



COLORADO COLLEGE

International Student Employment Packet

Students on an F-1 or J-1 visa should consult the ISSS team with questions about immigration regulations for employment before submitting this packet to the Student Employment Office

- Check the box if you have accepted an offer of employment at CC**
* This packet cannot be accepted or processed before an offer has been accepted
**This packet cannot be accepted or processed if you did not apply to the position on Handshake

Student ID: _____

Student Name: _____

Preferred Pronouns: _____

First Working Day (Estimate): _____

Job Title: _____

Supervisor Name/Department: _____

Program End Date: _____

(Located on your Form I-20)

Students must return to the Office of Financial Aid & Student Employment with their Social Security card if not previously provided.

All international students must contact the Tax & Compliance Manager within one week of starting their employment at Tax.compliance@coloradocollege.edu

***NO PAYMENTS will be processed for work until taxes are set up.**

Contact International Student & Scholar Services (ISSS) at iss@coloradocollege.edu for questions about employment, your immigration status, and applying for a social security number.

X _____

Please sign **at your Student Employment appointment**. By signing, you are confirming that you have read the student employment handbook and the resources in this packet, and the Student Employment representative who assisted you with your appointment has read you the important points on the "Next Steps" page of this document.

Notice: This organization participates in E-Verify. For more information, please visit <https://www.e-verify.gov/>



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	
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		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>		<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p>					
		<p>If you check Item Number 4., enter one of these:</p>					
		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)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>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.</p>		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.

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).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, 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 refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.



Direct Deposit Authorization Form

Student-CC ID # :	Student Name:

*Note: This is not debit or credit card information. Please contact your bank for the information below if unknown or refer to a personal check.

Financial Institution: <i>(Name of Bank)</i>	
	<input type="checkbox"/> Checking <input type="checkbox"/> Saving
Routing # (9 digits)	Account #

- _____ **Enroll** in Direct Deposit
- _____ **Replace** Current Account
- _____ **Cancel** my existing Direct Deposit (**close account**)

Please include an e-mail address for the direct deposit advice to be e-mailed :

Student Signature

Date

Student Employment (International Students) **Required Next-Steps**

Tax & Compliance:

- 1) You have 7 days from your first day of work to contact Colorado College Tax & Compliance about setting up your payroll taxes: Tax.Compliance@coloradocollege.edu.
- 2) You will NOT BE PAID until your taxes have been set up with tax & compliance.

Social Security Number:

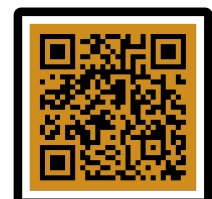
- 1) You have **30 days from your first day of work** to make an appointment with the US Social Security Office to acquire a Social Security Number.
- 2) If you do not make an appointment in a timely manner, your job(s) will be TERMINATED.
- 3) **See the ISSS web page for Social Security instructions by scanning the QR code at the bottom of the page**
- 4) Once you receive your Social Security Card in the mail, you **MUST** bring it to the Financial Aid & Student Employment Office so we can finish the Form I-9. If you do not do so in a timely manner, your job(s) will be TERMINATED.

Work Hour Limits:

- 1) International students are only permitted to work up to 20 hours per week while school is in session. **A week is considered Sunday at midnight through Saturday at 11:59pm.*
- 2) **The 20-hour per week limit applies to the TOTAL number of hours worked across ALL on-campus jobs in a single week.**
- 3) During official school breaks (Fall break, winter break, spring break, and summer break) international students may work **UP TO** 40 hours per week, across **ALL** jobs. You may not surpass 40 hours per week. **Note: Block breaks are NOT considered official school breaks*

Program End Date:

- 1) If you are going to finish your degree requirements **before** your program end date, **notify our office immediately** as this could have implications on your ability to work as a student employee.
- 2) Once you have completed your academic degree you are no longer eligible to work as a student employee.



Student Employment

General - NEXT STEPS!



You CANNOT work or train the same day you turn in this paperwork!

Next Steps:

- The **Student Employment Office** will process your paperwork, which could take several days.
- Once your paperwork has been processed, **you will receive an email** notification.
- After you receive the email (*Subject: "Student Employment update 1 - paperwork processed"*) contact your supervisor to confirm you are ready for the online hiring form (EPAF).
- Your supervisor will then submit the EPAF for approval from the Student Employment Office.
- Once approved you will receive another email (*Subject: "Student Employment update 2 - EPAF done"*) notifying you that your timesheet will be available on your Banner SSB on your start date.
- Ensure you can access your timesheet for your new position before you start working or training

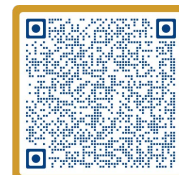
Timesheets:

- Please submit timesheets by the **Timesheet Deadline** to be paid on time!
- If you miss the deadline, the portal cannot be reopened, and your payments will be delayed until the next pay day (approximately 2 weeks).
- Be aware that late timesheets are unavailable for resubmission between the deadline and pay date.

Hot Tips:

- Each job has a **SEPERATE** timesheet.
- If you get another on-campus job, no additional paperwork is required, however you must wait for a **NEW** timesheet for the **NEW** position before working/training.
- Starting work or training before your paperwork is processed may result in **SUSPENSION** from all student employment opportunities.
- You must be enrolled at least Part-Time (2 or more blocks per semester) to remain eligible for student employment.
- Your work eligibility ends on the **LAST DAY** of your **LAST BLOCK**. You **CANNOT** work through Student Employment after graduation or beyond this date.

Summary: Don't work until you have a timesheet; You'll get 2 emails, one after your paperwork is processed, and the second when you have a timesheet; Submit your timesheets on time to be paid!



Nonexempt/Hourly, Student Employee Payroll Schedule 2024 – 2025 Academic Year

- Timesheets must be submitted by the Timesheet Submission Deadline, or **your timesheet will be late, you will be locked out of your timesheet until after pay day, and you will be paid late!**
- **If you submit late or inaccurate timesheets more than twice in one term (fall, spring, or summer), you may be suspended from student employment for the remainder of the term.**
- You must meet eligibility requirements to be a student employee. Please refer to the Handbook for details.
- If you are graduating on May 18, 2025, **the last day you can work is the last day of your last block or May 14, 2025.**

	Pay Period Start Date	Pay Period End Date	Timesheet Submission Deadline (by end of day)	Supervisor's Approval Deadline	Pay Day Date	Approx. Workdays in Pay Period
Summer Term '24						
13	Jul 07	Jul 21	Jul 23	Jul 25	Jul 31	10
14	Jul 22	Aug 06	Aug 08	Aug 12	Aug 15	12
15	Aug 07	Aug 21	Aug 23	Aug 27	Aug 30	11
Fall Term '24						
16	Aug 22	Sept 06	Sept 08	Sept 10	Sept 15	12
17	Sept 07	Sept 21	Sept 24	Sept 26	Sept 29	10
18	Sept 22	Oct 06	Oct 08	Oct 10	Oct 15	10
19	Oct 07	Oct 21	Oct 24	Oct 28	Oct 31	11
20	Oct 22	Nov 06	Nov 11	Nov 12	Nov 15	12
21	Nov 07	Nov 21	Nov 18 *Hours must be estimated thru 21st**	Nov 19	Nov 29	11
22	Nov 22	Dec 06	Dec 09	Dec 10	Dec 13	11
23	Dec 07	Dec 21	Dec 16*Hours must be estimated thru 21st**	Dec 17	Dec 20	10
Spring Term '25						
24	Dec 22 ('24)	Jan 06 ('25)	Jan 8 *Winter break – can be submitted in Dec**	Jan 12	Jan 15	11
1	Jan 07	Jan 21	Jan 26	Jan 28	Jan 31	11
2	Jan 22	Feb 06	Feb 09	Feb 11	Feb 14	12
3	Feb 07	Feb 21	Feb 23	Feb 25	Feb 28	11
4	Feb 22	Mar 06	Mar 09	Mar 11	Mar 14	9
5	Mar 07	Mar 21	Mar 25	Mar 26	Mar 31	11
6	Mar 22	Apr 06	Apr 08	Apr 10	Apr 15	10
7	Apr 07	Apr 21	Apr 23	Apr 25	Apr 30	11
8	Apr 22	May 06	May 07	May 09	May 15	11
9	May 07	May 21	May 25	May 27	May 30	11
Summer Term '25						
10	May 22	Jun 06	Jun 08	Jun 10	Jun 13	12
11	Jun 07	Jun 21	Jun 23	Jun 25	Jun 30	10
12	Jun 22	Jul 06	Jul 08	Jul 10	Jul 15	10

* Pay Period Start and End Dates shown are for nonexempt (hourly) employees which includes student employees.
* Estimated works days are based on a Mon-Fri work week.

Contact studentemployment@coloradocollege.edu for questions regarding payroll or timesheets.

Revised: October 30, 2024 – changes marked in blue highlight.