



500 E. College Street | Marshall, MO 65340 | 660.831.4000 | www.moval.edu

Office of Student Employment

10/22/24

MEMORANDUM FOR: Record and Immediate release.

To: Student Employees and Student Employees Supervisors.

Subject: Policy #2: Procedures for Students and supervisors for Federal, or MVC work study.

1. Meet the requirements outlined by the FWS or MVC work study program. Eligibility can be determined by the:
 - Manager of Student Work Study (Destiny Johnson)
studentemployment@moval.edu 660.831.4451
 - Director of Student Work Program
 - Director of Admissions & Financial Aid

2. Visit with the Manager of Student Work Study for each department's open position availability and to fill out appropriate paperwork required for the program. Office hours during the school year will be Monday Noon to 7pm and Tuesday through Friday 9:00am to 4:30pm for the student work program office. The office will be closed for enrollment days, check in days and holidays as outlined in the MVC Staff Calendar. During fall check-ins the office will have a station set up to answer questions and provide paperwork needed to begin the process of getting hired.
 - I-9 Employment Eligibility Verification
 - W-4 Employee's Withholding Certificate
 - FERPA Non-Disclosure Agreement (provided with completed contract ready for signature).
 - Automatic Payroll Deduction Form (Optional)

3. Connect then with meet the supervisor of the work study open position, interview and once that supervisor indicates that they would like to hire you as a work study, then a Student Employment Contract, along with a Family Educational Right and Privacy Act (FERPA) Non-Disclosure Agreement will be processed for you and the supervisor to sign for the school year.
 - The supervisor or designated representative should email studentemployment@moval.edu , or call 660.831.4451 the Manager of work study with the intent to hire the student and provide the following:
 - Name:
 - Student ID#
 - Department: e.g., Athletics
 - Division: e.g., Women's Lacrosse



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4. Your completed contract and all applicable paperwork will be processed by the Manager of Student Work Study through HR. **Once this task is completed and only after are you eligible to begin work.**

5. Begin work outlined in the work study contract in accordance with the supervisor's schedule.

6. Supervisors will need to begin tracking hours either via the MVC time clock (preferred method), or by using the Missouri Valley TIME SHEET FORM.

Pay periods for students in the work study program is the 16th of the start month to the 15th of the end month. The payday will be the 25th of the month. Timesheets are DUE No Later Than (NLT) Close of Business (COB) the first business day after the last work day of the pay period. This is to ensure payroll can get the students paid by the 25th. Note: The pay will be directly deposited to the Financial Institution indicated on the Payroll Authorization Agreement on the 25th and dispersed per that Institutions policy.

Respectfully,

//ORIGINAL SIGNED//

Michael H. Elam

Director of Student Employment



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

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing 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 employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1: Employee Information and Attestation. Employees must complete this section on the first day of employment, but before beginning any work.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2: Employer Review and Attestation. Employers or authorized representatives must complete and sign Section 2 within three business days after the employee's day of employment, and must physically examine the employee's documentation to ensure consistency with an employee procedure authorized by the Secretary of DHS. Documentation includes A OR a combination of documentation from List B and List C. Examine additional documentation in the Additional Information box, see instructions.

Document Title	List A	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

Additional Information

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy): _____

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
Missouri Valley College	500 E College St, Marshall, MO 65340

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2024

Department of the Treasury
Internal Revenue Service

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		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 .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

Employee's signature (This form is not valid unless you sign it.) _____ Date _____

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Cr-auth

MVC Student ID Number: _____

**PAYROLL AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize (Missouri Valley College), hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION/BANK NAME. *NO cash apps CITY

ROUTING NUMBER ACCOUNT NUMBER. *NOT DEBIT CARD NUMBER

Type of Account: ___Checking___Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Social Security Number

Signature

Today's Date

PLEASE ATTACH COPY OF VOIDED CHECK OR AUTHORIZED DIRECT DEPOSIT INFORMATION FROM
FINANCIAL INSTITUTION/BANK

I agree to have my Student Worker payroll voucher sent electronically to my MVC school email address: _____
(MVC student email address)

Note: it is your responsibility to keep each voucher for your records. Payroll vouchers cannot be reprinted in the payroll office. If you lose/delete your e-mailed voucher, a report can be generated from the system in an emergency.



MISSOURI VALLEY COLLEGE

Automatic Payroll Deduction Form

I, _____, hereby authorize Missouri Valley
College to withhold _____ from my monthly payroll, in
payment of _____.

The total to be withheld is: \$ _____

To be taken over _____ months at the rate of _____ per month.

Signature _____

Date: _____



Family Educational Rights and Privacy Act (FERPA) Non-Disclosure Agreement

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student's records. As a student employee of Missouri Valley College, it is important for you to familiarize yourself with some of the basic provisions of FERPA to ensure that you do not violate this federal law.

Unless your position specifically requires you, you may not disclose information about a student/alumni to anyone. To do so is a violation of federal law. Unauthorized disclosure would result in penalties up to and including the loss of your job and possible further sanctions by the Office of Student Affairs. Even a seemingly minor disclosure of information, such as telling another student of someone's class schedule, is a violation and would result in punitive action.

I have read and understand my employee responsibilities as stated under the Family Educational Rights and Privacy Act Non-Disclosure Agreement.

Student employee (print name)

Date

Student signature

Supervisor (print name)

Date

Supervisor signature