- *Welcome to the Knox* –

Enclosed Information:

- **Student Personnel/Pay Record**
- **Form I-9**
- **Direct Deposit Form**
- **DCFS Mandated Reporter**
- **Biweekly Pay Schedule / Student Payroll Memo**

1. *Please complete all forms down to the signature line then sign and date*

2. *Complete the Direct Deposit form – if you have a check please write 'VOID' on the check . If you do not have a check please be sure the numbers you have recorded are correct.*

3. *On the DCFS Mandated Reporter form please print name at the top of the form then sign and date the bottom of the form*

4. *Please have the following documentation ready when you turn in your completed forms:*
   - Driver's License ***or*** Knox ID
   - **AND** original Social Security Card ***or*** certified copy of your birth certificate
   - **OR** Passport *(if you have a passport you do not need the above documents)*

5. *The completed forms must be returned to the Business Office in Rm. 106 Old Main or to a Business Office representative at either Orientation or the Payroll Sign-Up session. At that time we will review your documents and record the required information needed to complete the I-9 form.*

- Please read the information on the reverse of the Pay Schedule. This explains what must be done before you can be paid by the College along with other important information.
- Direct deposit statements are available to view on the my.knox site under the Campus Services tab, in the far left column under Campus Services/Pay Stub.
- All students who work during a calendar year will be sent a W-2 form noting their gross wages and tax withholding to their 'Permanent' address on file the following January. Notices will be posted in early January to allow students the opportunity to have their W-2 sent to their campus box.

If you have <u>any questions</u>, please stop by the Payroll Office in Rm. 106 Old Main or call ext. 7201 or ext. 7343.

KNOX COLLEGE

Galesburg, Illinois 61401

STUDENT

PERSONNEL - PAY RECORD / TAX INFORMATION

ID# **Knox College Box #**

Social Security # _____

Full Name _____

Home Address _____ Apt. #_____

City, State, Zip _____

Phone *(optional)*

FEDERAL FORM W-4

Employee Withholding Allowance Certificate

U.S. Citizen / Permanent Resident

Filing Status: ☐ Single *(FTXS)* ☐ Married *(FTXM)*

Total Number of allowances you want to claim* ..... ☐

Non-Resident Alien

Filing Status: ☐ Single *(NRTX)*

Total Number of allowances you want to claim* ..... ☐

ILLINOIS DEPARTMENT OF REVENUE FORM IL-W-4

Employee Withholding Allowance Certificate

Total Number of allowances you want to claim* ..... ☐

Employee Signature: **Date:**

(To be completed by Personnel/Payroll Office)

EEOC Sort: ***K*** Job Title: ***Student*** Event Hire Date: _____

Approved By ***Date*** ***Entered By***

**withholding worksheets available upon request.*

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
	___-___-___		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write In This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:	Date *(mm/dd/yyyy)*:

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP ***Employer Completes Next Page*** STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ *(See instructions for exemptions.)*

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Last Name *(Family Name)* First Name *(Given Name)*		Employer's Business or Organization Name
Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State / Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)* Last Name *(Family Name)* First Name *(Given Name)* Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date *(if any)(mm/dd/yyyy)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

KNOX COLLEGE

Galesburg, Illinois 61401

Direct Deposit Authorization Form

for

Payroll and Accounts Payable

Payments

Please return form to the Business Office in Rm. 106, Old Main.

Name:_____ ID#_____

I authorize Knox College and the financial institution named below to automatically deposit my net pay and/or accounts payable reimbursement to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to the Knox College Business Office.

Signature: _____ Date _____

Account Type: ☐ Checking ☐ Savings

Acct. Number: _____ Bank Routing Number:_____

Financial Institution: _____

Location (Branch): _____ *Phone Number: _____

City: _____ State: _____

**providing your institutions telephone number will help to speed up the processing of your request.*

Attach a voided check or savings deposit slip here:

Special Instructions *– (i.e. flat amount, percentage allocations)*

********** *to be completed by Payroll/Business Office* **********

☐ *Payroll (W/P)*

☐ *Accounts Payable (A/P)*

*entered by:*_____

*date:*_____

ddform_copy.doc/ls

Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

student worker, I will become a mandated reporter under the
(Type of Employment)
Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

_____
Signature of Applicant/Employee

_____
Date

CANTS 22
Rev. 8/2013

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

2015- 2016
Knox College
Bi-weekly Pay Schedule

- Students who work on campus or for College programs are paid through Payroll -
- Time worked must be recorded into the eTIME Timekeeping System - *see reverse for more information* -
- Students are paid the current State of Illinois hourly minimum wage rate on a biweekly schedule -
- *Direct deposit is a condition of employment* - Net pay is deposited into your bank account by the opening of the business day on the payroll date -
- You may view your pay statement online by logging into my.knox.edu and choosing the Pay Stub option under the Campus Services tab.

Weeks Worked *(Sunday thru Saturday)*			**** Time * must be entered by*** ***Sunday***	***Supervisor Aproval*** ***Deadline 12 p.m.*** ***Monday***	**Payroll Date**
16-Aug	*to*	29-Aug	*30-Aug*	31-Aug	04-Sep-15
30-Aug	*to*	12-Sep	*13-Sep*	14-Sep	18-Sep-15
13-Sep	*to*	26-Sep	*27-Sep*	28-Sep	02-Oct-15
27-Sep	*to*	10-Oct	*11-Oct*	12-Oct	16-Oct-15
11-Oct	*to*	24-Oct	*25-Oct*	26-Oct	30-Oct-15
25-Oct	*to*	7-Nov	*8-Nov*	9-Nov	13-Nov-15
8-Nov	*to*	21-Nov	*22-Nov*	***TBA***	***TBA***
22-Nov	*to*	5-Dec	*6-Dec*	7-Dec	11-Dec-15
6-Dec	*to*	19-Dec	*20-Dec*	***TBA***	***TBA***
20-Dec	*to*	2-Jan	*3-Jan*	4-Jan	08-Jan-16
3-Jan	*to*	16-Jan	*17-Jan*	18-Jan	22-Jan-16
17-Jan	*to*	30-Jan	*31-Jan*	1-Feb	05-Feb-16
31-Jan	*to*	13-Feb	*14-Feb*	15-Feb	19-Feb-16
14-Feb	*to*	27-Feb	*28-Feb*	29-Feb	04-Mar-16
28-Feb	*to*	12-Mar	*13-Mar*	14-Mar	18-Mar-16
13-Mar	*to*	26-Mar	*27-Mar*	28-Mar	01-Apr-16
27-Mar	*to*	9-Apr	*10-Apr*	11-Apr	15-Apr-16
10-Apr	*to*	23-Apr	*24-Apr*	25-Apr	29-Apr-16
24-Apr	*to*	7-May	*8-May*	9-May	13-May-16
8-May	*to*	21-May	*22-May*	23-May	27-May-16
22-May	*to*	4-Jun	*5-Jun*	***TBA***	10-Jun-16
5-Jun	*to*	18-Jun	*19-Jun*	20-Jun	24-Jun-16
19-Jun	*to*	2-Jul	*3-Jul*	4-Jul	08-Jul-16
3-Jul	*to*	16-Jul	*17-Jul*	18-Jul	22-Jul-16
17-Jul	*to*	30-Jul	*31-Jul*	1-Aug	05-Aug-16
31-Jul	*to*	13-Aug	*14-Aug*	15-Aug	19-Aug-16

*** Some supervisors may require all time worked be entered in the eTIME system prior to the deadlines noted above.**

TBA: To be Announced - *Notices will be sent verifying dates.*

All students working for the College must complete *direct deposit* and *tax forms* to be eligible to work and to be paid

*You will need to bring the following **original** documents to the Business Office in Old Main to complete tax forms –*

a) Driver's License ***or*** Knox ID
b) **AND** original Social Security Card ***or*** Certified Birth Certificate
c) **OR** you may use your Passport in lieu of documents from a) and b)

You will also need to have your bank's routing number and your account number to complete the direct deposit form.

Accessing Web Time Entry – Enterprise eTIME

- *The Payroll Office must have a Pay Authorization form from the department you are working for and the student must have completed tax forms on file before access can be given to the web time entry system. Once set up in eTIME an email will be sent with instructions on how to access eTIME.*
- There is a 'Student Web Time Card Login' quick link on the Knox College web page under Current Students that will take you directly to the web time entry system.
- Your username is the same as your network (email) username.
- Your password the first time you access the system will be your Knox College ID number. When you login the first time you will be prompted to change your password. *Please note your eTIME password is not updated when you change your email password.*
- If you forget your password please contact the Business Office and we will reset it for you.

Once you have logged into Enterprise eTIME you will need to click on the '**Home**' button in the upper right corner of the screen and then select the **MY TIMECARD** option to enter your time worked.

- All students must enter their time In and Out each day.
- The web time system will default 'a.m.' if you do not specify a.m. or p.m. when entering time. Please double check your time before and after 'saving' it on your time card.
- Review the 'Shift' and 'Daily' totals in the far right columns of your time card to make sure your time has been entered correctly.
- Click the ***SAVE*** button before exiting your time card.

Transfer Codes – *working for more than one department*

If you have more than one campus job you will be required to transfer your hours worked to the correct department with each entry. Each student will have their own unique 'transfer set' assigned. *If you are not able to access transfer codes then you are only set up for one position/job and the Payroll Office will need a Pay Authorization for your other campus job before a transfer set can be assigned.*

From your web time card –

- In the Transfer column next to the time you wish to transfer - Click on the 'spy glass' on the right side of the box – a separate Select Transfer screen will appear
- In the Division field click on the down arrow located on the right side of the box. The accounts you have access to transfer your hours worked will appear in the drop down box. Choose the correct account and then click 'OK'.
- Save your entry

From the Time Clock –

- Choose the Labor Transfer button and enter the correct account number - *account numbers should be located next to the machine*
- Choose the Enter button to finish

When should you enter time on your timecard? *The answer is* – DAILY !!!

- Some departments have computers for students to use and others may not. If you can not record your time from the department you are working in you must go to a lab or other accessible computer to record your time in the Enterprise eTIME website. A computer is also available in the Business Office, Rm. 106 Old Main, for students to record their hours worked.
- If you are working in one of the departments which use time clocks you need only to use your ID card to clock-in and clock-out each time you work. If you neglect to swipe your ID card when you start or leave work you should contact your supervisor immediately so they make the necessary adjustments to your time card.
- All time must be entered and approved in a timely manner so your supervisor(s) may access and approve your time card on the designated due dates noted on the Biweekly Pay Schedule (*see reverse side of this memo*).

Helpful Hints and Notes

- Remember to always save changes made to your timecard
- Note the Time Period at the top of the screen – it controls the time period you are viewing, entering time, approving, etc. *Make sure the dates are correct!*
- Some departments have their own rules regarding when you will need to approve your time. Be sure to select the correct time period before approving your time. Once you have approved your time card you will not be able to make changes in the time period you approved. For example, do not approve the 'Current Pay Period' when you only have time entered in the first week.
- If you have approved your time card you may remove your approval to make changes.
- Once your supervisor has approved your time card you will no longer be able to make changes to your time card.
- If you have questions or problems with your time card please contact your supervisor first.
- Failure to record your time worked in the eTIME system in a timely manner may result in the termination of your campus job.

If you have any questions or problems please contact:

Lisa Steinbach at ext. 7201 or Vicki Trant at ext. 7343
or stop by Room 106, Old Main