



Completing Your Student Employment Paperwork

Student Payroll Office



Please note:

A blue-green slide signifies the beginning of a section (i.e. how to fill out your I9 form), an orange slide signifies the end of a section (at this point, you should upload the file you have just finished filling out). This layout is intended for ease of access and to better guide students through this process.



Where to access the Fall 2021 Employment Paperwork Documents

To access the Student Payroll-Required
Forms, use the link below:

[Student Payroll Required Forms](#)



Where and How to Upload files

1. Log into MySwarthmore
2. Click Personal Information
3. Scroll to the bottom and look for My Documents

My Documents
View/Upload documents
RELEASE: 8.9.1

My Documents Portal

MyDocuments

Upload/Download

Help

Proxy

otexeir1 Personal Information

✓ Thank you. Your file has been submitted. ✕

Upload a document

Document Group Student Employment Documents ?

Document type to upload HR Active Employment ?

Filename Choose File No file chosen

Upload

Help Text

To upload your documents, please select the document type you are uploading from the drop-down. Next, browse to the document you want to upload and click the [Upload](#) button.

Documents should be uploaded as follows:

Document	Upload to:
I9 & Identification	HR I9
StudentPayrollPaperwork	HR Active Employment
Direct Deposit	HR Direct Deposit
International Documents*	HR International Information

[*For international students only](#)

Please wait until you get the success message "Thank you. Your file has been submitted" before trying to upload another file.

New clearances for uploading should be sent to Sandra Briggs-Edwards and/or the educational studies fieldwork coordinator, if it is for an education class.

Filling out the USCIS I9 Form

File name: SWAT I9.pdf



Step One: Gather necessary documents

- ❖ The most common documentation used to validate an I9 is a valid U.S. Passport (List A) OR a Driver's License (List B) PLUS a Social Security Card (List C).
- ❖ Please see the next slide for the other documents you may use for validation.
- ❖ Please remember that any forms you use for validation purposes must be signed and unexpired.

List of Acceptable Documents to verify your I9

- ❖ Note that you need ONE document from List A, OR ONE document from List B AND ONE document from List C.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		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		
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				

Step Two: Filling out Section 1

- ❖ After gathering the necessary forms, you can proceed to fill out the I9
- ❖ Important things to note when filling out Section 1:
 - If you have two last names, you must include both in the Family Name/Last Name section.
 - Your signature is needed in the space directly above the *Preparer and/or Translator Certification* sub-section.
 - If a field is not applicable to you, please mark it as "N/A", ie. if you do not live in an apartment, the apartment field should be marked "N/A."



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) The Phoenix	First Name (Given Name) Phineas	Middle Initial N/A	Other Last Names Used (if any) N/A
Address (Street Number and Name) 500 College Ave	Apt. Number N/A	City or Town Swarthmore	State PA ZIP Code 19081
Date of Birth (mm/dd/yyyy) 04/01/1864	U.S. Social Security Number 012-34-5678	Employee's E-mail Address example1@swarthmore.edu	Employee's Telephone Number (012) 345-6789

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A
OR
2. Form I-94 Admission Number: N/A
OR
3. Foreign Passport Number: N/A
Country of Issuance: N/A

QR Code - Section 1
Do Not Write in This Space



Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's 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

Step Two: Filling out Section 1 (cont.)

- ❖ The information provided here should reflect your legal place of residence, not your college address.
- ❖ If you do not yet have a Social Security Number, please contact Student Payroll so that we can help you through the process.
- ❖ **Original documents must be brought with you to campus to finalize the process.**



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) The Phoenix	First Name (Given Name) Phineas	Middle Initial N/A	Other Last Names Used (if any) N/A		
Address (Street Number and Name) 500 College Ave		Apt. Number N/A	City or Town Swarthmore	State PA	ZIP Code 19081
Date of Birth (mm/dd/yyyy) 04/01/1864	U.S. Social Security Number 012-34-5678	Employee's E-mail Address example1@swarthmore.edu	Employee's Telephone Number (012) 345-6789		

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: N/A OR 2. Form I-94 Admission Number: N/A OR 3. Foreign Passport Number: N/A Country of Issuance: N/A	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



STOP: Section 2 of the I9 form will be filled out by the Student Payroll Office

STOP: You are now ready to upload your I9 and identifying documents using the My Documents Link in MySwarthmore

Documents should be uploaded as follows:

Document	Upload to:
I9 & Identification	HR I9
StudentPayrollPaperwork	HR Active Employment
Direct Deposit	HR Direct Deposit
International Documents*	HR International Information

***For international students only**

Filling out the PA Residency Certification Form

Page 2 of the file: Student Payroll Paperwork.pdf



Filling out the Residency Form

- ❖ To complete this form, have your:
 - Social Security Number (last 4 digits)
 - Address (use your legal residence, not the college address)
- ❖ Note regarding the PSD Codes:
 - All students should leave the PSD code blank.
- ❖ Note regarding municipality and county (Pennsylvania residents ONLY):
 - Municipality: In most cases this is the city in which you RESIDE, a municipality has its own government, but is an incorporated member of another city, borough or township (which forms a county). For example, if you live in King of Prussia, you RESIDE in Upper Merion Township, Montgomery County.

Filling out the Residency Form (cont.)

- ❖ Please do not forget to sign the form in the space provided.

CLGS-32-6 (05/17)



RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:
This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial) Phoenix, Phineas, T			SOCIAL SECURITY NUMBER 1 2 3 4 5 6 7 8 9
STREET ADDRESS (No PO Box, RD or RR) 123 Example Home Address			
ADDRESS LINE 2			
CITY Example City	STATE Example State	ZIP CODE 12345	DAYTIME PHONE NUMBER (123) 456-7890
MUNICIPALITY (City, Borough or Township) Example Municipality			
COUNTY Example Country	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION – EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name) SWARTHMORE COLLEGE			EMPLOYER FEIN 2 3 1 3 5 2 6 8 3
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 500 COLLEGE AVENUE			
ADDRESS LINE 2			
CITY SWARTHMORE	STATE PA	ZIP CODE 19081	PHONE NUMBER 610.328.8395
MUNICIPALITY (City, Borough or Township) SWARTHMORE			
COUNTY DELAWARE	WORK LOCATION PSD CODE 2 3 1 4 0 4		WORK LOCATION NON-RESIDENT EIT RATE 0.00%

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE Phineas	DATE (MM/DD/YYYY) (Today's Date)
PHONE NUMBER (123) 456-7890	EMAIL ADDRESS phineas@swarthmore.edu

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

dced.pa.gov/Act32

Sign and date both Workers Compensation forms

Pages 3 and 4 of the file: Student Payroll Paperwork.pdf

Completing the Worker's Compensation Form

- ❖ This form is in case you are injured while working as an employee for Swarthmore. This form describes how, if you are injured, you should notify your employer immediately and that you should be aware that your employer is responsible for covering medical expenses if you are injured on the job. Please ensure you read and understand this form before signing.
- ❖ Please note: only sign and date the LEFT-hand side for the employee. The Payroll Office will handle the "Employer's Representative Signature" section



Workers' Compensation Information

The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately. If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone number within Pennsylvania (800) 482-2393
Telephone number outside of this Commonwealth (717) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)
www.state.pa.us_PA Keyword: workers comp

I hereby acknowledge receipt of the "WORKERS' COMPENSATION INFORMATION" form.

Employee Signature

Employer's Representative Signature

Date

Date



Completing the Worker's Compensation Form

- ❖ Please note again that you should only sign the top line for the employee. The Payroll Office will handle the “Employer’s Representative Signature” section

EMPLOYEE'S RIGHTS & DUTIES UNDER SECTION 306 (F.1) OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT

If you are injured while at work and medical treatment is necessary, you are required to visit one of the physicians or health care providers on the list designated by your employer for a period of 90 days from your first visit with the physician or health care provider.

All reasonable medical treatment and supplies (e.g., medication, prosthetics) related to the injury will be paid for by the employer provided treatment is by a designated physician or health care provider on the list during the 90 day period. Charges for treatment and supplies are specified by the ACT. You are not responsible for the payment of any charges in excess of those specified by the ACT.

During the 90 day period, you may change from one designated physician or health care provider on the list to another physician or health care provider on the list, and the treatment will be paid for by the employer.

If the designated physician or health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider; however, the subsequent non-emergency treatment must be by a designated physician or health care provider for the remainder of the 90 day period.

You may seek treatment or consultation from a non-designated physician or health care provider during the 90 day period; however, you are responsible for the charges for this treatment during the 90 day period.

If the employer, designated physician or health care provider recommends invasive surgery, you are permitted to obtain a second opinion from a non-designated physician or health care provider. Your employer will pay for the cost for this opinion. If this opinion differs from the opinion of the designated physician or health care provider and provides a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment however must be provided by a designated physician or health care provider for 90 days from the date of the visit to the non-designated physician.

You have the right to seek treatment from any physician or health care provider after the 90 day period has ended, and your employer will pay for this treatment provided it is reasonable and necessary.

You have the duty to notify your employer of treatment by a non-designated physician or health care provider within five days of your first visit to this physician or provider. Your employer may not be required to pay for treatment by a non-designated physician or health care provider prior to notification. The employer however shall pay for this treatment once notified unless the treatment is found to be unreasonable.

Signing this form is an acknowledgment of your rights and duties. You may not refuse to sign this acknowledgment in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or (717) 783-5421.

I acknowledge that I have been informed of and understand the above rights and duties.

Employee Signature

Date

Employer's Representative Signature

Date

STOP: Once the Worker's Compensation form is completed, you are now ready to upload your PDF using the My Documents Link in MySwarthmore

Documents should be uploaded as follows:

Document	Upload to:
I9 & Identification	HR I9
StudentPayrollPaperwork	HR Active Employment
Direct Deposit	HR Direct Deposit
International Documents*	HR International Information

***For international students only**

Filling out the Direct Deposit Form

File name: SWAT Direct Deposit.pdf

Step 1: Gather necessary materials

- ❖ In order to accurately fill out a Direct Deposit form from the Swarthmore Student Payroll Office (SPO), you must first gather the following information:
 - Account Number:
 - *NOTE: This is **not** your Card number. Your Account Number can usually be found on a check, your monthly bank statement, or by contacting your bank directly
 - Bank Routing Number:
 - Usually can be found by searching for your bank, but can also be found printed on your checks or by contacting your bank directly.
 - Bank Information:
 - Name of Bank, as well as the type of account that you are placing your check into (savings vs. checking).

John Smith
5025 S. Adams Ave
Ogden, UT 84403

1001

PAY TO THE
ORDER OF _____ \$ _____

_____ DOLLARS

Goldenwest
CREDIT UNION
P.O. Box 1111 Ogden, UT 84403

FOR _____

324377613 12 7000001234567

Routing Number Account Number



Step 2: Filling out the Direct Deposit Form

- ❖ First, determine what you would like the Direct Deposit form you are about to fill out have accomplish, such as:
 - Setting Up a Direct Deposit Form:
 - This is intended for students who have never before filed a Direct Deposit Form and would like to do so.
 - Changing a Direct Deposit:
 - For students who want to change their banking info, or who have previously submitted incorrect forms. If this is the case, it is important that you mark this box so that we can clear your old data and prevent any potential mix-ups.
 - Terminate Direct Deposit:
 - This option allows you to delete your direct deposit information (for previously submitted forms).

Step 3: Personal Information

- ❖ Finally, we need your name, a signature, and your Student ID number (can be found on the back of your OneCard).

SWARTHMORE COLLEGE STUDENT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Swarthmore College to initiate payroll, accounts payable or student account refund credit entries (and, if necessary, debit entries or adjustment for any entries in error) to my account at the financial institution indicated below. This authorization is to remain in full effect until the College has received written termination notice from me in such manner as to afford the College a reasonable time to act on it (at least two weeks before my next scheduled payment).

TYPE OF REQUEST: ☒ SET UP Direct Deposit (Complete Account information below)
☐ CHANGE Direct Deposit (Complete Account information below)
☐ TERMINATE Direct Deposit

ACCOUNT INFORMATION

Please deposit my payroll, accounts payable or student refund payment into the following account:

NAME(S) ON ACCOUNT: Phineas The Phoenix

ACCOUNT NUMBER: 1234567890

TYPE OF ACCOUNT: ☒ Checking (Attach voided check to this form)
☐ Savings (Attach savings deposit slip to this form)

NAME OF BANK/CREDIT UNION: Example Bank

CITY: Example City STATE: Example State ZIP: Example Zip

BANK ROUTING TRANSIT NUMBER: 1 2 3 4 5 6 7 8 9

SIGNATURE/AUTHORIZATION

NAME (print) Phineas The Phoenix CAMPUS PHONE (123) 456-7890

COLLEGE ID # 902000000

SIGNATURE: Phineas DATE: Today's Date

NOTE: It is your responsibility to notify the Human Resources Office (if you are on Payroll) or the Business Office (if you are not on Payroll) prior to closing your bank account or making any changes to where your funds are to be deposited. Please also note, the College cannot send a direct deposit transaction to a foreign bank account.

STOP: Once the direct deposit form is completed, you are now ready to upload your PDF using the My Documents Link in MySwarthmore

Documents should be uploaded as follows:

Document	Upload to:
I9 & Identification	HR I9
StudentPayrollPaperwork	HR Active Employment
Direct Deposit	HR Direct Deposit
International Documents*	HR International Information

***For international students only**

Final steps

- To confirm that all of your files have been uploaded successfully, please refer to the Documents on file Section

Documents on file	
Student Employment Documents ↑≡	Date created
HR Active Employment	05-AUG-2021
HR Direct Deposit	04-AUG-2021
HR I9	05-AUG-2021
1 - 3	

Confirmation Email

- Once the I9 and direct deposit forms have been reviewed and processed (24-48 hours after uploading) an email will be sent from studentpayroll@swarthmore.edu

Dear [Name],

Both your I9 and direct deposit have been processed. Please go into JobX and apply for a job.

Student Payroll

studentpayroll@swarthmore.edu



Contact Information

- ❖ If you were unable to find the answer to your question in this slide show, please don't hesitate to reach out to us at studentpayroll@swarthmore.edu
- ❖ Please also keep an eye out for emails regarding Zoom office hours to get 1 on 1 assistance with a Student Payroll Co-Director