

SAN FRANCISCO STATE UNIVERSITY

Student Assistant/Work Study Pay Voucher

August 2007

Please check the appropriate box(es)

I am a student assistant/work-study student taking at least 3 units this month and working less than an average of 20 hours per week.

I am a Non-Resident, Non-Citizen holding a J-1 or F-1 Visa and exempt from the Retirement Plan and Medicare tax.

I am a student assistant/work-study student **NOT** currently taking at least 3 units this month or working more than an average of 20 hours per week

Position Number (Social Security Exempt)

AGENCY	REPORTING UNIT	CLASS CODE	SERIAL NUMBER
		1868	
		1870	
		1871	
		1150	

CLASS

1868 Student Non-Resident Alien Tax Status
 1870 Student Assistant
 1871 Work Study Assistant - On Campus
 1150 Instructional Student Assistant

Position Number (Social Security Exempt)

AGENCY	REPORTING UNIT	CLASS CODE	SERIAL NUMBER
		1874	
		1875	
		1876	

CLASS

1874 Bridge Student Assistant
 1875 Bridge Work Study Asst - On Campus
 1876 Bridge Work Study Asst - Off Campus

Student's Legal Name (Last, First, Middle Initial)

____ - ____ - ____

Social Security Number

Street Address

Employing Department

City State Zip

Contact Person & Extension

(____) _____ - _____
Home Telephone Number

Pay Rate \$

Pay Period

DAYS	WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5	
	8/01-8/04		8/05-8/11		8/12-8/18		8/19-8/25		8/26-8/31	
	IN / OUT	HRS	IN / OUT	HRS	IN / OUT	HRS	IN / OUT	HRS	IN / OUT	HRS
SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										
TOTAL										

PAYROLL SUMMARY:

_____ x _____ = _____

CERTIFICATION:

TOTAL HOURS x HOURLY RATE = GROSS EARNINGS

I certify that the information provided is correct. I understand that to be exempt from contributing 7.5% of my earnings to the PST Retirement Plan and 1.45% to Medicare Tax. I must be at least a half time students (6 units undergraduate/4 units graduate) for each month I claim exemption.

STUDENT'S SIGNATURE

DATE

I certify that the student named on this voucher has worked the hours recorded here in a satisfactory manner.

BSS CHAIR/DIRECTOR/SUPERVISOR'S SIGNATURE

DATE

I certify that adequate funds are available to ensure payment for the hours recorded and hereby authorize payment.

LY CHAU, COLLEGE FISCAL OFFICER, BSS

DATE