Leave Law, most employees have a right to accrue up to 40 hours of earned sick leave per year. Go to <https://nj.gov/labor/> to learn which employees are covered by the law.

**New employees must receive this written notice from their employer when they begin employment, and existing employees must receive it by November 29, 2018. Employers must also post this notice in a conspicuous and accessible place at all work sites, and provide copies to employees upon request.**

## YOU HAVE A RIGHT TO EARNED SICK LEAVE.

### Amount of Earned Sick Leave

Your employer must provide up to a total of 40 hours of earned sick leave every benefit year. Your employer's benefit year is:

Start of Benefit Year: \_\_\_\_\_ End of Benefit Year: \_\_\_\_\_

### Rate of Accrual

You accrue earned sick leave at the rate of 1 hour for every 30 hours worked, up to a maximum of 40 hours of leave per benefit year. Alternatively, your employer can provide you with 40 hours of earned sick leave up front.

### Date Accrual Begins

You begin to accrue earned sick leave on October 29, 2018, or on your first day of employment, whichever is later.

*Exception:* If you are covered by a collective bargaining agreement that was in effect on October 29, 2018, you begin to accrue earned sick leave under this law beginning on the date that the agreement expires.

### Date Earned Sick Leave is Available for Use

You can begin using earned sick leave accrued under this law on February 26, 2019, or the 120th calendar day after you begin employment, whichever is later. However, your employer can provide benefits that are more generous than those required under the law, and can permit you to use sick leave at an earlier date.

### Acceptable Reasons to Use Earned Sick Leave

You can use earned sick leave to take time off from work when:

- You need diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or you need preventive medical care.
- You need to care for a **family member** during diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or your family member needs preventive medical care.
- You or a family member **have been the victim of domestic violence or sexual violence** and need time for treatment, counseling, or to prepare for legal proceedings.
- You need to attend **school-related conferences, meetings, or events** regarding your child's education; or to attend a school-related meeting regarding your child's health.
- Your employer's business **closes due to a public health emergency** or you need to care for a child whose school or child care provider closed due to a public health emergency.

### Family Members

The law recognizes the following individuals as "family members:"

- Child (biological, adopted, or foster child; stepchild; legal ward; child of a domestic partner or civil union partner)
- Grandchild
- Sibling
- Spouse
- Domestic partner or civil union partner
- Parent
- Grandparent
- Spouse, domestic partner, or civil union partner of an employee's parent or grandparent
- Sibling of an employee's spouse, domestic partner, or civil union partner
- Any other individual related by blood to the employee
- Any individual whose close association with the employee is the equivalent of family



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## Advance Notice

If your need for earned sick leave is foreseeable (can be planned in advance), your employer can require up to 7 days' advance notice of your intention to use earned sick leave. If your need for earned sick leave is unforeseeable (cannot be planned in advance), your employer may require you to give notice as soon as it is practical.

## Documentation

Your employer can require reasonable documentation if you use earned sick leave on 3 or more consecutive work days, or on certain dates specified by the employer. The law prohibits employers from requiring your health care provider to specify the medical reason for your leave.

## Unused Sick Leave

Up to 40 hours of unused earned sick leave can be carried over into the next benefit year. However, your employer is only required to let you use up to 40 hours of leave per benefit year. Alternatively, your employer can offer to purchase your unused earned sick leave at the end of the benefit year.

## You Have a Right to be Free from Retaliation for Using Earned Sick Leave

Your employer cannot retaliate against you for:

- Requesting and using earned sick leave
- Filing a complaint for alleged violations of the law
- Communicating with any person, including co-workers, about any violation of the law
- Participating in an investigation regarding an alleged violation of the law, and
- Informing another person of that person's potential rights under the law.

Retaliation includes any threat, discipline, discharge, demotion, suspension, or reduction in hours, or any other adverse employment action against you for exercising or attempting to exercise any right guaranteed under the law.

## You Have a Right to File a Complaint

You can file a complaint with the New Jersey Department of Labor and Workforce Development online at [nj.gov/labor/wagehour/complnt/filing\\_wage\\_claim.html](https://nj.gov/labor/wagehour/complnt/filing_wage_claim.html) or by calling 609-292-2305 between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday.

**Keep a copy of this notice and all documents that show your amount of sick leave accrual and usage.**

You have a right to be given this notice in English and, if available, your primary language.

For more information visit the website of the Department of Labor and Workforce Development: [nj.gov/labor](https://nj.gov/labor).

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Enforced by: NJ Department of Labor and Workforce Development  
Division of Wage and Hour Compliance, PO Box 389, Trenton, NJ 08625-0389 • 609-292-2305

This and other required employer posters are available free online at [nj.gov/labor](https://nj.gov/labor), or from the Office of Constituent Relations, PO Box 110, Trenton, NJ 08625-0110 • 609-777-3200.

If you need this document in Braille or large print, call 609-292-2305. TTY users can contact this department through the New Jersey Relay: 7-1-1.



**Display this poster in a conspicuous place**

MW-565 (1/19)