

**SAN FRANCISCO STATE UNIVERSITY**

**Student Assistant/Work Study Pay Voucher**

**Please check the appropriate box(es)**

- I am currently a student assistant/work-study student enrolled at least half time (3 units undergraduate or 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
		1868	906
		1870	906
		1871	975
		1872	976

**CLASS**

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

- I am a student assistant/work-study student **NOT** currently enrolled at least half time this semester.
- I am a student assistant/work-study student working **more** than an average of 20 hours per week.

**Position Number (Social Security Exempt)**

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 & Extension**

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
**Home Telephone Number**

\_\_\_\_\_  
**Pay Rate \$      Pay Period**

DAYS	WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5	
	IN / OUT	HRS	IN / OUT	HRS	IN / OUT	HRS	IN / OUT	HRS	IN / OUT	HRS
SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										
<b>TOTAL</b>										

**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.

\_\_\_\_\_  
**DIRECTOR/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**