

**Hamilton College
Employment Authorization**

PLEASE READ:

-This form and the required payroll forms must be completed. Incomplete forms will result in the entire employment packet being returned.

-Submit all forms to Human Resources no later than the first day of employment in order to assure timely payment of wages earned. (See "Student or Summer Employment Calendar" on the Human Resources web site for deadlines.)

Please indicate type of employment (check all that apply):

Hamilton Student (Academic Year only) Non-Hamilton student Summer Temporary

TO BE COMPLETED BY THE EMPLOYEE

• **WOULD YOU LIKE TO CONTINUE YOUR CURRENT ACADEMIC YEAR DIRECT DEPOSIT ENROLLMENT?** Yes No (see reverse-select "Change" or "Cancellation")

• **WOULD YOU LIKE TO (RE)ENROLL IN DIRECT DEPOSIT?** Yes (see reverse-select "New") No

Name _____ Campus Mailbox # _____
(Please print name exactly as it appears on your Social Security Card and include copy of Social Security card.)

Mailing Address - Street _____ City _____ State _____ Zip _____
(International students do not need to complete mailing address section)

Social Security No. _____ Date of Birth _____ Class Year _____

Check Appropriate Boxes: Single Married Male Female

Please check appropriate status:

1. _____ US Citizen
2. _____ Green Card Holder
3. _____ International (Non-resident Alien)**
(Attach copy of work authorization.)

** If #3 is checked, please complete a W-4 form claiming single with one (1) allowance on line 5 and \$8.00 per week or \$15.00 biweekly additional withholding on line 6.

Previous Hamilton Employment:

- Yes *Date: _____
 No*

***If "No" is checked, or the last date of employment was prior to January 2008, please complete and submit all payroll forms (W-4, IT-2104, I-9, Direct Deposit and copy of Social Security card) no later than the first day of employment. These forms are available in the Payroll Office or on the Human Resources web site.**

TO BE COMPLETED BY THE SUPERVISOR NEW EMPLOYEE REHIRE CHANGE

Effective Dates of Employment/Change: **From:** _____ / _____ / _____ **To:** _____ / _____ / _____
Month/Day/Year Month/Day/Year

Pay Rate _____ Hourly Weekly Monthly Other _____
(Refer to Student Wage Guidelines or contact Human Resources, ext. 4688)

1. Total Amount to be Paid (If Weekly/Monthly/Other) _____
2. Department/Grant Name/Camp _____
3. Job Title _____
4. Budget Line Number _____

Supervisor's Signature _____ **Print Name** _____ **Date** _____

For Office Use Only
Payroll Status: _____ Taxes: _____ Direct Deposit: _____ Entered: _____

*HR/Payroll
March 2009*

Direct Deposit Authorization

Please indicate the following action:

____ New ____ Change ____ Cancellation

We offer the opportunity to have your paycheck deposited directly in any bank or financial institution that has a Transit Routing Number. If you wish to take advantage of this service, please complete the following information. An incomplete form will be returned.

IMPORTANT NOTICE

Initiating this process, or changing financial institutions, takes one payroll cycle. Until that time, you will continue to receive the actual paycheck.

If this is a change in your present direct deposit routing, it will cancel all previous instructions immediately. After the direct deposit is initiated, you will continue to receive a paycheck stub through campus mail.

Students must complete a new direct deposit form at the beginning of each academic year. For all other employees, this direct deposit enrollment will remain in effect until you advise the Payroll Department, in writing, to cancel or change it.

	1st Account	2nd Account	3rd Account
Financial Institution			
Transit Routing Number <i>First numbers on the bottom of check</i>			
Account Number(s)			
Savings or Checking <i>If checking, include voided check with form.</i>			
Amount to be deposited <i>Indicate "Entire Check" or "Partial Amount" and include Dollar Amount(s)</i>			

Name (*Please Print*) _____ Soc. Sec. #: _____

Signature _____ Date _____