

Students are not allowed to begin working until all paperwork is properly completed and turned into HR. You will be contacted if there is anything missing or incorrect. Pending paperwork will be placed in the HR pending file awaiting completion. Students will automatically be enrolled in TIAA-CREF if they are taking less than 6 credit hours unless it is the student's final semester before graduation.

**WORK STUDY EMPLOYEE**

(SUPERVISORS MUST INITIAL NEXT TO THE NEEDED FORMS)

**NEW EMPLOYEE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. STUDENT EMPLOYEE DATA SHEET \_\_\_\_\_
3. CONFIDENTIALITY AGREEMENT AND STUDENT EMPLOYEE HANDBOOK ACKNOWLEDGMENT \_\_\_\_\_
4. I-9 EMPLOYMENT ELIGIBILITY VERIFICATION AND VERIFICATION AFFIRMATION FORM (WITH COPY OF DOCUMENTS USED FOR CERTIFICATION ATTACHED) \_\_\_\_\_
5. EMPLOYMENT VERIFICATION AFFIRMATION FORM (STATE OF COLORADO) \_\_\_\_\_
6. CURRENT YEAR'S W-4 \_\_\_\_\_
7. COPY OF REGISTRATION \_\_\_\_\_
8. AWARD LETTER FROM FINANCIAL AID OR COPY OF RPAAWRD BANNER SCREEN \_\_\_\_\_
9. EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES \_\_\_\_\_
10. POSITION DESCRIPTION \_\_\_\_\_
11. DIRECT DEPOSIT FORM \_\_\_\_\_
12. BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM \_\_\_\_\_
13. COMPLETION OF THE SEXUAL HARRASSMENT TRAINING MODULE WITHIN 30 DAYS OF HIRE \_\_\_\_\_
14. COMPLETION OF DISABILITY AWARENESS TRAINING WITHIN 30 DAYS OF HIRE \_\_\_\_\_

**CONTINUING WORK STUDY EMPLOYEE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. AWARD LETTER FROM FINANCIAL AID OR COPY OF RPAAWRD BANNER SCREEN \_\_\_\_\_
3. LETTER OF REGISTRATION OR COPY OF SFAREGQ BANNER SCREEN SHOWING REGISTRATION \_\_\_\_\_

**SPLIT WORK STUDY ASSIGNMENT**

1. STUDENT EMPLOYMENT FORM (FOR NEW JOB) \_\_\_\_\_
2. SPLIT WORK STUDY ASSIGNMENT FORM (SIGNED BY ALL SUPERVISORS) \_\_\_\_\_

**HOURLY EMPLOYEE**

(SUPERVISORS MUST INITIAL NEXT TO THE NEEDED FORMS)

**NEW EMPLOYEE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. STUDENT EMPLOYEE DATA SHEET \_\_\_\_\_
3. CONFIDENTIALITY AGREEMENT AND STUDENT EMPLOYEE HANDBOOK ACKNOWLEDGMENT \_\_\_\_\_
4. I-9 EMPLOYMENT ELIGIBILITY VERIFICATION AND VERIFICATION AFFIRMATION FORM (WITH COPY OF DOCUMENTS USED FOR CERTIFICATION ATTACHED) \_\_\_\_\_
5. EMPLOYMENT VERIFICATION AFFIRMATION FORM (STATE OF COLORADO) \_\_\_\_\_
6. CURRENT YEAR'S W-4 \_\_\_\_\_
7. COPY OF REGISTRATION \_\_\_\_\_
8. PRWORA FORM (ONLY HAVE TO FILL OUT ONCE) \_\_\_\_\_
9. EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES \_\_\_\_\_
10. POSITION DESCRIPTION \_\_\_\_\_
11. DIRECT DEPOSIT FORM \_\_\_\_\_
12. BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM \_\_\_\_\_
13. SSA-1945 FORM (IF STUDENT IS TAKING LESS THAN 6 CREDIT HOURS/ ONLY HAVE TO FILL OUT ONCE) \_\_\_\_\_
14. EMPLOYMENT ELIGIBILITY FORM FOR INTERNATIONAL STUDENT EMPLOYEES (INTERNATIONAL STUDENTS) \_\_\_\_\_
15. COMPLETION OF DISABILITY AWARENESS TRAINING WITHIN 30 DAYS OF HIRE \_\_\_\_\_
16. COMPLETION OF DISABILITY AWARENESS TRAINING WITHIN 30 DAYS OF HIRE \_\_\_\_\_

**CONTINUING HOURLY EMPLOYEE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. LETTER OF REGISTRATION OR COPY OF SFAREGQ BANNER SCREEN SHOWING REGISTRATION \_\_\_\_\_
3. PRWORA FORM (ONLY IF THIS IS THE STUDENT'S FIRST HOURLY POSITION) \_\_\_\_\_
4. SSA-1945 FORM (ONLY IF STUDENT IS TAKING LESS THAN 6 CREDITS) \_\_\_\_\_
5. EMPLOYMENT ELIGIBILITY FORM FOR INTERNATIONAL STUDENT EMPLOYEES (MUST BE COMPLETED EVERY SEMESTER THE STUDENT INTENDS TO WORK AT MSCD) \_\_\_\_\_

**ALL STUDENT EMPLOYEES, REGARDLESS OF FUNDING**

**STEP INCREASE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_

**LEVEL INCREASE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. POSITION DESCRIPTION (TO INDICATE NEW LEVEL OF RESPONSIBILITIES) \_\_\_\_\_
3. 2 LETTERS OF RECOMMENDATION (CURRENT OR PREVIOUS SUPERVISORS & OR DEPARTMENT HEAD) \_\_\_\_\_
4. CURRENT PERFORMANCE EVALUATION OF AT LEAST AVERAGE OR ABOVE \_\_\_\_\_

**EXCEPTION TO THE 30 HOURS A WEEK RULE**

1. EXCEPTION REQUEST FORM \_\_\_\_\_

ANY STUDENT EMPLOYEE STARTING AT OR INCREASING TO A LEVEL V, MUST OBTAIN SIGNATURES FROM:

1. SUPERVISOR
2. CHAIR/DIRECTOR
3. AND THE APPROPRIATE VICE PRESIDENT

All forms are due to the Office of Human Resources in the Admin. Building Room 510, Campus Box 47, fax 303-556-5151.

USE OF THIS FORM: This appointment must comply with MSCD's student employment policies. All student employment forms are available on the MSCD HR Website. This form must always be accompanied by a class registration and work-study award if applicable. All required forms must be completed prior to the students' start date.

**I. TYPE OF EMPLOYMENT** (Indicate all that apply- One form may be used to set up two jobs at the beginning of the semester, i.e. Hourly and Work-Study. Indicate the two desired jobs in this section and the 2 FOAPs in Section IV leave the percentage sections blank.)

- On-Campus Employment       Work Study       SGA  
 Off-Campus Employment       Hourly/ Institutional Funds       Grant Funded

**II. EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_ Employee 900# \_\_\_\_\_  
(Last, First, Middle Initial)

Enrollment Status		Enrolled at :		Is this the last semester before graduation?	
<input type="checkbox"/> 6 or more credits	<input type="checkbox"/> Less than 6 credits	<input type="checkbox"/> MSCD	<input type="checkbox"/> UCD	<input type="checkbox"/> CCD	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student graduated	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Other _____			<input type="checkbox"/> Not sure.

**III. JOB/ POSITION DATA** (Indicate all that may apply; also attach a Student Position Description Form, for all new employees, transfers and level raises.)

**A. Action**

- New Hire       Continuing Employee/ Rehire       Step Increase       Split Assignment  
 FOAP Change       Job Transfer       Level Increase

**B. Job Information/ Compensation**

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Department \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Campus Box \_\_\_\_\_  
 Rate of Pay \$ \_\_\_\_\_ Job Level: \_\_\_\_\_ Step: \_\_\_\_\_ Earnings Limit: \$ \_\_\_\_\_

**IV. FUNDING (FOAP) WORK STUDY FUNDS: CWS: 401502 FWS: 400152 NNWS: 401533**

ON-CAMPUS FOAP	SECOND ON-CAMPUS FOAP (If needed)	FUNDING FOR OFF CAMPUS AGENCIES ONLY				
Fund: _____	Fund: _____	Insert Assigned Agency # in the Gray Box Below				
ORG: _____	ORG: _____	Fund	ORG	Account	Program	% of charged earnings.
Account: _____	Account: _____	400152	SFIN2	6191	1300	75% = FWS
Program: _____	Program: _____		SFIN2	6197	1300	25% = Agency
Percent or activity code: _____ %	Percent or activity code: _____ %	<b>If a work-study student is working in a grant funded department, 25% of their earnings must be paid from the grant. Please use the FOAP boxes to the left. ⇐</b>				

**VI. SIGNATURES**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*This employment contract is subject to termination by either party at any time and the employee shall be deemed at will. I hereby certify that I am a registered student and understand I am subject to immediate termination when I graduate or cease to be a registered student. \*\*\*\*

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Account Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Level V- VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HUMAN RESOURCE USE ONLY					
Date Received to HR	New Employee (6+ Credits)	All Employees	Hourly Employee	International	Banner Input
	<input type="checkbox"/> Data Sheet	<input type="checkbox"/> Registration	<input type="checkbox"/> PRWORA	<input type="checkbox"/> EEIS	<input type="checkbox"/> PEAEMPL
	<input type="checkbox"/> Confidentiality/Handbook	Credits -	<input type="checkbox"/> Check Semester GPA		WKS _____
	<input type="checkbox"/> I-9 Date	Term -	Hourly (6 credits or less)	Level Increase	HRL _____
	<input type="checkbox"/> W-4	Work-Study Award	<input type="checkbox"/> SSA 1945 Form	<input type="checkbox"/> Position Desc.	INT _____
	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> CWS	<input type="checkbox"/> Enrolled in TIAA	<input type="checkbox"/> 2 Letters of Rec	OFF _____
	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> FWS	Background Check	<input type="checkbox"/> Evaluation	Entered by _____
	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> NNWS	<input type="checkbox"/> Authorization Form		Date: _____
	<input type="checkbox"/> Disability Awareness		Paperwork Processed By: _____		



Metropolitan State College of Denver
Student Employment – Employment Eligibility Form for International Students

An international student attending MSCD, UCD, or CCD on an F-1 or J-1 visa is eligible to work on-campus without official INS approval if that student is maintaining legal status. This form will verify that the student is maintaining legal status and must be completed PRIOR to the first day of school or within three (3) days after beginning student employment at MSCD.

TO BE COMPLETED BY THE STUDENT

Student's Name: Student 900#:
Or Social Security Number if not a MSCD Student

Department of Potential Employment

Name of Supervisor: Phone Extension:

Please answer one of the following two questions:

1. Semester of current enrollment: Year: Please check one: Fall Spring Summer
Please attach a print out of your current enrollment.

OR

2. I am neither currently registered nor am I attending classes, but have or am intending to register for the following semester:

Year: Please check one: Fall Spring Summer

Proof of full time (12 credits) enrollment for last semester must be attached.

I agree to notify my supervisor immediately if my legal status changes. I understand that if I falsify information, I can be terminated. I also understand that I can not work more than 20 hours per week when school is in session and no more than 40 hours per week during official school breaks.

TO BE COMPLETED BY THE APPROPRIATE INTERNATIONAL STUDENT ADVISOR:

FOR MSCD: SKIP CROWNHART, ASSOCIATE DIRECTOR OF ACADEMIC ADVISING
Central Classroom Building 104 J, 303-556-4207

Visa Type: Valid Until:

I certify that the above named student is maintaining legal status and is eligible for on campus employment (not to exceed 20 hours per week during the fall and spring semesters.)

Signature: Date:

Printed Name: Phone:

\*Other campus employers may have similar forms, but all international student employees at MSCD must complete this form.

It is the responsibility of the international student to return this completed form to the Office of Human Resources.

**The Metropolitan State College of Denver**

**PRWORA Form**

**TO:** Colorado Department of Human Services

**FROM:** Metropolitan State College of Denver  
P.O. Box 173362, Campus Box 47  
Denver, CO 80217-3362  
Federal Employer I.D. Number: 84-0559160

**SUBJECT:** Personal Responsibility Work Opportunity  
Reconciliation Act (PRWORA)

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

## Statement Concerning Your Employment in a Job Not Covered by Social Security

**Employee Name**

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**Employee ID#**

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**Employer Name**

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**Employer ID#**

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Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### **Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### **Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ( $\$500 - \$400 = \$100$ ). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### **For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee**

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**Date**

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## **Information about Social Security Form SSA-1945**

### **Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.