

**State of Connecticut**

**State Code of Ethics / Student Employment Handbook**

**Acknowledgement of Receipt**

I, \_\_\_\_\_ have received a copy of the State Ethic Commission's Guide to the Code of Ethics for Public Officials and State Employees and the Ethics Statement for Southern Connecticut University. I understand and agree that, as a public employee, I must use my best efforts to comply with the standards set forth within.

I, \_\_\_\_\_, acknowledge that I have read and understood the Student Employment Handbook.

I understand that I am an employee at will and that student work is temporary and can be terminated at any time.

I understand that if I am academically or otherwise dismissed from the University, I must stop working immediately upon being notified of the dismissal.

I understand that I am expected to give two weeks' notice prior to resigning from my position as a Student Worker.

I understand that when classes are in session I cannot work more than 20 hours per week, during recess I cannot work more than 40 hours per week. At no time can I work more than 8 hours per day.

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Signature

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Date

Employee Instructions

- Read the instructions on Page 2 before completing this form
- Select the filing status you expect to report on your Connecticut Income tax return

- Choose the statement that best describes your gross income
- Enter the *withholding Code* on Line 1 below

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is <b>less</b> than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary	<b>E</b>
My Spouse <b>is</b> employed, and our expected combined annual gross income is <b>greater</b> than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2	<b>A</b>
My Spouse <b>is not</b> employed, and our expected combined annual gross income is <b>greater</b> than \$24,000	<b>C</b>
My Spouse <b>is</b> employed, and our expected combined annual gross income is <b>greater</b> than \$100,500	<b>D</b>
I have significant nonwage income and wish to avoid having too little tax withheld	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>
Qualifying Surviving Spouse	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary	<b>E</b>
My expected annual gross income is <b>greater</b> than \$24,000	<b>C</b>
I have significant nonwage income and wish to avoid having too little tax withheld	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>

Married Filing Separately	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary	<b>E</b>
My expected annual gross income is <b>greater</b> than \$12,000	<b>A</b>
I have significant nonwage income and wish to avoid having too little tax withheld	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>
Single	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$15,000 and no withholding is necessary	<b>E</b>
My expected annual gross income is <b>greater</b> than \$15,000	<b>F</b>
I have significant nonwage income and wish to avoid having too little tax withheld	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>
Head of Household	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$19,000 and no withholding is necessary	<b>E</b>
My expected annual gross income is <b>greater</b> than \$19,000	<b>B</b>
I have significant nonwage income and wish to avoid having too little tax withheld	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>

\* If you are claiming the Military Spouses Residency Relief Act (MSRRA) Exemption, see instructions on Page 2

**Employees:** See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records

1. Withholding Code: Enter Withholding Code letter chosen from above.....1. \$ \_\_\_\_\_
2. Additional withholding amount per pay period: If any, see instructions.....2. \$ \_\_\_\_\_
3. Reduced withholding amount per pay period: if any, see instructions.....3. \$ \_\_\_\_\_

☐

Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile \_\_\_\_\_

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			
City/town	State	ZIP code	

**Declaration:** I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature	Date
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**Employers:** See *Employer Instructions*, on Page 2.

Is this a new or rehired employee? ☐ No ☐ Yes Enter date hired: \_\_\_\_\_  
mm/dd/yyyy

Employers Business Name	Federal Employer Identification Number
Employer's business address	
City/town	State ZIP code
Contact person	Telephone number

**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2025****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

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.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the 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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$

**Step 5:**  
**Sign**  
**Here**

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

**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)
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**W-4 EXEMPTION ACKNOWLEDGMENT<sup>1</sup>**  
**OFFICE OF THE STATE COMPTROLLER, PAYROLL SERVICES DIVISION**

Last Name	First Name	Employee ID #
<b>Agency/Department</b>		
Southern Connecticut State University		

<b>W-4 EXEMPTION ACKNOWLEDGMENT</b>	
<div style="text-align: center; margin-bottom: 10px;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div>	<p style="text-align: center;"><b>Please check the box if you meet <u>BOTH</u> conditions to claim exemption</b></p> <p>I claim exemption from withholding for 2024, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"><li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, <b><u>AND</u></b></li><li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li></ul>

<b>CERTIFICATION</b>	
<p>I, _____, certify that, I have examined this acknowledgment and to the best of my knowledge and belief, it is true, correct and complete statements that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and I have exercised reasonable care in assuring that my claim for exemption is valid under federal law. In the event this exemption is disallowed, I accept full responsibility for the payment of any penalty and fees, including any accrued interest.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;">Signature: _____</div><div style="width: 45%;">Date: _____</div></div>	

<sup>1</sup> The information contained in this acknowledgement does not constitute legal or tax advice. If you have questions regarding specifically related to your circumstances, you should consult with your own personal tax advisor.

# Southern Connecticut State University

## Student Employee Confidentiality Policy Statement

As an employee of Southern Connecticut State University you may have access to employer databases, including but not limited to Banner, PeopleSoft (Core-CT). Please be aware that this access is granted solely for the purpose that you may perform legitimate, authorized, assigned responsibilities required for the proper operation of SCSU. No employee of SCSU shall use or distribute State information for other than State business purposes.

Federal and State laws protect the data to which you have access and that it must be treated with complete confidentiality. You must ensure that such confidential information is shared only with other authorized users. Examples of such confidential data or materials include but are not limited to: written or verbal reports or computer terminal displays containing employee, student, vendor or donor personal data such as education, financial, medical, employment or business history, family or personal relationships, reputation or character which because of name, identifying numbers, mark or description can be readily associated with a particular person.

I understand by the virtue of my employment with Southern Connecticut State University (SCSU), I may have access to records, which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates SCSU's policy and could constitute just cause for University sanctions, disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

The following are examples of personally identifiable information: ID numbers, financial transaction information (i.e., student bills and Hoot Loot Card transactions), enrollment information, and transcripts (i.e., grades)

You may access and/or modify only the data for which you have been given full authorization and for which you have a legitimate purpose in performing your assigned responsibilities. You should further understand that you may not share your account or password with anyone else to gain access to confidential information.

You are expected to take all steps reasonably necessary to safeguard the confidential information entrusted to you and to prevent it from falling into the possession of unauthorized persons.

**Any unauthorized or illegitimate use of the PeopleSoft system, banner databases or data may result in termination of employment, criminal prosecution and/or civil action.**

I have read and understand the content of this document.

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DIRECT DEPOSIT AUTHORIZATION AND INPUT FORM

CO-1040 REV. 06/08

STATE OF CONNECTICUT  
OFFICE OF THE COMPTROLLER  
PAYROLL SERVICES DIVISION  
55 ELM STREET  
HARTFORD, CONNECTICUT 06106

**Please attach a voided check or a letter from the bank verifying the ROUTING and ACCOUNT number in order to process.**

INSTRUCTIONS: Please read carefully prior to completing this application. For processing State Employee Net Pay associated with State Employment..

## SECTION I

DEPT ID

EMPLOYEE INFORMATION

EMPLOYEE NUMBER

EMPLOYEE NAME

I BIOR85000 I I

TYPE OF ACTION

☐ New

☐ Change

☐ Delete Account # \_\_\_\_\_

☐ Other \_\_\_\_\_

☐

Add Additional Account

COMPLETE SECTION I and III ONLY

ACCOUNT # 1

## SECTION II

This section must be completed for first time Direct Deposit enrollees or if an employee is changing or deleting a prior account. If an employee is adding an additional account, please check off the "Add Additional Account ONLY" box in Section I, and complete Section III.

DIRECT DEPOSIT ACCOUNT INFORMATION  
FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER

PLEASE NOTE:

Please see section III for Additional Account Requirements

ROUTING TRANSIT NUMBER

ACCT TYPE

C = Checking

S = Savings

COMPLETE THIS SECTION TO ADD AN ADDITIONAL ACCOUNT ONLY

ACCOUNT # 2

(Additional Account)

## SECTION III

Additional Account Requirements:

**Employee must have one existing account that has successfully completed the pre-note process in order to add an additional account. New employees or employees who are signing up for direct deposit for the first time are not permitted to sign-up for an additional account until Account #1 has successfully completed the pre-note process.**

DIRECT DEPOSIT ACCOUNT INFORMATION  
FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER

☐ Flat Amount Option for Account # 2 \$ \_\_\_\_\_  
Please note that the remainder of Net Pay will be deposited into Account #1 under the Flat Amount Option

ROUTING TRANSIT NUMBER

ACCT TYPE

☐ Percentage Split Option for Account #1 and Account #2  
Must be equal to 100% (e.g. 50% Account #1 and 50% Account #2, 40% Account #1 and 60% Account 2, etc.)

C = Checking

S = Savings

\_\_\_\_\_% Percentage of Net Pay to be deposited into Account #1

\_\_\_\_\_% Percentage of Net Pay to be deposited into Account # 2

## AGREEMENT

### PLEASE READ THE FOLLOWING CAREFULLY

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT ("STATE") TO ELECTRONICALLY DEPOSIT MY NET SALARY TO THE BANK ACCOUNT(S) NAMED ABOVE. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL THE STATE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE STATE, AND THE BANK(S) NAMED ABOVE, A REASONABLE OPPORTUNITY TO ACT UPON IT. IN THE EVENT THAT THE STATE NOTIFIES THE BANK(S) THAT FUNDS WHICH I DID NOT EARN HAVE BEEN DEPOSITED TO MY ACCOUNT (S) IN ERROR, I HEREBY AUTHORIZE AND DIRECT THE BANK(S) TO RETURN SAID FUNDS TO THE STATE AS SOON AS POSSIBLE. IN THE EVENT SUCH UNEARNED FUNDS HAVE BEEN DRAWN FROM THE ACCOUNT(S) SO THAT RETURN OF THOSE FUNDS BY THE BANK(S) TO THE STATE IS NOT POSSIBLE, I HEREBY AUTHORIZE THE STATE TO RECOVER THOSE FUNDS BY DEDUCTING THE AMOUNT OF SAID UNEARNED FUNDS FROM ANY FUTURE SALARY PAYMENTS FROM THE STATE UNTIL THE AMOUNT OF THE UNEARNED DEPOSIT(S) HAS BEEN RECOVERED IN FULL. IN THE EVENT MY EMPLOYMENT WITH THE STATE IS TERMINATED FOR ANY REASON WHATSOEVER, AND IF AT THE TIME OF SUCH TERMINATION I HAVE HAD UNEARNED PAY AUTOMATICALLY DEPOSITED IN MY CHECKING/SAVINGS ACCOUNT(S), I WILL IMMEDIATELY REPAY THE STATE THE FULL AMOUNT OF SUCH UNEARNED PAY. I FURTHER AGREE THAT IF I DO NOT IMMEDIATELY REPAY SUCH UNEARNED PAY, I WILL BE PERSONALLY LIABLE FOR ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE IN THE COLLECTION OF SUCH UNEARNED PAY, TOGETHER WITH THE MAXIMUM INTEREST PERMITTED BY LAW.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE AGREEMENT.

SIGNATURE

DATE



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

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**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 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 (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	
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input 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 (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
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 Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
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)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
<b>Certification:</b> 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)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND 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, sex, 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, sex, 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole:  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 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.		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  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital 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		12. Day-care or nursery school record	
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	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.





## Student Employment Handbook



The procedures and policies outlined in this handbook are in compliance with the Connecticut State Colleges and Universities (CSCU) Policies and University Procedures.

# Congratulations on your new on-campus job!

This handbook contains policies for student employment, as well as information to help ensure that you have a successful working experience. As a student worker you are instrumental in helping to serve students, faculty, staff, and the community. Please take the time to familiarize yourself with the information in this handbook. Many of the policies related to your employment are contained here. For additional information please visit the Office of Human Resource website. In addition, talk with your supervisor regarding their specific expectations and policies in the department where you are employed. Student Employment is coordinated through a joint effort by the Office of Human Resources and Payroll. If you have any questions, please contact us.

Office of Human Resources	203-392-5567 <a href="http://www.southernct.edu/faculty-staff/hr">http://www.southernct.edu/faculty-staff/hr</a>
Payroll	203-392-5430 <a href="http://www.southernct.edu/offices/payroll/">http://www.southernct.edu/offices/payroll/</a>

## Table of Contents

Privacy .....	3
Eligibility .....	3
Hiring Procedures .....	3
Work Schedule.....	4
Conditions of Employment .....	4
Student Sick Leave .....	5
Compensation .....	6
General Office Etiquette Guidelines .....	8
A Guide to the Code of Ethics for Public Officials and State Employees (2004) .....	10

## Privacy

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As a part of student employment, you may have access to the personal information of students and/or employees of the university. Students must follow all policies and procedures and adhere to the Family Educational Rights and Privacy Act (FERPA) of 1974 to ensure that personal information is protected.

## Eligibility

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- Student workers must be matriculated and currently enrolled in courses to be eligible for on-campus student employment. (A matriculated student has met all University requirements for admission and has been accepted as a degree candidate by the Undergraduate Admissions Office or the School of Graduate Studies). Students who are academically dismissed from the University must stop working immediately upon being notified of the dismissal.
- Students are no longer eligible to work after they have completed their degree requirements or are otherwise no longer enrolled at the university.
- To be eligible for summer employment the student must be enrolled in the prior spring semester and continue enrollment in the subsequent fall semester, or be enrolled and completing degree requirements during the summer session.

## Hiring Procedures

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- Supervisors should work with the student worker to complete the online student authorization and advise the student of the required documentation regarding employment eligibility. Prior to start date all student workers should be directed to the Office of Human Resources to complete the necessary paperwork. Students who will be driving for any reason as part of their job must be licensed and insured drivers.
- During the first three weeks of each semester, summer or academic year, departments usually make final selections of employees. Student workers who remain eligible for employment may continue to work into the following semester depending on the department's need and budget.

## Work Schedule

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- Student's work schedule will be arranged according to the student's availability and based on the needs of the department in which they are hired.
- Student's work and class schedule may not be in conflict.
- When classes are in session, a student may work no more than twenty (20) hours per week (40 hours bi-weekly). If a student works in more than one department, the total hours for all departments must not exceed the maximum number of hours listed above.
- During school recesses and summer sessions a student may work a maximum of forty (40) hours per week.
- Students may not work more than eight (8) hours per day.
- Students may work during school recesses if they meet the eligibility requirements and have their supervisor's approval.
- Any absences must be arranged with the supervisor prior to the assigned work times.

## Conditions of Employment

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- All students must be matriculated and be currently enrolled in courses.
- Students must be supervised during all working hours, and no work is to be done at home.
- Student workers are representatives of the University and are expected to act professionally. Because work environments for students vary greatly, appropriate work attire and office etiquette should be discussed with the supervisor upon accepting a position.
- Campus technology devices are the property of the State of Connecticut and their use is restricted to the performance of official State business.
- Student workers are at will employees. Student work is temporary and can be terminated at any time.
- Students are expected to give their supervisor at least two weeks' notice prior to resigning.
- Students who are academically or otherwise dismissed from the University must stop working immediately upon being notified of the dismissal.
- Students who withdraw from the university, withdraw from courses in a given semester or otherwise cease to attend classes must notify their supervisors that they are no longer eligible to work and end employment.

# Student Sick Leave

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## Accrual of Paid Sick Leave:

Student employees of the Connecticut State Colleges and Universities (CSCU) begin to accrue paid sick time beginning January 1, 2012 or upon hire, whichever is later, under the following terms and conditions:

- Student employees accrue one hour of paid time for every forty (40) hours actually worked.
- The maximum accrual of sick time hours is forty (40) hours per calendar year.
- They may carry over a maximum of 40 hours of unused sick time from one calendar year into the next but the employee shall not be able to use more than the forty (40) hours in one (1) calendar year.
- Under no circumstances are Student employees entitled to any payout for accumulated but unused sick leave.

## Use of Paid Sick Leave:

- Student employees shall be entitled to the use of accrued paid sick leave upon the completion of their 680th hour of employment, measured from January 1, 2012 or from their date of hire if hired after January 1, 2012.
- Sick leave must be taken in one (1) hour increments.
- A maximum of forty (40) hours of sick leave may be used each calendar year.
- Sick leave may only be used in lieu of previously scheduled hours.

## Pay Rate for Sick Leave:

Sick leave will be paid at the Student employee normal hourly rate at the time the leave is taken.

## Reasons for Use of Paid Sick Leave:

Student employees may only use accrued paid sick leave for the following reasons:

- To treat the employee's own illness, injury or health condition; for the medical diagnosis, care or treatment of the employee's own mental illness or physical illness, injury or health condition; or for preventative medical care for the employee.
- For the treatment of the employee's child or spouse's illness, injury or health condition; the medical diagnosis, care or treatment of an employee's child's or spouse's mental or physical illness, injury or health condition; or preventative medical care for the employee's child or spouse.
- For the employee's treatment or services related to the employee's status as a victim in a family violence or sexual assault incident, for the medical care or

psychological or other counseling for physical or psychological injury or disability; to obtain services from a victim services organization; to relocate due to such family violence or sexual assault; to participate in any civil or criminal proceedings related to or resulting from such family violence or sexual assault.

## Notice & Documentation

If the reason for the sick leave is foreseeable, the Student Employee must provide at least seven (7) days advance notice to their supervisor, or if the leave is not foreseeable, they must provide as much notice as is practicable.

Documentation signed by a health care provider indicating the need for the number of days taken may be required by the supervisor for leaves of three (3) or more consecutive days.

Reference: Pubic Act 11-52

## Available Sick Time

Student employees who need to check the amount of time they have available or have additional questions regarding paid sick leave may contact the email box: [sickleavecheck@southernct.edu](mailto:sickleavecheck@southernct.edu)

## Compensation

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- Student workers are paid on a bi-weekly basis and only compensated for hours actually worked.
- The Payroll Calendar outlines the dates of each pay period, the dates that the time sheets must be submitted to the Payroll Department, and the dates of the paychecks. This schedule must be strictly followed to ensure timely paychecks. Please note: the date of the 1st paycheck is based on the start date.
- Students will receive a welcome packet via email from the payroll department which includes instructions for submitting their timesheets. If packet is not received within 5-7 business days of signing the work authorization, the student worker should contact the Payroll Department at 203-392-5430.

## Time sheets:

- Timesheets must be submitted to Payroll by the date designated on the Payroll calendar. Late time sheets will result in the student's paycheck being delayed until the next pay day. Timesheets can be pre-populated or electronic.
- **Electronic timesheets must be submitted by Thursday which is the last day of the pay period in Core.**

- Pre-populated time sheets must not be altered. Altering the pre-populated time sheet may result in the student being paid incorrectly, and/or the pay check being delayed.
- Incorrect time sheets will be returned to the supervisor for corrections. This may cause a delay in the student's paycheck.

## EPay:

Through ePay employees enrolled in direct deposit can view their paystubs by logging into the CORE-CT system. ePay provides access to two years' worth of pay stubs. Employees not enrolled in direct deposit will have access to two years' worth of net pay information.

Please follow the directions using link below in order to set up your ePay account.

<http://www.southernct.edu/offices/payroll/ePay.html>

If you have any questions or issues when going through the presentation, please contact Payroll Department at (203) 392-5430.

## Paycheck Information:

### **Paycheck distribution location:**

Information Desk in the Wintergreen Building

### **Paycheck distribution times:**

Thursdays between 3:00 p.m. - 4:30 p.m. | Fridays between 11:00 a.m. - 1:00 p.m

***\*Checks that are not picked up by 1:00 p.m on Friday will be mailed to the employees' home address.***

## Direct Deposit:

To enroll in direct deposit please submit:

- A Direct Deposit Authorization and Input Form
- A voided check OR a direct deposit authorization form (from your bank)

Direct deposit will start two (2) paychecks after the information is submitted to the payroll system (provided all the information is correct).

If you have any questions regarding paycheck distribution, please contact the Payroll Department at X25430

***Any violations of the payroll procedures may result in the student not getting paid on time!***



## General Office Etiquette Guidelines

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- All office phones on campus should be answered by identifying the department and your name.
- Visitors to the campus and your department should be treated with respect and courtesy.
- Your work area should be kept neat; to maintain a neat area most departments do not allow students to eat while on the job.
- Loud conversation and music are not allowed in most work areas since it can distract others.
- Foul or inappropriate language can insult others and make them feel uncomfortable; it should not be used during working hours.

### Dress Code:

- Avoid clothing with graphics and words that may be offensive to others.
- Clothing should fit correctly and cover all undergarments.
- Although most offices allow students to wear jeans that are neat, clean and free from holes, some may require a more professional appearance; if you are unsure, ask.
- Remember offices are professional environments where you will encounter a variety of people, including guests to the university. When in doubt, err on the side of caution.

These guidelines are only a beginning. Take time to discuss what is expected in the department where you work with your supervisor.

### Taking Phone Messages:

Be sure to get all the necessary information.

- Name
- Phone Number
- Organization Name
- Reason for the Call/Message Routine/Urgent Call

Be sure to repeat all the information, including the spelling of the name, back to the caller to be sure it is accurate. The message should be written legibly.

### Customer Service:

#### Who are your customers?

Everyone who contacts the department where you work is a customer! This means your customers are students, faculty, staff & members of the community or outside parties.

It is important that you provide outstanding service to anyone contacting your department. You are often that person's first point of contact with the department or university. They will make a judgment about the university based on their contact with you.

### How do you handle a frustrated customer?

**STOP**– Avoid the temptation to rush to make explanations; take a minute to think before you respond. Also, keep your voice low and calm when you do answer and use the individual's name.

**LISTEN**– Really listen to what the person is saying. If the problem is complicated, take notes. Don't interrupt, some people just need a minute to vent their frustration, so let them.

**PARAPHRASE**– Be sure you understand the individual's problem. Paraphrase back what he or she has told you the problem is and ask him or her to clarify, if necessary.

**ASK**– In a polite way ask the individual what he or she feels would help solve the problem. Don't try to guess what the customer wants. Remember, however, they may be asking for something that is not within your authority to deliver. If the problem is complicated you may need to refer the customer to your supervisor or another authority.

**RESOLVE**– Make an action plan. Tell the customer how you will help solve the problem. Be sure you are being responsive to the person's needs. If the person feels frustrated because he/she has been transferred several times, offering to transfer the caller to yet another department probably is not an adequate solution. Instead, offer to call the person back personally after you have found the right person to help. If you do not have the authority to resolve the problem let the caller know the name of who you are referring them to. Be sure to give the person you are referring the customer to all the information you have already received from the customer.

**DELIVER**– Keep your promises. If you told a caller you would call back within 30 minutes, be sure you do that, even if you have to tell the caller you need more time to resolve the problem.

## A Guide to the Code of Ethics for Public Officials and State Employees (2004)

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**NOTE:** This guide summarizes only the main points of the Code. For the full text, with all conditions and exceptions, consult Connecticut General Statutes, Chapter 10, Part I. For interpretations of the Code contact the Ethics Commission.

### Who Must Comply?

All state officials and employees (except judges). **NOTE:** all officials and employees of the State's Quasi-Public Agencies are included in the Code's definitions of "public official" or "state employee", and are subject to the Code. The provisions on the last page apply to former public officials and state employees.

### What Standards Does the Code Set?

The ethical rules are contained in Connecticut General Statutes §§1-84 through 1-86. Basically, these sections are intended to prevent one from using public position or authority for personal financial benefit. The principal provisions of §1-84 prohibit:

- Acceptance of outside employment which will impair independence of judgment as to official duties or require or induce disclosure of confidential information gained in state service. (Generally outside employment is barred if the private employer can benefit from the state servant's official actions.

For example, the individual in his or her state capacity has regulatory or contractual authority over the private entity. A state servant is not prohibited, however, from using his or her expertise for private gain, as long as no provision of the Code is violated in the process);

- Use of public position or confidential information gained in state service for the financial benefit of the individual, his or her family (spouse, child, child's spouse, parent, brother or sister), or an "associated business" (defined to include any entity through which business for profit or not for profit is conducted in which the state servant, or an immediate family member, is a director, officer or owner) (NOTE: There is an exception to this definition, however, for unpaid service as an officer or director of a non-profit entity.);
- Representation of another for compensation, or being a member of a business which represents a client for compensation, before: Banking Department; Connecticut Siting Council; Department of Environmental Protection; Claims Commissioner; office within Consumer Protection Control; Department of Motor Vehicles; Insurance Department; State Insurance Purchasing Board; Gaming Policy Board; Division of Special Revenue; and Office of Health Care Access. (Excepted from this prohibition are members of boards, commissions,

and quasi-public agencies who receive no compensation other than per diem, expenses, or both, and teaching or research professional employees of public institutions of higher education provided their actions are not otherwise in violation of the Code of Ethics.);

- Solicitation or acceptance of anything of value based on an understanding that one's official action will be influenced thereby. (Prohibition applies to candidates and to anyone offering or giving the thing of value);
- Entering into contracts with the State valued at \$100 or more, unless the contract has been awarded through an open and public process. (Ban extends to immediate family and associated businesses but accepts executive branch and quasi-public agency officials who receive no compensation except per diem, expenses, or both, unless official has control over subject matter of contract. Contracts of employment as a state employee and contracts made by court appointment are exempt from the provision.) Additionally, no executive head of an agency; no executive head of a quasi-public agency; and no member of such individual's immediate family or a business with which he is associated may enter into any contract with that agency or quasi-public agency;
- Acceptance of any gift or gifts from one known to be a registered lobbyist or lobbyist's representative. (Limitation also applies to candidates, immediate family and staff members. "Gift" does not include food and drink totaling less than fifty dollars per person in a calendar year, if consumed on occasions at which the lobbyist, or a representative of the lobbyist, furnishing the food and drink is in attendance. In a restaurant setting, for the exception to apply, the lobbyist must be seated at the same table as the public official during the portion of the drinks or meal for which the lobbyist pays. Among the other items excluded from the term are presents given by individual's incident to "major life events", ceremonial awards costing less than one hundred dollars, benefits costing less than ten dollars per person, per occasion, up to fifty dollars total in a calendar year, and gifts to the state.)
- Acceptance of any gift or gifts from any person doing business with, seeking to do business with or directly regulated by the state servant's Department which carries out duties of the former Department of Liquor Control; Connecticut Real Estate Commission; Department of Public Utility agency or department. (NOTE: the same exceptions to the lobbyist gift provision listed above also apply to this gift limitation.)
- Acceptance of any fee or honorarium given in return for a speech or appearance made or article written in one's official capacity. (Acceptance of the individual's necessary expenses is permissible, however.)
- Interference with or solicitation of lobbying contracts for any person.

Section 1-85 (substantial conflict) and §1-86 (potential conflict) are distinct but related provisions to consider when a possible conflict is identified:

1. If faced with taking official action which you can expect will directly affect your financial interests, or that of your spouse, dependent child, or an associated business, distinct from others in your occupation or group (e.g., taking official action on the awarding of a contract to a private business you own) you have a substantial conflict of interest under §1-85 and may not act under any circumstances.
2. However, if your financial interest is shared by the other members of your profession, occupation, or group (e.g., a public official/teacher acting on a matter that will result in a uniform financial benefit to all teachers) you proceed under the rules of §1-86. Specifically: (A) if one is a member of a regulatory agency, one must either be excused or prepare, under penalty of false statement, a written statement (to be placed in the minutes of the individual's agency, copy to the Ethics Commission) describing the potential conflict and stating why, despite the situation, one can act fairly, objectively and in the public interest; or (B) if not a member of a regulatory agency, the individual must prepare a written statement, under penalty of false statement, which describes the potential conflict. The individual must deliver the statement to his or her superior, who will assign the matter to another who is not subordinate to the individual with the conflict. (If one has no immediate superior, deliver the statement to the Ethics Commission for guidance on how to proceed.)
3. Under §1-86, if the financial effect on you, a family member, or an associated business is insignificant (i.e. less than \$100 in a calendar year), or no different than that of a substantial segment of the general public (e.g., a regulatory official approving an increase in residential electric rates), you may act without having to follow §1-86 procedures.

### **If You Have A Question About The Code Of Ethics:**

Anyone subject to the Code may request the Commission's advice (advisory opinion) as to how the Code applies to a situation. The Commission's staff also provides informal advisory letters when the question posed is unambiguous or has been previously addressed by a Commission opinion. Finally, staff is available to discuss application of the Code to your particular issue on a confidential basis.

If you have any questions about this Guide or desire more information about the Ethics laws, please contact the Commission's staff or visit the Commission's website ([www.ethics.state.ct.us](http://www.ethics.state.ct.us)).

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