

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

Please check the appropriate box(es)

() I am 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.

() 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 (Social Security Exempt)

AGENCY	REPORTING UNIT	CLASS CODE	SERIAL NUMBER
		1870	906
		1871	975
		1872	976

CLASS

1870 Student Assistant
1871 Work Study Assistant - On Campus
1872 Work Study Assistant - Off Campus

Position Number (PST Retirement Plan)

AGENCY	REPORTING UNIT	CLASS CODE	SERIAL NUMBER
		1874	961
		1875	988
		1876	989

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's Extension

Home Telephone Number

Pay Rate \$ Pay Period

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

Payroll Summary:

X =
 Total Hours Hourly Rate Gross Earnings

Certification:

I certify that the information provided is correct. I understand that to be exempt from contribution 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 here by authorize payment.

Administrator's Signature Date