

**SAN FRANCISCO STATE UNIVERSITY
STUDENT ASSISTANT/WORK STUDY FALL/SPRING VOUCHER**

Please check the appropriate box(es)

() I am a student enrolled at least half time (6 units undergraduate/4 units graduate) this semester and not working more 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.

Position Number (Social Security Exempt)

AGENCY	REPORTING UNIT	CLASS CODE	SERIAL NUMBER
		1870	
		1868	
		1871	
		1872	

CLASS

1870 Student Assistant
1868 Non-Resident Alien Student Assistant
1871 Work Study Assistant - On Campus
1872 Work Study Assistant - Off Campus

() I am not currently enrolled at least half time this semester.

() I am working more than an average of 20 hours per week.

Position Number (PST Retirement Plan)

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)

Employee ID Number

Street Address

Employing Department

City State Zip

Contact Person's Extension

Home Telephone Number

Pay Rate \$ Pay Period

DAYS	WEEK 1 TO			WEEK 2 TO			WEEK 3 TO			WEEK 4 TO			WEEK 5 TO		
	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS
SUN															
MON															
TUES															
WED															
THURS															
FRI															
SAT															
TOTAL															

Payroll Summary:

Total Hours x

Hourly Rate =

Gross Earnings

Certification:

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 student (6 units undergraduate or 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.

Supervisor's Signature

Date

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

Administrator's Signature

Date