

# STUDENT EMPLOYEE NEW HIRE PACKET



## CONGRATULATIONS!

Please complete the student new hire paperwork and submit to the office of Human Resources Management via:

Email: [sec@alcorn.edu](mailto:sec@alcorn.edu)

or

Fax: (601) 877 -6389

If you have any questions or concerns email our office:  
[sec@alcorn.edu](mailto:sec@alcorn.edu)  
and an associate will contact you.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**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. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____		
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)			Additional Information		
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)					
Check here if you used an alternative procedure authorized by DHS to examine documents.					

**Certification:** 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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	(1) NOT VALID FOR EMPLOYMENT
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	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:		5. U.S. Military card or draft record	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
a. Foreign passport; and		6. Military dependent's ID card	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
b. Form I-94 or Form I-94A that has the following:		7. U.S. Coast Guard Merchant Mariner Card	4. Native American tribal document
(1) The same name as the passport; and		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
(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.		9. Driver's license issued by a Canadian government authority	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	7. Employment authorization document issued by the Department of Homeland Security
		11. Clinic, doctor, or hospital record	For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .
		12. Day-care or nursery school record	The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b> , document, not a List C document.

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document.	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.
• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.			

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

**Each employee is required to submit (2) acceptable documents to satisfy the I-9 form on page 3.**

**Please see the list of acceptable documents on page 4 and attached it here for processing.**

**\*All documents must be unexpired.**

**There are two attachments links for your use.**



## **Human Resources Management: Student Employment Center Student Employment Agreement**

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### **Student Employee Start and End Dates**

Hiring Managers may not authorize student employees to start work until they have received an official Employment Confirmation Notice from the Student Employment Center housed in HRM. Student employees will receive their notice within 48 hours of completing all required HRM/Payroll forms. Student employees are not allowed to work beyond their appointment end date.

### **Work Schedule**

Students are required to provide a class schedule to hiring managers so that a work schedule can be created. Hiring Managers should discuss the student employee's work schedule with the student. Student Employee's first role at Alcorn State University is to be a student. It is important that the hiring manager remains flexible with student hours. It is the student's responsibility to inform their manager of exams and papers ahead of time to allow the manager to plan around their school needs.

### **Student's Hours**

Student Employees are not allowed to work over 20 hours per week

### **Breaks**

Student employees are required to take a 15 minute paid break within the four (4) consecutive hours worked, and are required to take an unpaid half hour break after six (6) consecutive hours of work. It is both the student and department's responsibility to keep a record of when breaks are taken.

### **Timesheet**

Student timesheets must be filled out accurately, and provided to the hiring manager on the last day of the pay period for confirmation of hours worked. The signature of both the manager and timekeeper are required. All signed timesheets need to be submitted to the Payroll office prior to established deadline.

### **Campus Jobs**

Students may only hold one position. Federal Work Study (FWS) students are only allowed one FWS position. Both not to exceed 20 hours per week. Student employees cannot be appointed to multiple positions.

### **Employment "At Will"**

Any hiring is presumed to be "At Will"; that is, the employer is free to discharge individuals "for good cause, or bad cause, or no cause at all," and the employee is equally free to quit, strike, or otherwise cease work.

**I acknowledge and agree to all the above**

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**Student Employee Name (Printed)**

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**Student Employee Signature**

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**Date**



**To be completed by all employees at the time of hire (on or before the first day of employment).** Males age 18 through 25 must provide verification of registration with the Selective Service or exemption as a condition of employment. This procedure is in compliance with the requirements of the U.S. Selective Service System. It applies to all employees of Alcorn State University, including faculty and student employees, regardless of title, length or percent time of appointment, or source of funds. If you were employed with the state prior to September 1, 1999 and your state employment has been continuous, you are not required to complete the selective service form. For assistance or additional information, contact the Human Resources Service Center at **(601) 877-6188.**

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Name

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ASU Employee ID

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Department

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Employee Email

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Campus Phone

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**Section 1 – Registration based on age**

Are you a male age 18 through 25:  Yes  No

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Date of birth

If yes, continue to Section 2.

If no, you do not need to complete this form.

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**Section 2 – Registration based on status**

As a male age 18 through 25, are you required to register for Selective Service?

Yes – You are required to register if you are a male U. S. citizen or immigrant alien male.

No – You are not required to register if you are: a lawful non-immigrant alien on a student, visitor, tourist or diplomatic visa; on active duty in the U.S. Armed Forces; or attending certain service academics. Do no complete Section 3. Sign and date at the bottom of this form.

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**Section 3 – Verification of registration or exemption**

You must provide verification of registration or of exemption with Selective Service as a condition of employment with Alcorn State University.

To verify that you have registered, enter your Selective Service Registration Number below. You will find the number on the Selective Service card issued to you upon registration, or online at <https://www.sss.gov>. If you have not yet registered, you must register immediately or you will not be able to be employed at the university. You may register online at <https://www.sss.gov>. If you are not required to register, please state the reason you are exempt. There are a few reasons for exemption: men on active duty in the U.S. Armed Forces; cadets and midshipmen in the Service Academies; and certain other U.S. military colleges. Exemptions do not include student deferments or conscientious objectors. Human Resources Services will contact you for further information and documentation if you indicate exemption for any reason other than non-immigrant alien status.

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Selective Service Number

Verification of exemption – please state the reason you are exempt:

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I certify that all the information, including attachments, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

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Signature of employee

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Date

**ALCORN STATE UNIVERSITY**  
**Office of Human Resources**

**PERSONAL DATA**

Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Name Must Be the Same As Shown On Social Security Card)

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ (\_\_\_\_\_) Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Ethnicity: Do you consider yourself to be Hispanic/Latino?  Yes (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  No

Race:  Black or African-American  American Indian/Alaskan Native  Asian  White/Caucasian  
 Native Hawaiian or Other Pacific Islander

Highest Educational Degree (check highest and list the year attained):  Associate \_\_\_\_\_  Bachelor \_\_\_\_\_  
 ED. \_\_\_\_\_  Master's \_\_\_\_\_  Ph.D. \_\_\_\_\_  Some College \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you ever been employed by the State of Mississippi as a full-time employee?  Yes  No  
If yes, what agency/department? \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**CONFIRMATION OF UNDERSTANDING AND ACKNOWLEDGEMENT OF DRUG-FREE WORKPLACE POLICY**

It is the policy of Alcorn State University to maintain a drug-free workplace, workforce and campus consistent with Federal laws as set forth in the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989. Consequently, all employees-faculty, staff (part-time or full-time) and students- are prohibited from the unlawful possession, manufacture, distribution, dispensation, sale, use or in any way involve themselves with controlled substances and alcohol on university property or as part of any university activity.

By signing below, I acknowledge that I have received a copy of the Drug-Free Workplace Policy, and I understand that as a condition of my employment I must abide by the terms and provisions as set forth therein.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

# Mississippi New Hire Reporting Form

Mail completed form to: Mississippi State Directory of New Hires  
P.O Box 312  
Holbrook, MA 02343



Or fax completed form to: 1-800-937-8668

Effective October 1, 1997, all Mississippi employers (or independent contractors) are required to report certain information about personnel who have been newly hired, rehired, or have returned to work. **Reports must be made within 15 calendar days from date of hire.** Employers must either (1) complete this form, or (2) submit a copy of the worker's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by magnetic tape or floppy diskette. *To submit new hire reports electronically, call 1800-241-1330 to obtain information.*

*Below, please complete all employer information*

## EMPLOYER INFORMATION

\*Federal Employer Identification Number (FEIN):  -          
(Please the same FEIN for which listed employee(s) quarterly wages will be reported under)

State Employer Identification Number (SEIN):  -

\*Employer Name: \_\_\_\_\_ DBA: \_\_\_\_\_

\*Address: \_\_\_\_\_

(Please indicate the address where the Income Withholding Order will be sent)

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Below, please complete one entry for each new employee*

## EMPLOYEE INFORMATION

\*Social Security Number:    -   -    Gender (circle one): Male Female

\*First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Employee Address: \_\_\_\_\_

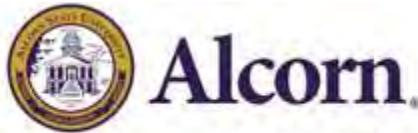
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ State of Hire \_\_\_\_\_

Employee Salary: \_\_\_\_\_ Payment Frequency (circle one): Weekly Bi-weekly Monthly Annually

Is this employee eligible for medical insurance (circle one)? Yes No

**For information please visit our website at [www.ms-newhire.com](http://www.ms-newhire.com) or call us toll-free at 1-800-241-1330**



WHERE KNOWLEDGE AND CHARACTER MATTER

Department of Human Resources

[www.alcorn.edu](http://www.alcorn.edu)

#### **CONFIDENTIALITY STATEMENT**

I understand that because of my employment with Alcorn State University, I may/will be exposed to certain confidential information. "Confidential Information" means all data and information relating to the business and management of the Employer, including proprietary and trade secret technology and accounting records to which access is obtained by the Employee, including Work Product, Production Processes, Other Proprietary Data, Business Operations, Marketing and Development Operations, and Customers. Confidential Information will also include any information that has been disclosed by a third party to the Employer and governed by a non-disclosure agreement entered into between the third party and the Employer.

I understand that I am to hold/handle such information in **strict confidence** and not to disclose, discard, or distribute any information. I may only disclose confidential information if requested in writing to any authorized external legal entity.

**Violations of confidentiality may be grounds for termination.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

**Employee Signature**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

**Human Resources Representative**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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.

**2026**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	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.) <b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

**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).

<b>Step 2: Multiple Jobs or Spouse Works</b>	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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . <input type="checkbox"/>		

**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: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . . (b) Multiply the number of other dependents by \$500 . . . . . Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .		
	3(a) \$	3(b) \$	3 \$
<b>Step 4: Other Adjustments</b>	(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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .		
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .		
	4(a) \$	4(b) \$	4(c) \$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . <input type="checkbox"/>		
<b>Step 5: Sign Here</b>	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
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



**MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Mississippi Department of Revenue  
P.O. Box 960  
Jackson, MS 39205

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_

**Employee's Residence  
Address** \_\_\_\_\_ **Number and Street** \_\_\_\_\_ **City or Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

<b>1. The personal exemptions allowed:</b>			
(a) Single Individuals	\$6,000	(d) Dependents	\$1,500
(b) Married Individuals (Jointly)	\$12,000	(e) Age 65 and Over	\$1,500
(c) Head of family	\$9,500	(f) Blindness	\$1,500
<b>2. Claiming personal exemptions:</b>			
(a) Single Individuals enter \$6,000 on Line 1.			
(b) <b>Married individuals are allowed a joint exemption of \$12,000.</b>			
If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).			
(c) <b>Head of Family</b>			
A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).			
(d) <b>An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer.</b> A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent <u>excluding</u> the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but			
<b>5. To -- ) exemption # -- time !</b>			
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.			
* . +, )- EXEMPT2, #ERTF#+TE / 3 ST 5 E F6)7 - 118 Y23R EM0629ER W#T81 0 D+9S +FTER +, 9 #8+, : E 1 Y23R EXEMPT2, ST+T34.			
5. 0, )+LT1)4 +R) 1/024 ) 7 FOR WILLFU669 4300691, G FA64) 1, FOR/ +T12,			
& IF T8 E EM0629EE F+1S T2 F6E +, )/ PT2, #ERTF#+TE - 118 8 6 / ) 0629ER; I, #2/ E T X M3T 5 E - 1188)6 7 B9 T8E) / 0629ER2, T2 T+6 - +: ES - 11823T 7 E 5E), EFT OF EXEMPT2, ..			
< To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.			

# Student Employee Orientation Acknowledgment Form

**We are excited that you are a part of the Alcorn State University Family.**

A list of tasks were given to you in your welcome letter.

Please select the tasks you completed below.

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## Tasks Completed

- Signed Offer Letter/Student Assignment Form
- Reviewed the student employee handbook and signed acknowledgment form
- Student Employee New Hire Packet

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**By signing below, I acknowledge that I have done the above listed tasks and submitted the required documents to complete my orientation.**

Employee Signature

Date

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**\* Submit to [hrm@alcorn.edu](mailto:hrm@alcorn.edu) for your personnel files within three business days.**

## EEO Statement:

Alcorn State University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, or other factors prohibited by law in any of its educational programs, activities, services, admissions, or employment practices.