



ARIZONA STATE
UNIVERSITY

IMPORTANT INFORMATION

Complete the attached forms in **blue or black** ink within 3 business days of your date of hire. A delay in the processing of these forms can delay payment.

Please read the **List of Acceptable Documents** on the last page of this packet. You **MUST** show one document from List A **OR** one document from List B **AND** one document from List C to prove your eligibility to work.

NOTE: You CANNOT use two documents from the same column to meet the DHS regulations of employment.

COPIES OF DOCUMENTS ARE NOT ACCEPTABLE

*International employees on an F-1, J-1 or H1B visa status will also be required to present form I-20, DS-2019 or I-797 to determine sponsorship and length of employment eligibility.

TAX QUESTIONS

Federal tax questions

Taxpayer Assistance for the Internal Revenue Service (IRS)
1.800.829.1040

State tax questions

Taxpayer Assistance for the Arizona Department of Revenue (ADOR)
602.255.3381

The ASU Payroll Office cannot offer tax advice

NEW EMPLOYEE PAYROLL PACKET

- ◇ Complete all requested data on the **Personal Data Form**.
- ◇ Complete the Arizona State (A-4) tax form.
- ◇ **For U.S. Citizens and Permanent Residents only:**
Read, sign and date the *Public Employee or Officer Loyalty Oath*
- ◇ **For Graduate Assistants/Associates and Student Workers only:**
Read and understand the *Tax Withholding on Student Wages* information. Keep for your records. (
- ◇ Read, sign and date the *Conditions of Employment* form.
- ◇ Complete, sign and date Section 1 Employee Information and Verification of **Form I-9 Employment Eligibility Verification**.
- ◇ One to two weeks after submitting, complete your Federal W-4 form online at **My ASU > Faculty/Employee Info > Human Resources Info > Paycheck and Payroll Information > W-4 Tax Information**.
- ◇ One to two weeks after submitting, if desired, complete direct deposit information online at **My ASU > Faculty/Employee Info > Human Resources Info > Paycheck and Payroll Information > Direct Deposit**.
- ◇ **Faculty, Classified Staff, Service Professionals, and Grad Students:**
Return this packet to your department.
- ◇ **Student Workers:**
Return this packet to the appropriate location listed below:

TEMPE CAMPUS

Return this packet in person

Human Resources Employee Service Center
University Services Building—1st Floor
1551 S. Rural Rd., Tempe
Office Hours: MON-FRI, 8am to 5pm
Phone: 480.965.2701

POLYTECHNIC CAMPUS

Return this packet in person to your department contact.

WEST CAMPUS

Return this packet in person

Human Resources Department in the FAB Annex
Office Hours: MON-FRI, 8am to 5pm
Phone: 602.543.8400

DOWNTOWN PHOENIX CAMPUS

Return this packet in person

Post Office Building—Ste 205, located at 522 N. Central, Phoenix
Office Hours: TUES-THURS, 10am-2pm
Phone: 602.496.1026

Please call to confirm staffing or call the West Campus for more info.

ASU PERSONAL DATA FORM



ASU Affiliate Number

- New Employee
 Current Employee

(Please enter your NAME as it appears on your Social Security Card)

Last Name		First Name		Middle Name
Local Address				Apt/Suite/Unit #
City		State		Zip Code
Primary Telephone Number		ASU Work Phone Number		Email Address
Social Security Number		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	
				Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status
 Single (S) Married (M) Legally Separated (L) Divorced (D) Widowed (W)

Emergency Contact

_____	_____	_____
Name	Relationship	Phone Number

Highest Education Level

<input type="checkbox"/> Less Than H.S. Graduate (B)	<input type="checkbox"/> 2-Year College Degree (F)	<input type="checkbox"/> Doctorate-Academic (J)
<input type="checkbox"/> H.S. Graduate/Equivalent (C)	<input type="checkbox"/> Bachelor's-Level Degree (G)	<input type="checkbox"/> Doctorate-Professional (K)
<input type="checkbox"/> Some College (D)	<input type="checkbox"/> Some Graduate School (H)	<input type="checkbox"/> Post-Doctorate (L)
<input type="checkbox"/> Technical School (E)	<input type="checkbox"/> Master's-Level Degree (I)	

Race/Ethnicity (Please check all that apply)

<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> American Indian or Alaskan Native	

Veteran Status (Please check all that apply)

<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Other Protected Veteran
<input type="checkbox"/> Armed Forces Service Medal Veteran	<input type="checkbox"/> Recently Separated Veteran*

*Provide DATE OF DISCHARGE/Release from Active Duty from DD 214 Discharge Papers: _____ (MM/DD/YYYY)

Foreign National Data (Please indicate Visa/Work Status)

<input type="checkbox"/> F1	<input type="checkbox"/> J1	<input type="checkbox"/> E3	Country: _____
<input type="checkbox"/> F1 OPT	<input type="checkbox"/> TN	<input type="checkbox"/> EAD	Immigration Document Exp. Date: _____
<input type="checkbox"/> H1B	<input type="checkbox"/> Other Visa/Work Status _____		(MM/DD/YYYY)

I understand that making changes to my LOCAL ADDRESS/PHONE NUMBER will change the following:
 Student Information System Local Address and Permanent Address (if they are the same), Human Resources Address, Campus Directory and Office Visions Directory.

Employee Signature: _____ Date: _____

ARIZONA FORM
A-4

**Employee's Arizona Withholding
Percentage Election**

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Arizona Withholding Percentage Election Options

Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of
(check only one box): 21.9% 26.5% 28.8% 35.7% 42.6% of the federal tax withheld.
- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of
(check only one box): 11.5% 21.9% 26.5% 28.8% 35.7% 42.6% of the federal tax withheld.
- 3 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
 - I had NO Arizona tax liability for the prior taxable year, AND
 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

ADOR 91-0041 (rev.4/09)

ARIZONA FORM
A-4

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Percentage Election**

Type or print your full name	Your social security number
Home address (number and street or rural route)	
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Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of
(check only one box): 21.9% 26.5% 28.8% 35.7% 42.6% of the federal tax withheld.
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 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

ADOR 91-0041 (rev. 4/09)

EMPLOYEE'S INSTRUCTIONS

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of the amount of federal income tax withheld. Complete this form to elect an Arizona withholding percentage.

New Employees

Complete this form within the first five days of employment to elect an Arizona withholding percentage. If you do not complete this form, your employer must withhold the minimum withholding percentage based on your annual compensation. If your annual compensation is less than \$15,000, the minimum withholding percentage is 11.5 percent. If your annual compensation is \$15,000 or more, the minimum withholding percentage is 21.9 percent.

Current Employees

Complete this form to elect a different Arizona withholding percentage. If you want to increase or decrease the amount of Arizona withholding, you must complete this form to change the Arizona withholding percentage.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year. Note that Arizona tax liability is gross tax liability less any tax credits,

such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election. You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically performing work or services in Arizona for temporary periods is subject to Arizona income tax. However, under the provisions of ARS §43-403(A)(5), compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their wages or compensation. Nonresident employees may request that their employer withhold Arizona income taxes from their compensation by completing this form to elect an Arizona withholding percentage.

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such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election. You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

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ARIZONA STATE UNIVERSITY

TAX WITHHOLDING ON STUDENT WAGES

Wages paid to a student employee through the payroll system are subject to the following taxes: Federal Income Tax, State Income Tax and FICA (OASDI and MEDICARE) tax.

The amount of withholding of federal and state income taxes is dependent upon the student’s biweekly or semimonthly gross income and how the student files their W-4 (federal withholding) and A-4 (state withholding) forms. A student may seek advice from the Internal Revenue Service on how to file their W-4 form by calling the Internal Revenue Service’s toll-free number at 1.800.829.1040. To get assistance on how to file their A-4, a student can contact the Arizona Department of Revenue at 602.255.3381. A student is not automatically exempt from tax withholding based upon their student status.

The number of credit hours in which a student is enrolled at the end of the Drop/Add period of a semester determines whether or not FICA tax (7.65% of gross wages) is withheld. In addition to the credit-hour enrollment requirement, Graduate Assistants, Graduate Research Assistants/Associates and Teaching Assistants/Associates must not regularly work 40 or more hours per week.

To be exempt from FICA tax, a student must be enrolled in the minimum number of credit hours:

Fall/Spring Semester	Undergraduate	6 or more hours
	Graduate	5 or more hours
	Graduate Assistant*	3 or more hours
5-week Summer Session	Undergraduate	2 or more hours
	Graduate	2 or more hours
	Graduate Assistant*	1 or more hours
8-week Summer Session	Undergraduate	3 or more hours
	Graduate	3 or more hours
	Graduate Assistant*	2 or more hours

*For enrollment verification purposes, Graduate Assistant is a generic term used in the table above that includes Graduate Assistants, Graduate Research Assistants/Associates and Graduate Teaching Assistants/Associates.

F1 and J1 Status Non-resident Alien Student Exemption

Non-resident Alien (NRA) student admitted to the United States on an F1 or J1 (Scholar) visa remain in a FICA tax exempt status regardless of the credit-hour enrollment requirement until they have passed the substantial presence test (i.e., been present in the United States more than four calendar years.)

MORE INFO

Substantial presence test: IRS Publication 519 at www.irs.gov/pub/irs-pdf/p519.pdf

ASU Foreign Visitors Tax Guide: uabf.asu.edu/fv_taxguide.



ARIZONA STATE UNIVERSITY

CONDITIONS OF EMPLOYMENT FORM

(Required of New Hire)

Instructions

1. **Required of all Classified and Service Professional Staff prior to employment.**
2. Please read the following statements and sign.
3. The signed form will be placed in the your personnel file.

False Statements

In applying for positions at ASU, I understand that any false statement, misrepresentations or omission of requested information will disqualify me for employment consideration or cause my subsequent dismissal.

Drug-Free Workplace Requirements

It is prohibited to unlawfully manufacture, sell, possess, distribute, dispense, or use controlled substances in the workplace. As a condition of employment, each staff member must agree to:

1. Abide by the term policy SPP 315 (Drug Free Workplace Requirements).
2. Notify the ASU General Counsel's Office of any criminal drug conviction for a violation occurring in the workplace within five days after such conviction.

Commercial Driver's License (CDL)

Any employee who drives or repairs commercial vehicles must have a Commercial Driver's License (CDL) and is subject to alcohol and drug testing in accordance with the Employee Testing Act of 1991 and the U.S. Department of Transportation/Alcohol and Drug Testing Compliance regulations: 49CFR part 382.102.

Proof of Citizenship

I understand that I will be required to show proof of citizenship or the legal right to work in the United States within 3 working days of the hire date.

Authorization

I authorize ASU to investigate all statements on my application materials, including contacting my professional references. I realize that I have the right to make a written request within 6 months to receive information about the nature and scope of this investigation.

Overtime

The overtime policy of ASU for non-exempt employees is to provide, at its discretion, either one and one-half hours compensatory time off or additional pay at one and one-half times the regular rate of pay for each hour worked in excess of 40 hours per week (exclusive of flexible work schedules/work weeks). The compensatory time off may be preserved, used or cashed out as provided by the Fair Labor Standards Act. I understand and agree to accept this overtime policy as a condition of employment as non-exempt staff with ASU. In the event I am exempt staff at the time of initial hire and subsequently reclassified to non-exempt staff, I understand and agree to accept this overtime policy as a condition of my continued employment. My decision to accept this overtime policy is made knowingly, voluntarily and without coercion by ASU.

I have read and understand the above statements. I verify that the information I have submitted on this form is accurate and complete.

<i>Signature</i>	<i>ASU ID Number</i>	<i>Date Signed</i>
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INSTRUCTIONS

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1.800.255.8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986, is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986, and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen Nationals 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.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9.
DO NOT MAIL COMPLETED FORM I-9 to ICE or USCIS.**

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

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. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present an List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed 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. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with the Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

**Form I-9 Employment
Eligibility Verification**

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment eligibility of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three 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 (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - 1. Examine any document that reflects the employee is authorized to work in the U.S. (see List A **or** C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C, and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing 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 Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/form or call our toll-free number at **1.800.870.3676**. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling **1.888.464.4218**.

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 our website at www.uscis.gov/e-verify or by calling **1.888.464.4218**.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1.800.375.5283 or visiting our Internet website at www.uscis.gov.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9.
DO NOT MAIL COMPLETED FORM I-9 to ICE or USCIS.**

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three years after the date of hire or one year after the date employment ends, whichever is later.

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

Privacy Act Notice

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

This information is for employers to verify the eligibility of individuals 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.

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 form will be kept by the employer and made 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.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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 12 minutes per response, including the time for reviewing instructions and completing and submitting 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 Management Division**

111 Massachusetts Avenue, N.W.

3rd Floor, Suite 3008

Washington, DC 20529-2210

OMB No. 1615-0047

**DO NOT MAIL YOUR COMPLETED FORM I-9
TO THIS ADDRESS.**

**Form I-9 Employment
Eligibility Verification**

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

PRINT NAME: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City		State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): A citizen of the United States A noncitizen national of the United States (see instructions) A lawful permanent resident (Alien #) _____ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable—month/day/year) _____		
Employee's Signature				Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine **one document from List A OR examine one document from List B and one from List C**, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

LIST A	OR	LIST B	AND	LIST C
Document title:				
Issuing authority:				
Document #:				
Expiration Date (if any):				
Document #:				
Expiration Date (if any):				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title:	Document #:	Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

**Form I-9 Employment
Eligibility Verification**

LISTS OF ACCEPTABLE DOCUMENTS All documents must be unexpired		
LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
<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 immigration visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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 	<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 <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued bby the Department of State (Form DS-1350) 4. Original or certified copy of a birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security
Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)		