STUDENT EMPLOYMENT INSTRUCTIONS

Prior to working on campus you will need to complete ALL of the following at least one day prior to beginning work on campus:

1. Online authorization for employment (complete electronically - see link below)

2. Local Earned Income Tax Residency Certification Form (complete electronically - see link below) – All employees working in Pennsylvania are required to complete the form.

3. Kronos training (complete electronically) – Students are required to use the Kronos on-line time keeping system to track hourly work.

4. The attached forms (direct deposit, W-4 & I-9)

To complete paper forms, follow the instructions below and bring the forms to the Human Resources Office with your identification(s):

<u>Direct Deposit (top portion)</u> – Students are required, as a condition of employment, to have their pay directly deposited into a bank account of their choice within the USA. Direct deposit bank account information should include a voided check (for checking accounts) or a deposit slip (for savings accounts).

W-4 (complete bottom half of page) — This form instructs Payroll how to tax your wages for federal tax purposes. You MUST complete lines one through five and line eight. The address you put on the form should be your permanent off campus address, not your on-campus address.

Line 5: You may use the worksheet on the top of the page (A-H) to see what you are eligible to claim. International students MUST enter 1 here. Most students usually claim either 0 or 1 (claiming 0 will take more taxes now and potentially provide a bigger tax refund and claiming 1 will take less tax out). If you don't know what to claim, consult a tax professional.

Line 6: International employees should enter NRA on this line. Other employees will usually skip this line.

Line 7: (Optional- if applies): Most students do not claim exempt. The regulations regarding exempt status mandate that you CANNOT file exempt if you meet all of the next three conditions: 1) You can be claimed as a dependant on someone else's tax return 2) you have income that exceeds \$850 and 3) have \$300 of unearned income (e.g. interest on savings).

<u>I-9 (complete Section 1, page 7)</u> – This form is required to prove an employee's identity and employment eligibility. Complete this page through the "Signature of Employee" line. Use your permanent address, not your on-campus address. Then return to the Office of Human Resources with proper identification. Identification choices are listed on the last page of the packet. You MUST bring either one document from List A <u>or</u> one document each from BOTH List B and C. The typical documents provided are: a passport (List A) <u>OR</u> driver's license <u>or</u> JC ID Card (List B) <u>AND</u> original social security card <u>or</u> birth certificate (List C).

Please don't forget to sign and date each form

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Name		Social Security #	Security #					
my employer. If this is a change changing my account information	e to a previous Authorization, I	set forth below, by my exceeding payday, unless I give my permission to m	y employer to follow	count(s) and financial institution(s) or change this agreement in writing to withis Authorization by adding or receipt, after a reasonable opportunity to the debit my account for an amount not				
Initial Authorization □	New Account (Close Pr	evious Account) 🗆 .	Add Addie	ional Account 🗆				
Name and Address of Financial Institution	Transit Routing Number	Account Number	Type of Account	Deposit Amount				
1	, v		Checking □ Savings □	Net Check				
		,	Checking □ Savings □	Net Check Set Amount \$				
			Checking □ Savings □	Net Check □ Set Amount \$				
Please attach a voided ch	eck for checking accou	nt or deposit slip j		ount to this form.				
Signature			Date					
Please cut on line above and NOTE: New accounts are ve	keep bottom portion for in	nstructions on how to	o view your pay	advices (statements). PLEASE				

pay may be in the form of a check instead of direct deposit. Checks are distributed to students via their campus mailbox.

- 1. Log on to the Juniata campus portal, the Arch. If you are on a campus computer, enter "Arch" in your browser. If you are off campus, use may use this link https://arch.juniata.edu/render.userLayoutRootNode.uP
- 2. Click on the Administrative tab, and then look under the Finance and Operations area. If you don't already have it, instructions to add it are available at: http://services.juniata.edu/cts/wiki/index.php/Customizing_the_ARCH.
- 3. Click on the link that says "Your Payroll." This will open up a window for the initial WebAdvisor screen.
 - Please note that under the Your Payroll link are instructions for Webadvisor that provide screen shots for the rest of the process http://services.juniata.edu/webdev/channels/webadvisor/WAfinanceinstructions.pdf If you do not need screen shots you may proceed by following the steps below.
- Click on the LOG IN tab to get started and enter your EagleNet login ID and password, then click Submit.
- Once you have logged in, you will see sections at the right, representing your possible roles within the college. To view your pay advices, click on the Employees area.
- 6. Now click on the Pay Advices link.
- Under Current Year, you will see a list of pay dates for which you have pay advices available. Click on the date of the advice you would like to view, and a new window will open with the advice. You do not need to click Submit. In the future, when the available online pay advices span multiple years, you will be able to use the Select Other Year drop down to list and view advices in past years.
- 8. If you want to print a copy of your pay advice, click the printer icon on your browser.
- 9. When you have finished with this advice, close the window and you will return to the Pay Advices screen.
- 10. Now you can view another advice, or click on the Employees Menu or Main Menu tabs to work in other parts of WebAdvisor. If you have any questions or problems, click the Contact Us tab for information on getting assistance.
- 11. When you have finished using WebAdvisor, click the Log Out tab.
 - a. When you click the Log Out tab, you will get warnings about closing your browser as a security measure. If you are working on a publicly accessible computer, closing the browser by clicking OK and then Yes is a very good idea to protect your privacy.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

- · Is age 65 or older,
- · Is blind, or
- Will claim adjustments to income; tax credits; or

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future

iten	nzed deductions, or	This of her tax return.	converting your other cred	its into withholding allowances.	developments affecting For enacted after we release it)	n W-4 (such as légi- will be posted at ww	slation			
	270	Person	nal Allowances Wor	rksheet (Keep for your re	ecords.)	ma do postos de ma	m.no.govin			
A	Enter "1" for	yourself if no one else ca				A	, , ,			
		You are single and h	nave only one job; or)					
В	Enter "1" if:	 You are married, have 	ve only one job, and you	r spouse does not work; or	· }	В				
		 Your wages from a se 	econd job or your spouse	e's wages (or the total of both)	are \$1,500 or less.		~			
C	Enter "1" for y	our <mark>spouse.</mark> But, you ma	ay choose to enter "-0-"	if you are married and have	either a working spous	se or more				
•				e tax withheld.)		с				
D				elf) you will claim on your tax		D				
E	Enter "1" if yo	u will file as <mark>head of hou</mark> s	sehold on your tax return	n (see conditions under Hea c	l of household above) E	-			
F				e expenses for which you pl		F				
	(Note: Do not	include child support pay	ments, See Pub. 503, C	hild and Dependent Care Ex	penses, for details.)	en e				
G	Child Tax Cre	dit (including additional c	hild tax credit). See Pub	. 972, Child Tax Credit, for m	ore information.					
	• If your total i	ncome will be less than \$	70,000 (\$100,000 If mair	ied), enter "2" for each eligib	e child; then less "1"	if you .				
		ur eligible children or less			¥	:*				
	• If your total inc	come will be between \$70,00	00 and \$84,000 (\$100,000	and \$119,000 if married), ente	r "1" for each eligible ch	ld G				
Н	Add lines A thro			nt from the number of exemption						
	For accuracy,	o If you plan to itemize	e or claim adjustments t Jorksheet on page 2	o income and want to reduce	your withholding, see ti	ne Deductions				
	complete all	and Adjustments Worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combined								
	worksheets	earnings from all jobs	s exceed \$50.000 (\$20.0)	00 if married), see the Two-E a	rners/Multiple Jobs W	orksheet on p	age 2			
	that apply.	to avoid having too li	ittle tax withheld.	here and enter the number fro			1.700 A			
	-					· · · · · · · · · · · · · · · · · · ·				
		Separate here and	give Form W-4 to your	employer. Keep the top part t	or your records					
	WAIL A	Employe	e's Withholdin	g Allowance Cert	ificate	OMB No. 154	15-0074			
Form				nber of allowances or exemption		004	~			
	ment of the Treasury I Revenue Service	subject to review by t	the IRS. Your employer may	be required to send a copy of th	irom withholding is .	20 1	6			
1		and middle initial	Last name .		W. S. P. C. F. L. Welling Street, P. House, P. S.	security number	er			
*		80.		×		į.				
	Home address (number and street or rural route	e)	3 Single Married	Married, but withhold	at higher Single r	ate.			
			Kiri - 81	Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.						
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card,								
				check here. You must call	1-800-772-1213 for a re	placement card	. ▶ 🗌			
5				or from the applicable worksheet on page 2) 5						
6										
7	I claim exemp	tion from withholding for	2016, and I certify that I	meet both of the following or	onditions for exemptic	n.				
	• Last year I h	ad a right to a refund of a	II federal income tax wit	hheld because I had no tax l	ability, and					
				because I expect to have no	tax liability.					
I lasala	If you meet bo	otn conditions, write "Exer	npt here	d to the heat of lead to	. ▶ 7					
unaer	penames or pen	ury, i deciare that i have ex	ammed this certificate and	d, to the best of my knowledge	and belief, it is true, co	rrect, and com	plete.			
	oyee's signature				D.F.					
inis f		nless you sign it.) ▶ and address (Employer: Comp	ploto lines 8 and 10 only 15 as-	nding to the IRS.) 9 Office code (c	Date ▶ .					
0	Limpioyer a name	and address (Employer, Comp	Diere illies o alla la olliv il sei	roung to the ino.) 9 Office code to	puonali I 10 Employer Ida	antitication number	or (FINI)			

9 Office code (optional)

Cat. No. 10220Q

10 Employer Identification number (EIN)

Form W-4 (2016)



Instructions for Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

- 2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
- 3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
- 4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS within the United States, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/ I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

- 1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
- 2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number);
 and the program end date from Form I-20 or DS-2019.
- 3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
- 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
- 5. Sign and date the attestation on the date Section 2 is completed.
- 6. Record the employer's business name and address.
- 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

- 1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
- 2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
- 3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

- 1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
- 2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

- 1. Cross out the word "receipt" and any accompanying document number and expiration date.
- 2. Record the number and other required document information from the actual document presented.
- 3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

- 1. U.S. citizens and noncitizen nationals; or
- 2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

- 1. Complete Block A if an employee's name has changed at the time you complete Section 3.
- 2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
- 3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
- b. Record the document title, document number, and expiration date (if any).
- 4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at <u>www.uscis.gov/forms</u>. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.



Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee informat then the first day of employment, but	ion and Attestation (Emnot before accepting a job of	iployees must comple fer.)	te and sign Sec	tion 1 of Form I-9 no later	
Last Name (Family Name)	Used (if any)				
Address (Street Number and Name)	Apt. Number C	City or Town	Sta	te Zip Code	
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number E-mail Address		er E	Telephone Number	
I am aware that federal law provides fo connection with the completion of this		es for false statemen	ts or use of fal	se documents in	
attest, under penalty of perjury, that	am (check one of the follow	wing):			
A citizen of the United States				*	
A noncitizen national of the United St	tates (See instructions)				
A lawful permanent resident (Alien R	egistration Number/USCIS Nu	umber):			
An alien authorized to work until (expiration (See instructions)	on date, if applicable, mm/dd/yyy	у)	Some aliens m	ay write "N/A" in this field.	
For aliens authorized to work, provide	your Alien Registration Num	ber/USCIS Number C	R Form I-94 Ad	mission Number:	
1. Alien Registration Number/USCIS I	Number:	•	F		
OR	\			3-D Barcode	
2. Form I-94 Admission Number:			. [Do Not Write in This Space	
If you obtained your admission num States, include the following:	ber from CBP in connection v	with your arrival in the	United		
Foreign Passport Number:		· ·	L		
Country of Issuance:					
Some aliens may write "N/A" on the	Foreign Passport Number ar	nd Country of Issuanc	e fields. (See ins	structions)	
ignature of Employee;		-	Date (mm/dd/yy	уу):	
reparer and/or Translator Certifica	ition (To be completed and s				
ttest, under penalty of perjury, that I h formation is true and correct.					
gnature of Preparer or Translator:				Date (mm/dd/yyyy):	
st Name (Family Name)		First Name (Give	n Name)		
dress (Street Number and Name)		or Town	State		

issuing authority, document number, and exp	next page o	of this form. F	or each docu	ment y	ocument fi ou review	rom List B , record the	and one o following	e's first day of employment ocument from List C as list Information: document title
Employee Last Name, First Name and Mid	dle Initial	from Section	1:				•	
List A Identity and Employment Authorization	OR	List Ident	-	ali		AND	Emplo	List C yment Authorization
Document Title:	Docu	ment Title:				Docum	ent Title:	
Issuing Authority:	Issuir	g Authority:	•	85		Issuing	Authority:	
Document Number:	Docui	ment Number	ii V			Docume	ent Numbe	er:
Expiration Date (if any)(mm/dd/yyyy):	Expira	Expiration Date (if any)(mm/dd/yyyy):			Expiration	Expiration Date (if any)(mm/dd/yyyy):		
Document Title:	ż.				***			
ssuing Authority:				*				
Document Number:			•					
xpiration Date (if any)(mm/dd/yyyy):			84			•	_	•
ocument Title:			e (*)		,	wi w ²⁹	[3-D Barcode To Not Write in This Space
suing Authority:						* ;		
ocument Number:						B)		
xpiration Date (if any)(mm/dd/yyyy):	e E		90				_	
ertification		•		- 21:25	,			*
attest, under penalty of perjury, that (1) loove-listed document(s) appear to be gen aployee is authorized to work in the Uni	ted State	es.	, , document to the emp	loyee	named,	by the ab and (3) to uctions t	the bes	et of my knowledge the
ttest, under penalty of perjury, that (1) love-listed document(s) appear to be genployee is authorized to work in the Unite employee's first day of employment (enume ar ited State /mm/dd/y	nd to relate es. /yyy):	, , document to the emp	loyee (S	named, See <i>instr</i>	and (3) to	o the bes	et of my knowledge the
attest, under penalty of perjury, that (1) l bove-listed document(s) appear to be ge inployee is authorized to work in the Uni ne employee's first day of employment (gnature of Employer or Authorized Representati	ited State /mm/dd/y	nd to relate es. /yyy):	to the emp	loyee (s	named, See <i>instr</i> Title of E	and (3) to	or exem	of my knowledge the ptions.) In Representative
ertification attest, under penalty of perjury, that (1) love-listed document(s) appear to be genployee is authorized to work in the Unine employee's first day of employment (gnature of Employer or Authorized Representationst Name (Family Name) apployer's Business or Organization Address (Street	ited State mm/dd/y ive First Name	Date	(mm/dd/yyyy	Emplo	named, See <i>instr</i> Title of E	and (3) to	or exem	of my knowledge the ptions.) In Representative
attest, under penalty of perjury, that (1) I pove-listed document(s) appear to be ge apployee is authorized to work in the Uni- ne employee's first day of employment (gnature of Employer or Authorized Representations st Name (Family Name)	ited State (mm/dd/y ive First Name	Date (Given Name) Per and Name)	(mm/dd/yyyy e) City or Tow	Emplo	named, See Instr Tille of E Dyer's Bus	and (3) to	o the besor exemple Authorized ganization State	of my knowledge the ptions.) In Representative In Name
test, under penalty of perjury, that (1) I tove-listed document(s) appear to be genployee is authorized to work in the Unine employee's first day of employment (gnature of Employer or Authorized Representation at Name (Family Name) St Name (Family Name) Striction 3: Reverification and Rehin New Name (If applicable) Last Name (Family Name) If employee's previous grant of employment authority and the province of the province	red State (mm/dd/y ive First Name eet Number PES (To I	Date (Given Name) be complete. Name (Given	(mm/dd/yyyy e) City or Tow d and signe Name)	Emplo	named, See Instr Title of E Dyer's Bus mployer, Idle Initial	and (3) to	o the best or exemple Authorized State State Rehire (h	of my knowledge the ptions.) ad Representative Name Zip Code
attest, under penalty of perjury, that (1) In prove-listed document(s) appear to be genployee is authorized to work in the Unine employee's first day of employment (gnature of Employer or Authorized Representations to Name (Family Name) Apployer's Business or Organization Address (Strategie Verification and Rehil New Name (if applicable) Last Name (Family Name) If employee's previous grant of employment authorizes ented that establishes current employment at	ited State (mm/dd/y ive First Name eet Number First prization hauthorization	Date (Given Name) be complete. Name (Given	(mm/dd/yyyy e) City or Tow d and signe Name)	Emplo	named, See Instr Title of E Dyer's Bus mployer, Idle Initial	and (3) to uctions find in the second of authorization of	o the best or exem, Authorized ganization State State Rehire (in	of my knowledge the ptions.) ad Representative Name Zip Code
nttest, under penalty of perjury, that (1) In pove-listed document(s) appear to be genployee is authorized to work in the Unine employee's first day of employment (gnature of Employer or Authorized Representation st Name (Family Name) Inployer's Business or Organization Address (Street, 1987) Ection 3. Reverification and Rehill	returne ar ited State (mm/dd/y ive First Name eet Number (Tes (To) ame) First prization has althorization est of my	Date (Given Name) be complete. Name (Given In the space poor i	cothe emp (mm/dd/yyyy e) City or Tow d and signe Name) vide the Informorovided beloumber:	Employee d by endion few.	Title of E Dyer's Bus mployer, Idle Initial	and (3) to	Authorized ganization State State Rehire (iii)	of my knowledge the ptions.) ad Representative I Name Zip Code Sentative.) applicable) (mm/dd/yyyy): list C the employee Date (if any)(mm/dd/yyyy):

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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LIST A Documents that Establish Both Identity and	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
Employment Authorization	E 1.15	ND
U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	13 photograph of information such as	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT
Foreign passport that contains a temporary I-551 stamp or temporary	name, date of birth, gender, height, eye color, and address	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
I-551 printed notation on a machine- readable immigrant visa	ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)	information such as name, date of birth, gender, height, eye color, and address	Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. For a nonimmigrant alien authorized	3. School ID card with a photograph	Certification of Report of Birth
to work for a specific employer because of his or her status:	4. Voter's registration card	issued by the Department of State (Form DS-1350)
a. Foreign passport; and	5. U.S. Military card or draft record	Original or certified copy of birth
b. Form I-94 or Form I-94A that has	6. Military dependent's ID card	certificate issued by a State,
the following: (1) The same name as the passport;	7. U.S. Coast Guard Merchant Mariner Card	county, municipal authority, or territory of the United States bearing an official seal
and (2) An endorsement of the alien's	8. Native American tribal document	Native American tribal document
nonimmigrant status as long as that period of endorsement has	Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
3. Passport from the Federated States of	10. School record or report card	8. Employment authorization document issued by the
Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form	11. Clinic, doctor, or hospital record	Department of Homeland Security
I-94 or Form I-94A indicating	12. Day-care or nursery school record	,
nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	in Day date of fluidely solidor record	
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Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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