



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 workday 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.
10. Agree not to use or share any confidential information disclosed to me in the workplace.

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

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.

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. 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]

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	Of Excess Over	Of Excess Over	Of Excess Over	Over	But Not Over	Of Excess Over	Of Excess Over	Of Excess Over	Of Excess Over
\$ 0	\$ 385		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	
\$ 673	\$ 769	\$	11.54 + 3.9%	\$ 673		\$ 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	
\$ 1,442	\$ 9,615	\$	56.35 + 7.0%	\$ 1,442		\$ 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	
\$ 96,154		\$	9,195.77 + 15.6%	\$ 96,154		\$ 5,000,000		\$	478,180.00 + 15.6%	\$ 5,000,000	
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	Of Excess Over	Of Excess Over	Of Excess Over	Over	But Not Over	Of Excess Over	Of Excess Over	Of Excess Over	Of Excess Over
\$ 0	\$ 385		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	
\$ 962	\$ 1,346	\$	17.31 + 2.7%	\$ 962		\$ 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	
\$ 1,538	\$ 2,885	\$	35.19 + 6.1%	\$ 1,538		\$ 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	
\$ 9,615	\$ 96,154	\$	588.46 + 9.9%	\$ 9,615		\$ 500,000	\$ 5,000,000	\$	30,600.00 + 9.9%	\$ 500,000	
\$ 96,154		\$	9,155.77 + 15.6%	\$ 96,154		\$ 5,000,000		\$	476,100.00 + 15.6%	\$ 5,000,000	
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	Of Excess Over	Of Excess Over	Of Excess Over	Over	But Not Over	Of Excess Over	Of Excess Over	Of Excess Over	Of Excess Over
\$ 0	\$ 385		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	
\$ 769	\$ 962	\$	14.62 + 2.8%	\$ 769		\$ 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	
\$ 1,154	\$ 2,885	\$	26.73 + 5.6%	\$ 1,154		\$ 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	
\$ 9,615	\$ 96,154	\$	567.88 + 9.9%	\$ 9,615		\$ 500,000	\$ 5,000,000	\$	29,530.00 + 9.9%	\$ 500,000	
\$ 96,154		\$	9,135.19 + 15.6%	\$ 96,154		\$ 5,000,000		\$	475,030.00 + 15.6%	\$ 5,000,000	
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	Of Excess Over	Of Excess Over	Of Excess Over	Over	But Not Over	Of Excess Over	Of Excess Over	Of Excess Over	Of Excess Over
\$ 0	\$ 385		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	
\$ 769	\$ 962	\$	16.15 + 3.4%	\$ 769		\$ 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	
\$ 1,154	\$ 2,885	\$	30.96 + 5.6%	\$ 1,154		\$ 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	
\$ 9,615	\$ 96,154	\$	565.38 + 9.9%	\$ 9,615		\$ 500,000	\$ 5,000,000	\$	29,400.00 + 9.9%	\$ 500,000	
\$ 96,154		\$	9,132.69 + 15.6%	\$ 96,154		\$ 5,000,000		\$	474,900.00 + 15.6%	\$ 5,000,000	
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	Of Excess Over	Of Excess Over	Of Excess Over	Over	But Not Over	Of Excess Over	Of Excess Over	Of Excess Over	Of Excess Over
\$ 0	\$ 385		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	
\$ 673	\$ 1,923	\$	11.54 + 5.8%	\$ 673		\$ 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	
\$ 9,615	\$ 96,154	\$	584.04 + 9.9%	\$ 9,615		\$ 500,000	\$ 5,000,000	\$	30,370.00 + 9.9%	\$ 500,000	
\$ 96,154		\$	9,151.35 + 15.6%	\$ 96,154		\$ 5,000,000		\$	475,870.00 + 15.6%	\$ 5,000,000	



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) Fixed Amount: _____
 Savings

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

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 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.

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, 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)