

# Federal Work-Study Program (FWS) Supervisor Checklist

The checklist must be completed before submission.  Please only submit once all documents are completed.						
☐ Student Federal Work-Study Application						
☐ The OLC Work-Study confidentiality agreement						
Work and Class Schedule (Students are not permitted to work in FWS positions during scheduled class times.)						
Work Study Time Sheet (Timesheets are due for Work-study students during the same time as OLC Employees on Friday by noon.)						
The I-9 Employment Eligibility form with forms of Identification (Driver's license, state ID, Social Security Card, U.S. Passport, military ID, Student ID with photo, Clinic record).						
□ W-4 form						
Work-Study Evaluation form (Evaluation form will need to be submitted when the FWS Student completes hours by the <u>Supervisor</u> .)						
<b>Note:</b> Students must have a FAFSA on file and be Pell-Eligible to be considered for FWS. <b>Work-Study Guidelines are attached to the checklist for supervisor and student information</b> .						
Supervisor Signature						
By signing this, I certify that this student has all the above documents on file at the Oglala Lakota College.  Print Full Name:						
Supervisor Signature:						
Department:Date:						



# Federal Work-Study Program (FWS) Student Financial Aid Application

The Federal Work-Study Program is designed to provide part-time employment to students requiring financial aid to attend OLC. The Financial Aid Department determines eligibility for FWS.

		Appl	icant Inform	ation						
Full Name:			S	Student ID #:						
	Last	First		M.I.						
Address:					A					
	Street Address				Apartment/Unit #					
	City			State	ZIP Code					
Phone:		OLC S	tudent Email							
Home Cent										
Site Location Applying for	on			Seme Applyir	ester Fall Spring Summer					
	St	udent agreem	ent to terms	and conditions						
fina 2. A c fro fro 3. To em 4. To pro 5. All ID rec	employment.  4. To remain in good academic standing and demonstrate academic progress while employed with the FWS program.									
-	t my answers are accura				my application or intension					
	in my release.	ent, i understand	triat laise or in	isieaung imormation ii	my application or interview					
Signature:				D	ate:					
	Sect	ion Complete	d by Financ	ial Aid Department	Carama Andrews					
Satisfactor	y Academic Progress:	SAT WARN	SUSP PROB	Notes:						
Studen	t Education Level:	FR SO	JU SR	Current Enrolled Hours	5:					
SAI:	Pell Amount:	FAFSA Complete	YES NO	Does Student Yes Have Need?	NO Amt. of Need:					
Approved:	YES NO Hour	s Eligible For:	Disa	pproved, reasons:						



## Federal Work-Study Program (FWS) Confidentiality Agreement

#### Student Agreement to terms and conditions

Employee and student information from any source and in any form (such as paper, talking, and computers) is confidential. I Shall protect the privacy and confidentiality of students and employee information. Access to this information is allowed ONLY if I need to know it to do my job.

In my job, I may see or hear confidential information on:

- Student information such as grades, financial aid, and family information of financial assistance.
- Employees, Volunteers, students, contractors, BOT, and Local Board information such as salaries, employment records, and disciplinary actions.
- Business information such as financial aid records, reports, memos, contracts, computers, programs, and technology.
- Third Party information such as vendor contracts and computer programming technology.
- Operations improvement, quality assurance, peer review information, reports, and presentation survey results.

#### I agree that:

- 1. I will only access the information I need to do my job.
- 2. I will <u>not</u> show, tell, copy, give, sell, review, change, or trash any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct department procedures (such as shredding confidential papers before throwing them away.)
- 3. I will not misuse or be careless with confidential information.
- 4. I will keep my computer passwords and phone codes secret and not share them with anyone.
- 5. I will not use anyone else's password to access any OLC system.
- 6. I am responsible for any access using my password.
- 7. I will not share confidential information even if I am no longer an OLC/ FWS employee.
- 8. I know that my access to confidentiality information may be audited.
- 9. I will tell my supervisor if someone knows or is using my password.
- 10. I know that confidential information I learn on the job does not belong to me.
- 11. I know that OLC may take away my access at any time.
- 12. I will protect the privacy of our students and employees.
- 13. I will not make unauthorized copies of OLC software.
- 14. I am responsible for my use or misuse of confidential information.
- 15. I am responsible for my failure to protect my password or other access to confidential information.
- 16. I will treat all information as confidential unless otherwise informed.

#### **Student Signature**

Failure to comply with this agreement may result in the termination of my employment at OLC and/or civil or criminal legal penalties.

By signing this, I agree that I have read, understand, and will comply with this agreement.

Print Full Name:	Date:
Employee Signature:	Department:



### Federal Work-Study Program Work/Class Schedule

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Work Schedule	Time:	Time:	Time:	Time:	Time:
Class Schedule	Time:	Time:	Time:	Time:	Time:
Approved work hours			×		
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Work Schedule	Time:	Time:	Time:	Time:	Time:
Class Schedule	Time:	Time:	Time:	Time:	Time:
Approved work hours					
nis schedule is to be de	veloped with the S	Supervisor as the loca proposed schedule.	ition you will be working Hours to be worked ca	g. Both parties must a an not conflict with clas	gree to the prop ss schedule hou



### Federal Work-Study Program Time Sheet

Name:		MARIA CANADA DI MARIA DA MARIA						
Pay Period #:	Pay Perio	d Start Date:	Pay Period End Date:					
Week 1	Monday	Tuesday	Wednesday	Thursday	Friday			
Work Schedule	Time:	Time:	Time:	Time:	Time:			
Class Schedule	Time:	Time:	Time:	Time:	Time:			
Total Worked Hours =								
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday			
Work Schedule	Time:	Time:	Time:	Time:	Time:			
Class Schedule	Time:	Time:	Time:	Time:	Time:			
Total Worked Hours:								
**Please enter your workir Also, please retain a copy Total Awarded Hours:	of your timeshee	t to verify the hours	available to earn.					
Student Signature		Date Su	pervisor Signature	Date				
Financial Aid Director S	ignature I	Date						

**NOTE:** The Financial Aid Office will not accept time sheets that have been crossed out or whited out. Please redo your timesheet if an error is made so that a clean and readable copy can be submitted to the Financial Aid Department. Ensure all the required signatures are present for the Student and Supervisor. The approved hours the student documented on the completed **paper timesheet** must match the entered hours on their electronic timesheet in "**Isolved.**"



#### **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 <u>instructions</u>.

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 In day of employment, bu	formation	n and Attesta re accepting a	llon: Emp job offer.	loyees	must comp	lete ar	nd sign Se	ction 1 of F	orm 1-9	no later th	an the first	
Last Name (Family Name)	akid may ama an ini kanana an ini maka an ini	First Nar	ne (Given N	ame)		Middle	e Initial (if any	Other Last	Names L	Jsed (if any)	interior and a companied was obtained and the companied of the companied o	
Address (Street Number and )	lame)		Apt. Numbe	er (if any)	City or Town	n	· · · · · · · · · · · · · · · · · · ·		State	ZIP	Code	
Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy) U.S. Social Security Number						Employee's Email Address Employee's Telephone Numb					
I am aware that federal is provides for imprisonme fines for false statements use of false documents, connection with the com this form. I attest, under of perjury, that this infort including my selection o attesting to my citizensh immigration status, is trucorrect.  Signature of Employee	nt and/or s, or the in pletion of penalty mation, f the box ip or se and	2. A nonc 3. A lawfu 4. A nonc If you check Iten USCIS A-No	n of the Unit litzen national il permanent filzen (other n Number 4. umber 0	ed States al of the U resident ( than item , enter on R	inited States (i (Enter USCIS of Numbers 2, a le of these: L-94 Admissi	See Inst or A-Nu and 3. al on Num	ructions.) mber.) bove) authori ber DR Fo	zed to work un oreign Passpo le (mm/dd/yyy	uti (exp. d ert Numbe	ale, if any) er and Coun	try of issuance	
Section 2 Employer Re	view and	Verification	Employers	or their	authorized r	anrese	ntalive mus	t complete a	nd sign S	Section 2 w	ithin three	
business days after the empauthorized by the Secretary documentation in the Additional Comments of the	oloyee's firs of DHS, do onal Inform	it day of employs ocumentation fro ation box; see in	ment, and r om List A O nstructions.	must phy R a com	sically exam bination of d	ine, or ocume	examina con ntation from	nsistent with List B and L	an alter ist C. E	native proce nter any ad	edure ditional	
		List A	Ö	D.	Lls	st B		AND	~~~~	List C		
Document Title 1												
Issuing Authority												
Document Number (If any)										Walter State of the Control of the C		
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Document Title 2 (If any)			1	Addition	al Informati	on .			lie (4)			
Issuing Authority												
Document Number (If any)	<del></del>	<del>and to the mile constitute of the substitute of the</del>										
Expiration Date (if any)												
Document Title 3 (if any)	******************************											
Issuing Authority												
Document Number (if any)	······································											
Expiration Date (if any)				Check	here if you use	ed an all	ternative proc	edure authoria	ted by DH	IS to examine	documents.	
Certification: I attest, under p employee, (2) the above-listed best of my knowledge, the em	documenta	tion appears to b	e genuine a	and to rela	ate to the emp	resente ployee r	ed by the abonamed, and	ove-named 3) to the		ay of Employs d/yyyy):	ment	
Last Name, First Name and Title	of Employe	r or Authorized Re	presentative	Si	gnature of Em	ployer o	r Authorized	Representative	)	Today's Da	ite (mm/dd/yyyy)	
Employer's Business or Organiz	ation Name		Employe	er's Busine	ese or Organiz	ation Ac	idress, City o	r 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).

<ol> <li>Permanent Resident Card or Allen Registration Receipt Card (Form I-551)</li> <li>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>Employment Authorization Document that contains a photograph (Form I-766)</li> <li>For an Individual temporarily authorized to work for a specific employer because</li> <li>Permanent Resident Card or Allen Registration of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>ID card issued by federal, state or local government agencies or entitles, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> <li>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> </ol>					
4. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Allen Registration Receipt Card Form I-551 3. Foreign passport that contains a temporary I-551 starte por temporary I-551 starte por temporary I-551 starte notation or a machine residable immigrant Visa a temporary I-551 starte notation or a machine residable immigrant Visa a temporary I-551 starte notation or a machine residable immigrant Visa a temporary I-551 starte notation or a machine residable immigrant Visa a temporary I-551 starte notation or a machine residable immigrant Visa a temporary I-551 starte notation or a machine residable immigrant Visa a temporary in the status or particle and twork for a specific employer because of his or her status or particle a. Foreign passport; and b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and 2. A notacresment 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 districtions.  (2) An endorsement file and the proposed employment is not in conflict with any restrictions or protect and the proposed employment is not in conflict with any restrictions or protect and the proposed employment is not in conflict with any restrictions or protect and the FSM or RMI  Acceptable Receipts  May be presented in lieu of a document listed above for a replacement of a lost, stolen, or damaged List A document, or damaged List A document, or damaged List Contains a photograph of the individual.  Form I-94 with TRE notation or			LIST B	LIST C	
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and address  5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and b. Form 1-94 or Form 1-94A that has the following:  (1) The same name as the passport; and (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.  8. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall islands (RM) with Form 1-94 or Form 1-94A indicating nonimmigrant admission under the Compact of Fee Association Between the United States and the FSM or RMI  Acceptable Receipts  May be presented in lieu of a document listed above for a replacement of a lost, stolen, or damaged List A document.  For receipt validity and es, see the M-274.  Receipt for a replacement of a lost, stolen, or damaged List C document.  Receipt for a replacement of a lost, stolen, or damaged List C document.  Form 1-94 with "RE" notation or	I-551 printed notation on a machine- readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as	INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH	
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stolen, or damaged List A document.  Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the Individual.  Form I-94 with "RE" notation or		F	For receipt validity dates, see the M-274.		
<ul> <li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the Individual.</li> <li>Form I-94 with "RE" notation or</li> </ul>		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.	
	permanent resident that contains an I-551 stamp and a photograph of the			•	

<sup>\*</sup>Refer to the Employment Authorization Extensions page on 1-9 Central for more information.

#### **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.

Department of the Treasury Internal Revenue Service

Give Form W-4 to your employer. Your withholding is subject to review by the IRS. Last name (a) First name and middle initial (b) Social security number

Step 1:				.,						
Enter Personal Information	Address			Does your name maname on your social card? If not, to ensur	al security					
mormation	City or town, state, and ZIP code	credit for your earnin contact SSA at 800-	credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.							
	(c) Single or Married filing separately  Married filing jointly or Qualifying surviving s  Head of household (Check only if you're unmar	5	of keeping up a home for y	ourself and a qualifying	individual.					
are completing marital status, deductions, o	using the estimator at www.irs.gov/W4App to g this form after the beginning of the year; explanment of jobs for you (and/or your spouse or credits. Have your most recent pay stub(s) for estimator again to recheck your withholding.	pect to work only part of the if married filing jointly), depe	year; or have change ndents, other income	s during the year i (not from jobs),	n your					
Complete Ste	eps 2–4 ONLY if they apply to you; otherwis on from withholding, and when to use the est	se, skip to Step 5. See page timator at www.irs.gov/W4Ap	2 for more informations.	on on each step, w	ho can					
Step 2: Multiple Job	Complete this step if you (1) hold mor also works. The correct amount of with				use					
or Spouse Works	Do <b>only one</b> of the following.  (a) Use the estimator at <i>www.irs.gov/W4App</i> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b>									
	<ul> <li>(b) Use the Multiple Jobs Worksheet</li> <li>(c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is</li> </ul>	a may check this box. Do the than (b) if pay at the lower pass more accurate	e same on Form W-4 taying job is more than	for the other job. To half of the pay at	the .					
be most accur	eps 3–4(b) on Form W-4 for only ONE of the rate if you complete Steps 3–4(b) on the Form	W-4 for the highest paying	job.)	os. (Your withholdi	ng will					
Step 3:	If your total income will be \$200,000 c									
Claim Dependent	Multiply the number of qualifying omega.  Multiply the number of other depe		\$	-						
and Other Credits	Add the amounts above for qualifying this the amount of any other credits.	3 \$								
Step 4 (optional): Other	(a) Other income (not from jobs). expect this year that won't have w This may include interest, dividence	If you want tax withheld the interest of the i	or other income you of other income here	1						
Adjustments	(b) Deddottoris: if you expect to claim	ductions. If you expect to claim deductions other than the standard deduction and not to reduce your withholding, use the Deductions Worksheet on page 3 and enter result here								
	(c) Extra withholding. Enter any addit	tional tax you want withheld (	each <b>pay period</b>	4(c) \$	•					
Step 5: Sign Here	Under penalties of perjury, I declare that this certification	ficate, to the best of my knowled	dge and belief, is true, co	orrect, and complete	),					
11010	Employee's signature (This form is not va	lid unless you sign it.)	Da	te						
Employers Only	Employer's name and address			Employer identificati number (EIN)	ion					

Form W-4 (2025) Page **2** 

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

#### **Future Developments**

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

#### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at *www.irs.gov/W4App* if you:

- 1. Are submitting this form after the beginning of the year;
- 2. Expect to work only part of the year;
- 3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
- 4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- 5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at <a href="https://www.irs.gov/W4App">www.irs.gov/W4App</a> to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

#### **Specific Instructions**

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

#### Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

#### Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at <a href="https://www.irs.gov/W4App">www.irs.gov/W4App</a>.

1	<b>Two jobs.</b> If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, <b>skip</b> to line 3	1	\$
2	<b>Three jobs.</b> If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	<b>a</b> Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2a	\$
	<b>b</b> Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	<b>Divide</b> the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) - Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter:   • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form W-4 (2025) Page <b>4</b>												
Married Filing Jointly or Qualifying Surviving Spouse												
Higher Paying Job Annual Taxable Wage & Salary  Annual Taxable Wage & Salary												
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999 \$60,000 - 69,999	1,020	2,220	3,420 3,420	3,770 3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	4,080 5,080	5,080	6,080 7,080	7,080 8,080	8,080 9,080	9,080	10,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700
				Single o								
Higher Paying Job			Τ.	T	T	T	T	Wage &	1	T	T .	1
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999 \$60,000 - 79,999	1,220 1,870	3,070 3,720	4,240 4,890	5,240 5,890	6,240 7,030	7,240 8,230	7,880 8,930	8,080	8,280	8,480	8,680	8,880
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,030	8,630	9,330	9,130 9,530	9,330 9,730	9,530 9,930	9,730	9,930 10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160
		***************************************				Househo	~~~~					
Higher Paying Job		1	1	T	r Paying .	Job Annua	al Taxable	Wage & S	Salary			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999 \$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$175,000 - 174,999 \$175,000 - 199,999	2,040 2,040	4,440 4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$200,000 - 249,999	2,720		6,640 8,520	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$250,000 - 249,999	2,720	5,920 6,470	8,520 9,370	10,960 11,870	13,280 14,190	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	16,490 17,660	18,790 20,160	21,090 22,660	23,280 25,050	24,580	25,880	27,180
	-,	-,0.0	0,010	, =,0-	10,100	17,000	20,100	22,000	20,000	26,550	28,050	29,550



## Federal Work-Study Program (FWS) Evaluation

The Federal Work-Study Evaluation form must be completed and submitted to the Financial Aid Department by the FWS Supervisor when the FWS completes their hours.

	Contractor (Contractor)	Student	Information				
Full Name:					Student	ID #:	
Last	***************************************	First		M.I.		******	
Phone:		OLC Studer	t Email			***************************************	
Home Center:			Social Security No.:				
Site Location Applying for:		Academic \	/ear:		mester ying for:	Fall	Spring Summer
		Eva	luation				
FWS Job Title:				5555550V			
Please provide a brief list of	job duties and	responsibilitie	es associated with t	the positio	n:		
	***************************************	***************************************		·			
				***************************************			
Mo	as: ensistently est of the time rely	-					
Students teamwork was:	,						
	ry good ir						
Po Work performed by this stud	or	************************					
Ex	ceptional	***************************************					
Po	ceptable or	***************************************					
Please provide a brief narrat				ions for im	proveme	nt. Ple	ease indicate
whether or not you would re	enire this studer	t in the future					
***************************************				***************************************			
Note that the second of the se							
		Suparvis	or Signature	and the second			
I certify that my answers are	accurate and co	,		dae.			
The Supervisor of the Federa			-	_			
Supervisor Signature:					Date:		



### Federal Work-Study Program (FWS) Guidelines

The FWS guidelines are to help ensure the students' and Supervisor understand the responsibilities of a Federal Work-Study Student.

#### FWS guidelines:

- 1. The Work-Study experience should serve to develop good working practices.
- 2. Once the schedule is set, every effort should be made to meet that schedule.
- 3. FWS Students should not do homework while working.
- 4. Work-Study Student services never include facility maintenance, cleaning, purchasing, and public relations.
- 5. The Financial Aid Office will not accept time sheets that have been crossed out or whited out. Please redo your timesheet if an error is made so that a clean and readable copy can be submitted to the Financial Aid Department.
  - a. Ensure all the required signatures are present for the Student and Supervisor. The approved hours the student documented on the completed <u>paper timesheet</u> must match the entered hours on their electronic timesheet in "<u>Isolved.</u>"
  - b. Timesheets are due for Work-study students during the same time as OLC Employees on Friday by noon.
  - c. Lunch breaks are not to be counted as hours completed.
  - d. FWS Students do not earn Annual Leave, Sick Leave, and holidays.
- 6. Students must remain in good academic standing and demonstrate academic progress while employed with the FWS program.
- 7. The Federal Work-Study Evaluation form must be completed and submitted to the Financial Aid Department by the FWS Supervisor when the FWS completes their hours.
- 8. FWS Supervisors must submit a letter of termination if the FWS student is a noshow or fails to comply with the OLC FWS confidentiality agreement.