Directions for Student Employment for International Students

***You cannot begin working on campus until all steps have been completed.***

1. **Student Employment Work Referral**:
   a. Complete the top portion of the form down to Student’s Signature.
   b. The supervisor in the department that you are hired in MUST complete the Employer Section.
   c. Take your work referral to the Office of International Education & Services and get a Verification letter to take to the Social Security Office. You will need this letter to obtain a Social Security number.

2. **Complete the Social Security Card Checklist**:
   a. Apply for your Social Security Card

      Social Security Office Administration
      2445 Cape Center Dr., Suite 101
      Cape Girardeau, MO 63701
      (866) 931-7077

3. **Pick up your Social Security number receipt** in 1 – 2 business days. If you cannot get your SSN in 3-5 days, please stop by SFS for further instructions.

4. **Go to Student Financial Services** – Academic Hall Room 019. Bring the following documents:
   a. Student Employment Work Referral form
   b. Passport
   c. VISA
   d. Social Security receipt with number
   e. I-94
   f. I-20
   g. MO W-4 tax document
   h. Direct Deposit form—optional for student employees

5. **Check your Southeast email**
   a. You will receive an email from sfsgrants@semo.edu.
   b. This email will contain UserID and password information to complete the online Foreign National Information form. You MUST COMPLETE this information for your tax documents to be processed.

6. **Receive an email** to stop by Student Financial Services – Academic Hall Room 019 to sign the tax documents.

If you have any questions, please contact:

**Student Financial Services, Academic Hall**
Southeast Missouri State University
One University Plaza, MS 3740
Cape Girardeau, MO 63701
Office: (573) 651-2253
Fax: (573) 986-6431

**International Education and Services, International Center**
Southeast Missouri State University
One University Plaza, MS2000
Cape Girardeau, MO 63701
Office: (573) 651-2583
Fax: (573) 986-6866
/Student Employment Work Referral

Southeast ID#: __________ Name: __________________________ SSN: __________________________

STUDENT EMPLOYEE ELIGIBILITY AND RESPONSIBILITIES

1. You must complete, and have on file with Student Financial Services, employment eligibility verification documentation for Immigration/Naturalization requirements (I-9).
2. You must be enrolled at least half-time (6 hrs) and in a degree-seeking program. Federal Work Study awards may require adjustments if other aid resources change, or you may be notified to terminate on-campus employment based on restrictions imposed by Federal regulations.
3. Students will be accountable for the information found in the student handbook. The complete handbook may be viewed at www.semo.edu/sfs/employment.

PREVIOUS CIVIL OR COLLEGE DISCIPLINE

☐ Convicted of a misdemeanor other than a traffic violation  ☐ Convicted of a Felony  ☐ Suspended/dismissed/expelled from any educational program/institution  ☐ None

Note: If the answer above is not “None”, a detailed explanation (including dates, locations, actions, etc.) must be attached.

I affirm that all information supplied is complete and accurate. Any misrepresentation may affect my eligibility to work at or attend this University.

I understand that I may not work or be paid for hours worked until this form is processed by Student Financial Services.

Student Signature: __________________ Date: __________________

EMPLOYER INFORMATION

A STUDENT MAY NOT WORK OR BE PAID FOR HOURS WORKED UNTIL THIS FORM IS PROCESSED.

A confirmation email will be sent to the supervisor once processing is complete. Please allow up to 3 business days.

_________________________  __________________________  __________________________  __________________________
Department Name  Supervisor Phone #  Time Approver Position #  Printed Name - Time Approver

_________________________  __________________________
Index & Org  Student Position #

_________________________  __________________________
Supervisor SE ID#  Supervisor Signature

PAYMENT INFORMATION

Choose one of the following:

☐ New Hire  ☐ Pay Adjustment  ☐ Additional Pay Rate

_________________________  __________________________  __________________________
Start Date  Stop Date  Wage Rate

Dept. Time Entry  Yes  No

INSTRUCTIONS: Wage rates must be between $7.70 and $10.27 per hour. Graduate students may be paid at the Graduate Assistant rate without wage rate justification. Hours worked must not exceed 20/week (40/week during break/summer periods). No payment will be made prior to student working.

 onde University Plaza MS 3740  /  Cape Girardeau, MO 63701
sfsgrants@semo.edu  /  T 573.651.2253  /  F 573.986.6431
DOCUMENTS YOU NEED TO APPLY FOR A SSN

- **Completed Social Security Card Application Form**
  The application form can be downloaded at [http://www.ssa.gov/online/ss-5.pdf](http://www.ssa.gov/online/ss-5.pdf)

- **Passport**

- **Form I-20 or Form DS 2019**
  - F-1 students must bring their Form I-20 (Certificate of Eligibility for Nonimmigrant Student Status)
  - J-1 or J-2 exchange visitors must bring their Form DS-2019 (Certificate of Eligibility for Exchange Visitor Status)

- **I-94 (Arrival Departure Record)**
  If you have not received a paper I-94, please visit [www.cbp.gov/I94](http://www.cbp.gov/I94) to obtain an electronic copy of your record

- **Verification Letter**
  Bring your Student ID to request your letter at the front desk of the Office of International Education and Services

- **Proof of Employment**
  Complete your Student Employment Referral Authorization Form or employment offer letter/contract
  This form should include your name, job, start date, number of hours you’ll be working, supervisor’s name and telephone number
  Bring your Student ID to request your letter at the front desk of the Office of International Education and Services

**NOTES:**

The Social Security Administration will verify your status on the Immigration and Naturalization Service database. New students must wait until you are enrolled and registered on SEVIS before applying for a social security number. Please allow 10 days after you enter the country to ensure your name is registered on the master database. You can check with the Office to verify that you are registered on SEVIS.
**Missouri Department of Revenue**

**Employee’s Withholding Allowance Certificate**

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

**Full Name**

**Social Security Number**

**Filing Status**

- Single
- Married
- Head of Household

**Home Address (Number and Street or Rural Route)**

**City or Town**

**State**

**ZIP Code**

1. **Allowance For Yourself**: Enter 1 for yourself if your filing status is single, married, or head of household.

2. **Allowance For Your Spouse**: Does your spouse work? Yes No

3. **Allowance For Dependents**: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.

4. **Additional Allowances**: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.

5. **Total Number Of Allowances You Are Claiming**: Add Lines 1 through 4 and enter total here.

6. **Additional Withholding**: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.

7. **Exempt Status**: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below.

8. **Military Spouses Residency Relief Act**: If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on Line 8. See information below.

9. **Income Earned**: If income earned as a member of any active duty component of the Armed Forces of the United States is eligible for the military income deduction write "exempt" on Line 8.

---

**Signature**

Employee’s Signature (Form is not valid unless you sign it) [Date (MM/DD/YYYY)]

---

**Employee Information**

- Do You Not Pay Missouri Income Tax on all of the Income You Earn?


Form MO W-4 is completed so you can have as much “take-home pay” as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark “Exempt” on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

<table>
<thead>
<tr>
<th>Single</th>
<th>Married Filing Combined</th>
<th>Head of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,100 — personal exemption</td>
<td>$ 4,200 — personal exemption</td>
<td>$ 3,500 — personal exemption</td>
</tr>
<tr>
<td>$6,350 — standard deduction</td>
<td>$12,700 — standard deduction</td>
<td>$ 9,350 — standard deduction</td>
</tr>
<tr>
<td>$8,450 — Total</td>
<td>$16,900 — Combined Total (For both spouses)</td>
<td>$12,850 — Total</td>
</tr>
<tr>
<td>+ $1,200 for each dependent</td>
<td>+ $1,200 for each dependent</td>
<td>+ $1,200 for each dependent</td>
</tr>
<tr>
<td>+ up to $5,000 for federal tax</td>
<td>+ up to $10,000 for federal tax</td>
<td>+ up to $5,000 for federal tax</td>
</tr>
</tbody>
</table>

**Items to Remember**

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

**Mail to:** Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

**Phone:** (573) 751-8750
**Fax:** (573) 526-8079

Direct Deposit Authorization Form

Personal Information

Name: __________________________________________

Last                                   First                                     M.I.

SE ID: ___________________           SSN#_____________________

___ Student ___ GA ___ Faculty ___ Regular Staff ___ Temp Staff

Please list all accounts you wish to be direct deposited. Any prior information on file will become inactive.

1 Direct Deposit

☐ Percent of Net Pay____   ☐ Fixed Amount_______   ☐ Discontinue

☐ Begin Date_________   ☐ Change from_________ to ________

Bank Information

Name of Bank:_____________________   ☐ Checking/Now

City and State:______________________   ☐ Savings

Bank Transit Routing Number (9 digits)

Account Number

2 Direct Deposit

☐ Percent of Net Pay____   ☐ Fixed Amount_______   ☐ Discontinue

☐ Begin Date_________   ☐ Change from_________ to ________

Bank Information

Name of Bank:_____________________   ☐ Checking/Now

City and State:______________________   ☐ Savings

Bank Transit Routing Number (9 digits)

Account Number

See next page to enter additional direct deposits.

I hereby authorize and request Southeast Missouri State University to make payments of any amounts owed to me by the University to my accounts listed above in the bank named above, hereinafter called Bank to accept my credit or adjustment entries initiated by the University to such account and to enter the same to such account without responsibility for correctness thereof.

Employee Signature _________________________   Date _________________________

Are any of your ACH transactions destined for another country outside of the United States?  ___ Yes   ___ No

Please Note:

1. This will be our payment method, for all payroll payments, as indicated on this form.
2. A payroll direct deposit, of authorized amounts, will occur each pay period.
3. It is understood, that this agreement may be terminated, by me at any time, by written notification, to Southeast Missouri State University.
4. Please allow 2 weeks for changes to take effect.
5. A voided check or print out, from bank, with bank account and routing number is required.