



## Student Hiring Process

Please read the instructions **FIRST** before proceeding.

### STEP ONE

- Click on the link to complete Section 1 of the Federal I-9 at <https://www.newi9.com/>
  - You will need to enter the 5 digit employer code for Tulane, which is **14000**.
  - Once completed, **please return to this packet to complete the forms.**

### STEP TWO

- Complete the four forms (*PPI*, [Direct Deposit](#), *L4*, *W4*) in this packet. You will need:
  - Your bank information to include the Routing number and Account number
  - Your social security number
  - Note: Feel free to consult with your parents if you have questions about the tax forms. Tulane University staff cannot provide any advice about the tax forms.
- Review the forms to make sure they are completed.
- **Note:** If you are unable to sign electronically, please print the forms, scan and email to your department.

### STEP THREE

- **IMPORTANT:** Save this PDF to your laptop, computer or electronic device.
  - Use "**Save As**" and include **your name** in the title of the document, ie, "**John Doe Hiring Packet.pdf**".
  - **Email** the PDF to the department contact where you will be working.
  - **Note:** If you are unable to sign electronically, please print the forms, scan and email to your department.

### STEP FOUR

The last step is to present supporting I-9 documents in person to:

Workforce Management  
Location: Tulane University Square  
Address: 200 Broadway, Suite 122  
Hours: Monday – Friday, 8:30 am to 5:00 pm  
**Tulane Shuttle: Take the Blue Line**

- Please review the [list of I-9 supporting documents before you come](#). You will need to bring original, unexpired documents only. This is a requirement according to Federal Law.

Once you present your documents to Workforce Management, you will receive an email within a week letting you know that you are in the Kronos timekeeping system. **You may not start working until you have received this email.**

Please call **Student Employment** if you have any questions: [Daisy Espiritu](#), 314-2219 or [Luis Behrhorst](#), 865-5149

PRIVATE & CONFIDENTIAL

**Payroll & Personal Information**

<b>Tulane ID Number</b>

I am a new hire/rehire  
 My information has changed

<b>Last Name, First Name, Middle Name</b>

<b>Home Phone</b>	<b>Cell Phone</b>

<b>Street Address (permanent W-2)</b>

<b>Birth Date (mm/dd/yyyy)</b>	<b>Gender</b>
	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>City, State</b>	<b>Zip Code</b>

<b>Spouse Name (Full)</b>

<b>Campus Address</b>	<b>Campus Phone</b>	<b>Supervisor's Name</b>

<b>Emergency Contact - Last, First MI</b>

<b>Emergency Contact - Street Address</b>

<b>Emergency Contact - City, State Zip</b>

<b>Emergency Phone</b>	<b>Emergency/Alternate Email</b>

<b>Country of Citizenship</b>	<b>Visa Type if not U.S. Citizen</b>

<b>Race / Ethnicity</b> <small>*** (Providing race/ethnicity information is voluntary per 41 CFR 60)</small>
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<p><b>Veteran Status</b></p> <p><b>Please check any and all which apply to you:</b></p> <p><input type="checkbox"/> <b>Disabled Veterans</b> - veterans who are entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or persons who were discharged or released from active duty because of service-connected disabilities.</p> <p><input type="checkbox"/> <b>Other protected Veterans</b> - veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.</p> <p><input type="checkbox"/> <b>Recently Separated Veterans (3 years)</b> - any veterans during the three-year period beginning on the date of such veterans' discharge or release from active duty. If yes, what was your separation date:        ___/___/____ (mm/dd/yyyy)</p> <p><input type="checkbox"/> <b>Armed Forces Service Medal Veterans</b> - veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Services medal was awarded pursuant to Executive Order 12985.)</p>
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**Are you :**

**Hispanic or Latino** of any race (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race):

**Yes**, (if yes, do not check any further boxes below)

**No**, (if no, check one box below)

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**Are you:**

**American Indian or Alaskan Native** (A person having origins in any of the original peoples of North, South America (including Central America) who maintains a tribal Affiliation or community attachment)

**Asian** (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent)

**Black or African American** (A person having origins in any of the black racial groups of Africa)

**Native Hawaiian or Other Pacific Islander** ( A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

**White** ( A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

**Two or more races**

Check here if you DO NOT want your home address and telephone number to appear in the on-line faculty/staff directory

**I certify that the information shown on this document is correct.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**Workforce Management Organization**  
 200 Broadway, Suite 120  
 New Orleans, LA 70118  
 Ph. (504) 865-5280  
 Fax (504) 865-6727

**Authorization Agreement for Payroll Direct Deposit**  
 (Direct Deposit is a requirement for all employees.)

**Section A: Employee Information (All fields are required.)**

Name (Last, First, MI)			
TUID Number		Department	

**Section B: Accounts**

<b>Account Type Action Type</b> <small>(Please choose one from each line below)</small>	<b>Bank Name</b>	<b>Routing Number (RN) Account Number (AN)</b> <small>(Please enter both numbers in each box below)</small>	<b>Amount Percent or "NET"</b>
1. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop		RN- _____ AN - _____	NET
2. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop		RN - _____ AN - _____	
3. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop		RN - _____ AN - _____	
4. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop		RN - _____ AN - _____	

**Section C: Certification**

In signing this form, I certify that I am an account holder of the designated accounts as listed in Section B above and authorize my employer, Tulane University, to deposit my net pay each payday into these designated accounts. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I further understand that in the event my institution is not able to deposit any electronic transfer(s) into my account because of incorrect bank account number routing number I provided or due to any action I take, my employer can not issue the funds to me until the funds are received by my employer from my financial institution. I understand that this process may take 3 – 5 business days.

**Signature:** \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_



State of Louisiana  
Department of Revenue

## Employee Withholding Exemption Certificate (L-4)

**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Basic Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

**Note to Employer:** Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

### Personal Allowances Worksheet

A. In Block A, enter "0" if you claim neither yourself nor your spouse, or

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or

A.

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

B.

— — Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records. — —

Form **L-4**

Louisiana  
Department of  
Revenue

## Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number	3. <input type="checkbox"/> No exemptions or dependents claimed		<input type="checkbox"/> Single <input type="checkbox"/> Married
4. Home address (number and street or rural route)			
5. City, State, ZIP			
6. Total number of exemptions you are claiming (from Block A above)		6.	
7. Total number of dependents you are claiming (from Block B above)		7.	
8. Additional amount, if any, you want withheld each pay period		8.	

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature

Date

### The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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# Form W-4 (2015)

**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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on 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. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • 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>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>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.</b>		<b>2015</b>
1 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. <b>Note.</b> 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 Additional amount, if any, you want withheld from each paycheck . . . . .		6		\$
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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 (This 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)	