Office of Human Resources

GRADUATE ASSISTANT PACKET

The following must be completed before you may begin working:

☐ Complete a background check issued by Human Resources
☐ Attend the GA Orientation session
☐ Completed attached Payroll Forms
☐ Stop in the Office of Human Resources located in 100 St Thomas Hall to return all completed Payroll forms and to complete a Form I-9 which must be done in person. You will need to bring original, unexpired documents that prove your identity and employment eligibility. The Department of Homeland Security has provided a list https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/120-acceptable-documents-for-verifying-employment-authorization-and-identity to assist with meeting this requirement. Please bring with you either one document from List A or one from List B AND one from List C. Scans and pictures of these documents are not acceptable.

You will not be able to start employment until all above steps are completed.
**Employee’s Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**Step 1: Enter Personal Information**

- **(a) First name and middle initial**
- **(b) Last name**
- **(c) Social security number**

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

- **(d) Address**

City or town, state, and ZIP code

- **(e) Single or Married filing separately**
- **(f) Married filing jointly or Qualifying surviving spouse**
- **(g) Head of household** (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**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) Reserved for future use.**
- **(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.**

**TIP:** If you have self-employment income, see page 2.

**Step 3: Claim Dependent and Other Credits**

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000
- Multiply the number of other dependents by $500

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

Step 4 (optional): Other Adjustments

- **(a) Other income (not from jobs).** If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income
- **(b) Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here
- **(c) Extra withholding.** Enter any additional tax you want withheld each pay period

**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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
RESIDENCY CERTIFICATION FORM
Local Earned Income Tax Withholding

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

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)  SOCIAL SECURITY NUMBER

STREET ADDRESS (No PO Box, RD or RR)

ADDRESS LINE 2

CITY  STATE  ZIP CODE  DAYTIME PHONE NUMBER

MUNICIPALITY (City, Borough or Township)

COUNTY  RESIDENT PSD CODE  TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)  EMPLOYER FEIN

University of Scranton  240795495

STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)

800 Linden St

ADDRESS LINE 2

CITY  STATE  ZIP CODE  PHONE NUMBER

Scranton  PA  18510  570-941-7767

MUNICIPALITY (City, Borough or Township)

Scranton

COUNTY  WORK LOCATION PSD CODE  WORK LOCATION NON-RESIDENT EIT RATE

Lackawanna  350901

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

DATE (MM/DD/YYYY)

PHONE NUMBER  EMAIL ADDRESS

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:

www.newPA.com/Act32
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Complete, print, and submit this form along with required document(s) to:
Human Resources
ST THOMAS HALL
Please direct any questions to the Payroll Department
Tel (570) 941-4066
Fax (570) 941-5937

Indicate that you are a: □ Student

Print Name: ___________________________ Royal ID Number: ___________________________

To elect entire amount into one primary account, please complete the section: PRIMARY ACCOUNT only.

Direct deposit information will be verified with your financial institution(s). You may receive a paper check until your direct deposit becomes active. This process can take up to 10 working days. Please contact the Payroll Department with any questions.

Primary Account - Mandatory - Entire Net Payroll will be deposited into this account.

<table>
<thead>
<tr>
<th>Bank Transit/ Routing Number: (must be 9 digits)</th>
<th>Bank Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number:</td>
<td>Dollar Amount to be Deposited:</td>
</tr>
<tr>
<td></td>
<td>100 %</td>
</tr>
<tr>
<td>Type of Account: □ Checking □ Savings</td>
<td>Check One: □ Start</td>
</tr>
</tbody>
</table>

I hereby authorize the University to initiate direct deposit into the account and financial institution listed above. Payroll direct deposits will be made to the account listed above until I choose to change this agreement by submission of a new Direct Deposit Authorization form.

You will receive notification of your electronic direct deposit advice via your official University e-mail. You may view, print or save this advice by visiting the Payroll Information menu on the Employee tab in your My.Scranton portal.

Please attach a voided personal check OR deposit form/letter from your financial institution(s) which includes the 9-digit transit/routing number.

Student Employee
Signature: ___________________________ Date: __________ Phone: ___________________________
LOCAL SERVICES TAX – EXEMPTION CERTIFICATE
2023
Tax Year

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

➢ A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are employed.
➢ This application for exemption from the Local Services Tax must be signed and dated.
➢ No exemption will be approved until proper documentation has been received.

Name: ________________________________  Soc Sec #: ________________________________
Address: ________________________________  Phone #: ________________________________
City/State: ____________________________  Zip: ________________________________

REASON FOR EXEMPTION

1. __________ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from each employer that shows the name of the employer, the length of the payroll period, the amount of Local Services Tax withheld, and total earnings. List all employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.

2. __________ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN ____________________________ (municipality or school district) WILL BE LESS THAN $ __________: Attach copies of your last pay statement(s) or your W-2 for the relevant year.

   If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the relevant year.

3. __________ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.

4. __________ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: Scranton Single Tax Office
Address: 100 The Mall at Steamtown Unit 216  Phone #: (570) 963-6756 Ext. 3115
City/State: Scranton, PA  Zip: 18503

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than $12,000 when the levied rate exceeds $10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from $0 to $11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

LST Exemption 10-07
Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

<table>
<thead>
<tr>
<th>1. PRIMARY EMPLOYER</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td>University of Scranton</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>800 Linden St</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td>Scranton, PA 18510</td>
<td></td>
</tr>
<tr>
<td>Municipality</td>
<td>Scranton</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>(570) 941-4066</td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status (FT or PT)</td>
<td>PT</td>
<td></td>
</tr>
<tr>
<td>Gross Earnings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>5.</th>
<th>6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td></td>
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<td>Municipality</td>
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<td>Phone</td>
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<td>Start Date</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE NOTE:

All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: ___________________________ DATE: ___________________________
Attached is a panel of Physicians for this address

SWC1370355 - 1 - University of Scranton
800 Linden St
Scranton, PA 18510

Date created: 01/04/2022
Scranton, PA 18510  
Workers’ Compensation Program: Designated Health Care Providers

The following procedures must be followed in case of work related injury or illness:

A. Immediately report the injury to your supervisor.
   Any injury you sustain at work must be reported immediately to your supervisor. Failure to do so may delay your benefits or cause you to lose your rights to benefits. Supervisors must promptly report injuries to the appropriate personnel office.

B. Obtain medical care from a provider listed below.

**DISA Global Solutions**  
Occupational Medicine Clinic  
1000 Meade St  
Dunmore, PA 18512  
570-209-7160

**Express Urgent Care**  
Urgent Care  
449 Scranton Carbondale Hwy  
Scranton, PA 18508  
(570)344-6000

**Optum**  
Available at any major pharmacy  
**PHARMACY**  
866-599-5426

**One Call Care**  
Requires adjuster approval  
**PHYSICAL THERAPY**  
866-672-3064

**† Peairs, Randall**  
Ophthalmology  
200 Mifflin Ave  
Scranton, PA 18503  
(570)342-3145

**† Scranton Orthopaedic**  
Orthopedics  
334 Main Street  
Dickson City, PA 18519  
(570) 307-1767

**† Khan, Iqbal A**  
Neurology  
210 Montage Mnt Rd  
Moosic, PA 18507  
(570)909-9411

**† Roche, James**  
Surgery - General  
743 Jefferson Avenue  
Scranton, PA 18510  
(570) 344-1231

**Dental Works**  
For the nearest location, please call the toll free number.  
**DENTIST**  
855-443-9872

**Hospital**  
For Emergency Services, please go to the nearest hospital.  
**HOSPITAL**

**† One Call Medical Diagnostics**  
Requires adjuster approval  
**DIAGNOSTICS**  
800-872-2875

C. Medical Emergency:  
   If you are faced with a medical emergency, you may secure initial emergency treatment from any of the above mentioned emergency facilities or any other emergency facility. However, any follow-up care to the emergency treatment must be with a designated health care provider.

D. If you choose to treat with an out of state provider, you may be subject to balance billing.

E. For medical treatment to be paid by your employer:
   1. You must select one of the physicians or physician groups listed above.
   2. You must continue to visit one of the physicians listed above or any specialist to which that provider refers you, if you need treatment, for Ninety (90) days from the date of your first visit. This requirement is in conformance with the Pennsylvania Workers’ Compensation Act, Section 306 (F) (1) (i).
   3. After Ninety (90) days, if you still need treatment, you may continue with the same physician or you may choose to go to another physician or health care provider for treatment. If you decide to go to another provider, you must notify your employer of this action within five (5) days of your visit.
   4. Your bills will be paid if your physician or healthcare provider reports as required (within ten days after your first visit and at least once a month as long as treatment continues). You must notify the new provider that these reports are to be submitted to the following address:

   AmTrust North America  
   P O Box 94405  
   Cleveland, OH 44101  
   888-239-3909 Toll Free  
   678-256-8399 Fax

   *For medical groups, all providers are eligible to render medical services.

Signature

Date