

JU STUDENT EMPLOYMENT PROGRAM
AUTHORIZATION TO WORK: HOURLY & CONTRACT 2024-25
Already have DD set up

Student Last Name:

Student First Name:

JU Student ID #:

Student Social Security Number:

Supervisor Name:

Students Job Title:

Time Approver:

Approver Email Address:

Program Type: **FWS 12-00-84210-61430** (if student runs out of FWS, we will use UNIV please provide the budget #)

UNIV GL / Budget Number: _____

FUND CODE:

DEPT CODE:

Hourly Wage: **\$13.00** (Min wage, will auto increase with state increase)
(over min. wage, must attach brief justification of rate)

Date of Hire:

BOX NOT FOR HOURLY WORKERS

FINAID - Prior Approval Needed CIRCLE ONE - Contract Check Request

Contract Start Date:

Contract End Date:

Approximate Hours

Total Contract Amount: \$ _____ Bi-Weekly Amount to be Paid: \$ _____

As part of this contract, Jacksonville University reserves the right to alter policies and practices as well as terminate student employment based on the following provisions:

BUDGET APPROVAL

- | | |
|---|--------|
| ▪ Inability to perform duties | NAC 17 |
| ▪ Re-organization to the department or program | NAC 21 |
| ▪ Loss of funds to support employment under department budget | NAC 22 |
| ▪ Violation of any infraction listed in the Student Handbook | NAC 24 |

Position Title:

Department:

, 2800 University Blvd N, Jacksonville

Florida 32211

FWS and/or UNIV:

Student Worker

Student Title:

Student Worker

of Positions:

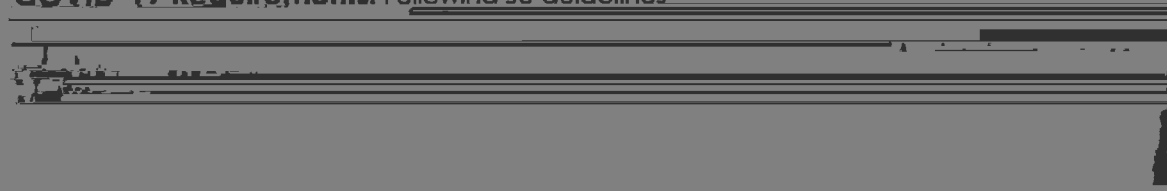
_____ for the full duration of the academic year (August-April)

Supervisor:

Rate of Pay:

13.00 (Min wage, will auto increase with state increase)
(higher rate will need to be justified by qualifications)

COVID-19 Requirements: Following JU guidelines



Basic Skills:

Contact:

at 904-256-_____ or

@ju.edu

Students will be evaluated at the end of each academic year to determine if



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

Section 1

Section 4 Employee Information and Attestation

U.S.

falling to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask

Check

Employee's Withholding Certificate

OMB No. 1545-0074

Form

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

Department of the Treasury
Internal Revenue Service

Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

(a) Employee's full legal name

(b) Social Security number

[Redacted area]

Enter Personal Information

Address

City or town, state, and ZIP code

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 www.ssa.gov.

- (c) Single or Married filing separately
 Married filing jointly or Qualifying surviving spouse
 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.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your

marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs)

First date of employment

Employer identification number (EIN)

[Redacted content]

Section references are to the Internal Revenue Code unless otherwise noted.

Aliens, before completing this form.

Specific Instructions

Step 2(b) Multiple Jobs Worksheet (Use for your records)



[Redacted content]

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

[Redacted content]

[Redacted content]

Married Filing Jointly or Qualifying Surviving Spouse

Higher Earning Job	Lower Earning Job	Annual Taxable Wage & Salary											

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	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770

\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300