

**JACKSONVILLE STATE UNIVERSITY**  
**Manual of Policies and Procedures**

**POLICY NO.: IV.16.01**

**DATE: Feb 2021**

**REVIEW/REVISION DATES:**

**SUBJECT: Camp Policy**

**APPROVED: Don C. Killingsworth, Jr., President**

**PURPOSE**

Jacksonville State University (JSU) hosts a wide variety of camps. This policy statement is intended to provide guidance to those involved in camp activities. For purpose of definition, this policy covers the following types of camps:

- a. Those which include minor child participants under the age of nineteen (19) years who are at JSU for some type of instructional camp involving use of facilities.
- b. Those in which participants remain overnight in on-campus residence halls.

**POLICY**

The intent of JSU is to encourage the use of its facilities, on a space available basis, for camps. Though such camps should not take precedence over programs designed for (prospective or) enrolled students, there are many important reasons why the camps are to be encouraged by JSU and its employees. Camps provide the following benefits for JSU:

- Camps attract many young people to JSU, many of whom will be highly qualified for future admission.
- Impressions gained by young people because of a camp and JSU experience can have a significant impact on their choice of college.
- Facilities which would otherwise be relatively idle during summer months can be used in support of camps.
- Camps provide an excellent opportunity to acquaint many people with JSU in a short period of time.
- Outreach efforts (particularly those aimed at youth), and staff involvement in same, can be promoted.
- The reputation of JSU is enhanced by effective camps.

In many cases, camps attract youth under the age of 19 to campus. The level of care and supervision appropriate for an enrolled student at JSU is not necessarily the same as that which is appropriate for a camp participant. It is imperative that campers be overseen in a fashion that is appropriate and intended to keep them healthy and safe while visiting JSU. JSU and its employees should provide a reasonably safe environment for participants in the various programs sponsored by JSU.

## **Approval**

All camps must be approved by the Assistant Director, Camps, Conferences, and Transportation. JSU staff members who desire to conduct a camp or clinic must complete the related forms found here ([forms](#)) and will be sent via email to the Camp Director after camp reservation has been completed. The department head requesting a camp must complete and submit the Camp Inquiry Form found on the JSU Conference Services website to the Assistant Director, Camps, Conferences, and Transportation prior to the anticipated start date of the camp/clinic.

The JSU Camp Packet includes:

- JSU Student Worker Roster ([Form 119](#))
- Camp Attendee Roster ([Form 122](#))
- Parental Consent Form ([Form 116](#))
- Camp Rules Agreement ([Form 117](#))
- Disciplinary Procedures Agreement ([Form 118](#))

Other documents that must be designed for the camp include a Camp Registration Form, Camp Schedule, and advertisement collateral (such as brochures, flyers, etc.).

## **Reservations, Services and Fees for Facilities**

For non-athletic internal groups to schedule a camp, a deposit of \$100 must be paid. Visit the Conference Services web site ( [Reservation information](#) ) for more information. Rates for lodging, dining/catering, facilities, and equipment, as well as, details related to the administrative fee<sup>1</sup> assessed can be found here: [Services and Rates](#) . All fees charged and collected will be deposited into the related JSU camp operating fund.

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<sup>1</sup> Covers cost of reservation, parking, Wi-Fi, and logistics.

Certain events lend themselves to providing positive public relations and or recruitment possibilities. In those instances, on a case by case basis, the President shall have the authority to waive fees.

### **Required Forms for Attendees**

Campers and parents/guardians are required to complete the following forms for each attendee:

- Camp Registration Form
- Parental Consent Form ([Form 116](#))
- Camp Rules Agreement ([Form 117](#))
- Disciplinary Procedures Agreement ([Form 118](#))

See examples of all forms in Appendix A at the end of this policy.

### **Required Forms for Student Workers**

Prior to working, Student Workers are required to complete the following forms and provide to the Camp Director. The Camp Director is responsible to ensure the forms are completed and approved as required, and the forms are turned into Human Resources (HR). **A Student Worker cannot work until HR has received all the required paperwork and validated their I-9 status in person.** Below is a list of the required forms:

- JSU Student University Aide Acknowledgement Form (Online Dynamic Form 56)
- W-4 (provided by HR)
- I-9 (provided by HR)
- Alabama Form A4 (provided by HR)
- Direct Deposit Authorization Form

These forms can be located here: [HR New Hire Forms](#) . See examples of all forms in Appendix A at the end of this policy.

## **Final Arrangements**

Camp Directors planning to use campus lodging and/or dining services are required to provide a guarantee for the number of participants at least thirty (30) days prior to the start date of the camp. The camp will be billed for the guaranteed number of participants or the actual number attending, whichever is greater.

## **Billing and other Financial Procedures**

Conference Services will charge the Fund and Organization assigned to the camp the following as used and are applicable:

- Lodging per the Internal Camp Rate Schedule
- Dining/Catering
- Equipment
- Administrative fee

The first payment will be 50% of the final balance due 60 days prior to the camp start date and the final payment will be the remainder of the balance due 30 days before the camp start date.

## **Appropriate Camp Environment**

To provide a reasonably safe environment for participants in camp activities, each Camp Director should ensure that certain precautions are taken. All campus policy, rules and regulations are in effect. Other precautions that should be considered are:

### Student Workers

- Care should be taken that those who may be driving as a part of their duties have a valid license to operate the type of vehicle to be used.
- Adequate training should be provided in order that Student Workers are qualified to direct the activities scheduled.

### Parent Awareness

- Parents should be aware of the type of activities in which their child may participate.
- Known risks associated with each activity should be clearly explained to parents.

### Attendee/Camper Guidelines

- Participants should be in appropriate physical condition for the activity they are participating.
- Participants should be placed in the correct skill level for the activity scheduled.

### Participant Safety

- An adequate ratio of staff to attendee/camper should always be maintained, particularly when in residence halls. The ratio of camp staff to attendee/camper must reflect the gender distribution of the participants, and should, at a minimum, meet the following:
  - Standards for resident camps are:
    - One staff member for every five campers ages 4 and 5
    - One staff member for every six campers ages 6 to 8
    - One staff member for every eight campers ages 9 to 14
    - One staff member for every 10 campers ages 15 to 17
  - Standards for day camps are:
    - One staff member for every six campers ages 4 and 5
    - One staff member for every eight campers ages 6 to 8
    - One staff member for every ten campers ages 9 to 14
    - One staff member for every twelve campers ages 15 to 17
- Safety equipment should be inspected prior to and during camp for safe conditions.
- Public safety officials should be made aware of the camp and the daily schedule (see section titled 'Security').

### Safe Environment

- Grounds should be inspected prior to and during the camp for safe conditions.
- Equipment should be kept in safe condition and suitable for intended use.
- Vehicles used for transportation should be properly inspected.

## **Disciplinary Procedures**

JSU is committed to the idea that each camper should have a positive and enjoyable experience at summer camp, and the misbehavior of one camper, or a group of campers, should not be allowed to impact negatively on the experience of others. Most camps are short in duration, so prompt action may be required. Parents and campers should be aware of the disciplinary policy and camp rules. Parents and campers are required to sign off on the JSU Camp Disciplinary Procedures agreement ([Form 118](#)) and the JSU Camp Rules agreement ([Form 117](#)).

## **Camp Director Responsibilities**

Camp Directors are responsible for, but not limited to, the following as applicable:

- Ensuring all camp revenue and expenditures are processed through Banner in a timely manner to ensure processing is complete prior to the start of the camp.
- Ensure all revenue is deposited and posted to the proper Fund, Organization, and Account associated with the camp in a timely manner as required by JSU Policy [IV.02.02](#).
- Establishing an Attendee (Camper) Roster, ensuring all Attendees/Campers have properly completed the required forms and retention of the required forms for a rolling seven years after the execution of the camp.
- Establishing a Student Worker Roster, ensuring all Student Workers complete all requirement paperwork to be added to JSU Payroll as required by Human Resources.
- Ensure Student Workers are submitting time worked, reviewing submitted time, and approving time worked.
- Assist with check-in of campers.
- Provide an Attendee Roster and a camp schedule, to the JSU Police Department and Conference Services no later than 3 hours after camp registration ends.
- Be accessible in emergency situations.
- Assist with check-out of campers.
- Check on any damages reported.
- Provide staff for the camp.
- Inspect camp facilities immediately prior to and after the camp session(s).

- Advise participants of appropriate check-in and check-out procedures including charges for damages and lost keys.
- Familiarize participants with University policies, especially those pertaining to fire and emergency evacuation procedures, appropriate conduct, possession of controlled substances and firearms, and authorized entry into rooms.
- Maintain discipline of participants.
- Advise Conference Assistant of supply and maintenance issues in residence hall(s).
- Ensure that programs and activities conducted on the University campus are in compliance with the Americans with Disabilities Act.
- Coordinate with the Conference Assistant to:
  - Issue keys and make room assignments.
  - Familiarize camp staff with overall building layout.
  - Complete work orders and maintenance requests as needed.
  - Complete administrative paperwork as required.
  - Advise camp staff of any damages charged.

## **Security**

Security, in general, will be the responsibility of the Camp Director and JSU Police Department. During the day, camp staff will always be expected to stay with campers except for specific activities in which it might not be reasonable or appropriate to remain with them. If such unsupervised activities are planned, care should be taken to make sure each child's parent(s) are made aware of it and agree to have the child participate. At night, enough camp staff/sponsors/counselors should remain with youth campers in the residence halls to provide control and security.

## **Attendee Roster**

In order that JSU Police Department may assist in providing security, the Attendee Roster must be provided to them no later than 3 hours after Camp Registration ends and include the following information:

- Name of the camp
- Contact persons and phone numbers
- Locator list indicating where campers are staying overnight
- Camp schedule

This information will allow the JSU Police to better respond to emergency phone calls; to recognize camp participants; to inform patrols of campers' whereabouts; and to be alert for unusual activity in the vicinity of the camps.

### **RESPONSIBILITY**

The Senior Vice President of Finance and Administration is responsible for this policy.

### **EVALUATION**



This policy will be reviewed every five (5) years.



## APPENDIX A

See below for examples of each required form:

### Parental Consent Form (116):

Page 1:		Page 2:																																													
																																															
<b>PARENTAL CONSENT FORM</b>		<b>PARENTAL CONSENT FORM</b>																																													
<p>I, _____</p> <table border="1"><thead><tr><th colspan="2">Information</th></tr></thead><tbody><tr><td>Camper Name (print)</td><td>Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td>Zip</td><td>Camper Age</td></tr><tr><td>Camper Date of Birth</td><td>Camper Grade</td></tr><tr><td>Camper Gender</td><td>Camper Phone</td></tr><tr><td>Parent/Guardian Name (print)</td><td>Parent/Guardian Phone</td></tr><tr><td>Parent/Guardian Email</td><td>Emergency Contact Name (print)</td></tr><tr><td>Emergency Contact Phone</td><td>Emergency Contact Email</td></tr></tbody></table> <table border="1"><thead><tr><th>How did you hear about the JSU Camp? (please circle)</th><th>Catalog</th><th>TV</th><th>On-line</th><th>Newspaper</th><th>Radio</th><th>Other</th></tr></thead><tbody><tr><td colspan="7">List any medical alerts, allergies (including food allergies) and/or prescription medications (with doses) you are currently taking (attached additional sheet(s) of paper if necessary).</td></tr></tbody></table> <table border="1"><tbody><tr><td>Insurance Provider</td><td>Policy Number</td></tr></tbody></table>		Information		Camper Name (print)	Address	City	State	Zip	Camper Age	Camper Date of Birth	Camper Grade	Camper Gender	Camper Phone	Parent/Guardian Name (print)	Parent/Guardian Phone	Parent/Guardian Email	Emergency Contact Name (print)	Emergency Contact Phone	Emergency Contact Email	How did you hear about the JSU Camp? 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THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.</p> <p>I, the undersigned, wish for my Child (hereafter "Child") to participate in camp (hereafter "Camp") and, in consideration for my Child's participation, I hereby agree as follows:</p> <p>I hereby give my permission for a qualified physician, athletic trainer, and/or hospital emergency room to administer necessary health care to my Child in the case of an accident and/or emergency.</p> <p>I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore, I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Camp.</p> <p>I, on behalf of my Child and as my Child's parent, guardian and/or next of kin, hereby release Jacksonville State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Camp Staff, and all other officers, directors, employees and agents (hereafter "JSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.</p> <p>I, on behalf of my Child and as my Child's parent, guardian and/or next of kin, furthermore release, indemnify and hold harmless JSU from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that JSU accepts no responsibility for my Child's personal property or the personal property of another in possession of my Child.</p> <p>In the event of an accident or serious illness, I hereby authorize representatives of JSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify JSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.</p> <p>This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Calhoun County, Alabama.</p> <p>This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.</p> <table border="1"><thead><tr><th colspan="2">A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19</th></tr></thead><tbody><tr><td>Participant Name (print)</td><td></td></tr><tr><td>Participant Signature</td><td></td></tr><tr><td>Parent/Guardian Name (print)</td><td></td></tr><tr><td>Parent/Guardian Signature</td><td></td></tr></tbody></table>		A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19		Participant Name (print)		Participant Signature		Parent/Guardian Name (print)		Parent/Guardian Signature	
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FORM 116	1	FORM 116	2																																												

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## I9 and W4 (HR New Hire Forms):

### I9

Instructions Start Over Print

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

USCIS  
**Form I-9**  
OMB No. 1611-0047  
 Expires 10/31/2012

▶ **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) <input type="text"/>		First Name (Given Name) <input type="text"/>		Middle Initial <input type="text"/>		Other Last Names Used (if any) <input type="text"/>	
Address (Street Number and Name) <input type="text"/>		Apt. Number <input type="text"/>		City or Town <input type="text"/>		State <input type="text"/> ZIP Code <input type="text"/>	
Date of Birth (mm/dd/yyyy) <input type="text"/>		U.S. Social Security Number <input type="text"/>		Employee's E-mail Address <input type="text"/>		Employee's Telephone Number <input type="text"/>	

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):

☐ 1. A citizen of the United States ☐  
☐ 2. A noncitizen national of the United States (See instructions) ☐  
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number)   
☐ 4. An alien authorized to work (i) until expiration date, if applicable, mm/dd/yyyy:   
Some aliens may enter "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:   
 OR  
 2. Form I-94 Admission Number:   
 OR  
 3. Foreign Passport Number:   
 Country of Issuance:

Signature of Employees  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 preparer and/or translator 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) <input type="text"/>		First Name (Given Name) <input type="text"/>	
Address (Street Number and Name) <input type="text"/>		City or Town <input type="text"/>	
		State <input type="text"/> ZIP Code <input type="text"/>	

Click to Finish

### W4

**Employee's Withholding Certificate**

OMB No. 1545-0074  
**2020**

▶ **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**

First name and middle initial <input type="text"/>		Last name <input type="text"/>	
Address <input type="text"/>			
City or town, state, and ZIP code <input type="text"/>			

☐ Single or Married (filing separately)  
☐ Married (filing jointly or Qualifying widow(er))  
☐ Head of household (Check only if you are 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, when to use the online estimator, 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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

**Step 3: Claim Dependents**

If your 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 and 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. ▶  \$ **4(a)**

(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 ▶  \$ **4(b)**

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period ▶  \$ **4(c)**

**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 <input type="text"/>	First date of employment <input type="text"/>	Employer identification number (EIN) <input type="text"/>
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For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 102002 Form W-4 (2020)

## Direct Deposit Authorization Form and Alabama Form A4 (HR New Hire Forms):

Direct Deposit Authorization Form		Alabama Form A4																																							
<div><b>Direct Deposit Authorization Form</b></div> <p>This form is to be completed to add a new Direct Deposit Account, or to change or delete an existing account. To ensure prompt processing, provide all required information. If supporting documentation is not available, please have a financial institution representative complete the Account Details section and Representative Section. All fields with the asterisk (*) indicate required information.</p> <p>Travel or other reimbursements processed through Accounts Payable will be deposited into the primary account on file with Payroll. Please contact Accounts Payable directly when a change is required for a travel or other reimbursements.</p> <div><b>Employee Information</b></div> <p>Full Name: _____ *SSN ID: _____</p> <p>First Middle Last</p> <p>By signing below, I authorize Jacksonville State University (JSU) and/or its representative to initiate direct deposit (credit) entries. If funds to which I am entitled are deposited to my account, I authorize JSU and/or its representative to direct the bank to return said funds (debit). I understand that my bank must be a member of the Automated Clearing House (ACH) in order for my net pay to be processed via Electronic Funds Transfer (EFT). This authorization is to remain in effect until it is changed or canceled. I understand that I must allow sufficient time for the processing of such changes or cancellation.</p> <p>*Employee's Signature _____ *Date _____</p> <div><b>Account Details</b></div> <p>If you only have one (1) account in the direct deposit program, the entire amount of the Net Pay will be deposited into the account with "Balance" selected. If you specify two (2) or three (3) accounts, a portion of your Net Pay will be deposited into the other account(s) that have designated as split(s). Any remaining net pay will then be deposited into the account designated as balance.</p> <table border="1"><thead><tr><th>Account One (1)</th><th>Check One: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel</th></tr></thead><tbody><tr><td>Routing Number *</td><td></td></tr><tr><td>Account Number *</td><td></td></tr><tr><td>Account Type *</td><td><input type="checkbox"/> Checking - A voided check for this account must be attached. 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As representative of the below named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.</p> <table border="1"><thead><tr><th>Financial Institution Name</th><th>Representative Name (Print)</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td>Date Completed:</td><td>Representative Signature:</td></tr><tr><td>Phone #</td><td>Address:</td></tr></tbody></table>		Account One (1)	Check One: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Routing Number *		Account Number *		Account Type *	<input type="checkbox"/> Checking - A voided check for this account must be attached. Deposit slips cannot be accepted. <input type="checkbox"/> Savings - A savings deposit slip for this account must be attached.	Amount of Net Pay *	<input type="checkbox"/> Balance <input type="checkbox"/> Amount: \$ _____	Account Two (2)	Check One: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Routing Number *		Account Number *		Account Type *	<input type="checkbox"/> Checking - A voided check for this account must be attached. Deposit slips cannot be accepted. <input type="checkbox"/> Savings - A savings deposit slip for this account must be attached.	Amount of Net Pay *	<input type="checkbox"/> Balance <input type="checkbox"/> Amount: \$ _____	Account Three (3)	Check One: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Routing Number *		Account Number *		Account Type *	<input type="checkbox"/> Checking - A voided check for this account must be attached. Deposit slips cannot be accepted. <input type="checkbox"/> Savings - A savings deposit slip for this account must be attached.	Amount of Net Pay *	<input type="checkbox"/> Balance <input type="checkbox"/> Amount: \$ _____	Financial Institution Name	Representative Name (Print)			Date Completed:	Representative Signature:	Phone #	Address:	<div><b>Alabama Form A4</b></div> <p>ALABAMA DEPARTMENT OF REVENUE 50 North Ripley Street • Montgomery, AL 36104 • Info Line (334) 242-1300 <a href="http://www.revenue.alabama.gov">www.revenue.alabama.gov</a></p> <h3>Employee's Withholding Tax Exemption Certificate</h3> <p>Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-15.</p> <p><b>Part I - To be completed by the employee</b></p> <p>EMPLOYEE NAME: _____ EMPLOYEE SOCIAL SECURITY NUMBER: _____</p> <p>STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____</p> <div><b>HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS</b></div> <ol style="list-style-type: none"><li>If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer.</li><li>If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "1" if claiming the SINGLE exemption or "M" if claiming the MARRIED FILING SEPARATELY exemption.</li><li>If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.</li><li>Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See dependent qualification below.</li><li>Additional amount, if any, you want deducted each pay period.</li><li>This line to be completed by your employer. Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables).</li></ol> <p>Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.</p> <p>Employer's Signature: _____ Date: _____</p> <p><b>Part II - To be completed by the employer</b></p> <p>EMPLOYER NAME: _____ EMPLOYER IDENTIFICATION NUMBER (EIN): _____</p> <p>STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 527480, Montgomery, AL 36152-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.</p> <p><b>DEPENDENTS:</b> To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows: Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law; Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law; Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law; Your uncle, aunt, nephew, or niece (but only if related by blood).</p> <p>THIS FORM MAY BE REPRODUCED</p>	
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## Student University Aide Acknowledgement Form (Dynamic Form 56):

**JACKSONVILLE STATE UNIVERSITY**  
**STUDENT UNIVERSITY AIDE ACKNOWLEDGEMENT**

Any otherwise eligible student may be employed on the University Student Employee Program. Although it is permissible for students to be employed on both the Federal Work Study and other campus work programs, they are discouraged from holding more than one job at a time. **NOTE: All varsity athletes must have permission from the Assistant Director of Athletics, Compliance in order to be employed in any program.**

**PART I** To be completed by budget manager prior to work being performed. Complete a new acknowledgement for each period of employment.

\_\_\_\_\_, Student ID# \_\_\_\_\_ is to be employed as an at-will student employee in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ at a rate of \$ \_\_\_\_\_ per hour for up to \_\_\_\_\_ hours per week. Wages are to be charged to FOAP # \_\_\_\_\_.

Budget Manager \_\_\_\_\_ Date \_\_\_\_\_

The student will be paid monthly for work performed, but will not be entitled to any fringe benefits or other compensation. FICA taxes will be withheld in addition to appropriate federal and state taxes, as required by federal requirements (when enrolled less than part time).

**PART II** To be completed by student and presented to the Office of Human Resources. Students will be required to complete tax forms in the Office of Human Resources, present a Social Security Card as well as documents to satisfy I-9 requirements. Bank information will also be required for mandatory direct deposit.

I am enrolled/registered in \_\_\_\_\_ hours this term or \_\_\_\_\_ hours next spring/fall.  
I am \_\_\_\_\_ am not \_\_\_\_\_ participating in varsity athletics. (Athletes must present this form to the Assistant Director of Athletics - Compliance.)  
I am \_\_\_\_\_ am not \_\_\_\_\_ working in another department. (If "yes," please give the name of your supervisor.)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III** To be completed by the Assistant Director of Athletics - Compliance (if applicable).

Student is \_\_\_\_\_ is not \_\_\_\_\_ eligible for employment under terms of the acknowledgement.

Assistant Director of Athletics - Compliance \_\_\_\_\_ Date \_\_\_\_\_

**PART IV** To be completed by Human Resources.

Human Resources Officer \_\_\_\_\_ Date \_\_\_\_\_