

Student Employee Supervisor Hiring Packet

March 2026



Student Employment Office

SEO@mccc.edu

Types of Student Employment

- **Federal Work Study (FWS)** is a federally funded program that assists full-time undergraduate students with the cost of education based on financial need. The wages earned by students who have completed the [Free Application for Federal Student Aid \(FAFSA\)](#) and are awarded FWS will be subsidized by the government – 75% paid by the government and 25% paid by the College department (30% off-campus agency). The rate which students make will not be affected by their status as FWS or non-FWS (Student Help). The grant “opens up” more job opportunities for FWS students to work both on and off campus
- **College Student Employment** is funded via a college departmental budget. Student Employee funding should be dedicated in the previous budget year by the department. Check with your departments budget manager if you are unsure about funding.

Timeline

- **Fall Hires:** Job Descriptions should be submitted for approval by August 1, Hiring Forms should be completed by the second week of September.
- **Spring Hires:** Job Descriptions should be submitted for approval by the third week of January; Hiring Forms should be completed by the second week of February.
- **Summer Hires:** Job Descriptions should be submitted for approval by the third week of May; Hiring Forms should be completed by the second week of June.



Hiring Process

- Create a Job Description for the position you are looking to hire using the approved JD template. Once completed, submit the job description to <https://app.smartsheet.com/b/form/01975a5666d77573904f384ad0728b17> for approval.
- Once approved, this position will be posted to the Career Coach Work Opportunities page. The Career Coordinator can connect interested students with supervisors.
- Once a student has been identified as a hire, please send them an email with the required HR forms attached. These forms can also be found on the Student Employment Office webpage under “Required HR Forms”.
- The student must print, complete, and submit the HR forms to the MCCC HR office.
- The supervisor will complete the [Student Employment Hiring Form \(smartsheet.com\)](#)
- After the supervisor submits, the student will receive an email asking them to approve that they understand the role and would like to be hired.
- If Federal Work–study Funds are being used for the student, the financial aid office will then receive notice of this request and approve the student is eligible for funding with a GL code.
- Once approved, or if departmental funds are being used, the HR office will provide a start date and pay rate based on the approved job description for the student.
- Notice will then be sent to payroll to add the student and process direct deposit.
- The Supervisor will need to complete a MITTS ticket for New Hires to ensure the student will receive access to their pay portal prior to their start date.

FAQs

- **How will I know if the student I would like to hire is eligible for financial aid?**
- The Financial Aid Office should notify the student via an award letter at the start of the semester. If you have any questions about a student's eligibility for FWS, email the Financial Aid Office at finaid@mccc.edu.

- **Why is my student employee no longer on my pay approval portal?**
- The hiring form asks that you submit a start and end date when hiring. If the end date has passed, HR will remove the student from payroll. You will need to submit a new hiring form for the student to get them back on payroll.

- **How will I know when my student employee has exhausted their FWS funding?**
- Both the student and the employer share the responsibility of monitoring FWS earnings to ensure that the FWS award limit is not exceeded. Students may track their FWS award. Financial Aid will also send warning notices to a student approaching his/her FWS award limit.

- **How many hours can a student work per week?**
- Typically, no more than 20 hours per week in the Fall and Spring Terms and no more than 28 hours per week during the Summer term.

Required HR Forms for Student Employees



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 05/31/2027

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 <input type="text"/>		Employee's Email Address			Employee's Telephone Number			
<p>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.</p>	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) _____									
If you check Item Number 4. , enter one of these:									
USCIS A-Number		OR		Form I-94 Admission Number		OR		Foreign Passport Number and Country of Issuance	
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 <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
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)						

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.

Employee's Withholding Certificate

**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.**

2026

Internal Revenue Service

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	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.)		
Caution: 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 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.

Step 2: Multiple Jobs or Spouse Works

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 www.irs.gov/W4App 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.

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.)

Step 3: Claim Dependent and Other Credits	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	3(a)\$		
	(b) Multiply the number of other dependents by \$500	3(b)\$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here		3	\$
Step 4: Other Adjustments	(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		4(a)	\$
	(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.		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both 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"/>
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Step 5: Sign Here	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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

**State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate**

1. SS# <hr/> Name <hr/> Address <hr/> City <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip</div> </div>			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3.	
4. Total number of allowances you are claiming (see instructions)			4.	
5. Additional amount you want deducted from each pay			5. \$	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here . . . 6.				
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status. Employee's Signature _____ Date _____				
Employer's Name and Address		Employer Identification Number		

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
 - Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
 - Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
 - Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
 - Line 5 Enter the amount of additional withholdings you want deducted from each pay.
 - Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
 - Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.
- Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A- Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
Follow along the row that contains your wages until you come to the column that contains the other wages.
- 3) _____
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAYBE REPRODUCED

Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
0	B	B	B	B	B	B	B	B	B	B
10,000	B	B	B	B	B	B	B	B	B	B
10,001	B	B	B	B	C	C	C	C	C	C
Y 20,000	B	B	B	B	C	C	C	C	C	C
O 30,000	B	B	B	A	A	D	D	D	D	D
U 30,001	B	B	B	A	A	D	D	D	D	D
R 40,000	B	B	A	A	A	A	A	E	E	E
W 40,001	B	C	A	A	A	A	A	E	E	E
A 50,000	B	C	A	A	A	A	A	E	E	E
G 60,000	B	C	D	A	A	E	E	E	E	E
E 70,000	B	C	D	A	A	E	E	E	E	E
S 80,000	B	C	D	E	E	E	E	E	E	E
80,001	B	C	D	E	E	E	E	E	E	E
90,000	B	C	D	E	E	E	E	E	E	E
over	B	C	D	E	E	E	E	E	E	E
90,000	B	C	D	E	E	E	E	E	E	E

MCCC
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Initial One _____ I want to participate in the MCCC direct deposit program (First time enrollment)
 _____ I want to change my direct deposit information as I have indicated below.
 _____ I want to end my participation in the direct deposit program.


By signing this Authorization Agreement for Direct Deposit, I agree to be paid by direct deposit. My net pay will be deposited on payday to the account(s) I have designated below. I authorize MCCC to make deposits to my account(s) with the bank named below. If MCCC erroneously deposits funds into my account(s), I authorize the company to initiate the necessary reversing entries.

This Authorization will remain in effect until Payroll has received written notification from me that my direct deposit is to be terminated in such time and manner for MCCC payroll to act on it, or upon termination. In addition, MCCC can terminate this agreement by providing written notice at least 10 days prior to a payroll.

<i>Employee Name</i> (Please Print)	<i>Department</i>	<i>PID</i>
<i>Home Address</i>	<i>City</i>	<i>State</i>
	<i>Zip</i>	<i>Telephone</i>
<i>Employee's Signature</i>	<i>Date</i>	

<i>I. Bank Name</i>	<i>City</i>	<i>State</i>
<i>Zip Code</i>		
<i>ABA/Transit #</i>	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i>	<i>Account Number</i>
<i>Dollar amount to be deposited per pay \$</i>		

<i>H. Bank Name</i>	<i>City</i>	<i>State</i>
<i>Zip Code</i>		
<i>ABA/Transit #</i>	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i>	<i>Account Number</i>
<i>Dollar amount to be deposited per pay \$</i>		<i>\$</i>

	256 <i>DATE</i> _____ 20____
<i>PAY TO THE ORDER OF</i> _____ \$ 	
<i>MEMO</i> _____	
VOID	
1 031301545	1 0000047755
256	

Routing Number

Account Number

Check Number

Job Description Template



STUDENT EMPLOYMENT OFFICE
Mercer CountyCommunity College
Student Worker JobDescription 2025-2026

JOB TITLE:	Student Program Assistant	
DIVISION/DEPARTMENT:	Academic Affairs	
REPORTS TO:	INSERT SUPERVISOR NAME HERE	
SALARY GRADE:	\$15.13 per hour (CONFIRM PRIOR TO SUBMISSION)	
BUDGET CODE:	INSERT BUDGET CODE HERE	
REVISED DATE:	DATE	
CHARGE TYPE	Work Study or Department Hire	
APPROVED BY:	INSERT SUPERVISORNAME HERE	

SUMMARY MCCCisa publicly supported college that is open to all and dedicated to student success. Student Employment is a part of student success, support and growth. Student Workers provide support to administrative and academic departments to learn skills that will enhance their academic and prepare them for their next steps in the workforce or transition to four-year institution.

JOB DUTIES

REQUIRED QUALIFICATIONS

- **Enrolled with at least 6 credits and in good academic standing**