

Leeward Community College  
Student Employee Summer FICA Exemption Questionnaire

Name \_\_\_\_\_ Department \_\_\_\_\_

Please answer the following questions until instructed to stop. Turn in this form to your supervisor.

1. Are you graduating in Spring? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from which campus \_\_\_\_\_

2. Will you be working during the Summer? Yes \_\_\_\_\_ [Continue] No \_\_\_\_\_ [Stop]

3. Will you be a non-resident alien attending the University of Hawaii on an F-1, J-1, M-1, Q-1 visa performing services in accordance with the primary purpose of the visa's issuance?

Yes \_\_\_\_\_ [Stop] ("N") No \_\_\_\_\_ [Continue]

4. Will you be attending Summer School? Yes \_\_\_\_\_ [Continue] ("N") No \_\_\_\_\_ [Stop] ("K")

Which campus will you be attending? \_\_\_\_\_

Please indicate which session(s) you will be attending (check all that apply).

Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Cross term \_\_\_\_\_ indicate dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify the above answers are correct and that I will notify my supervisor immediately if my status should change in anyway.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Please return completed form to the Human Resources Office.