

Applicant Name _____

Student Employment Office

New Hire Packet

SUPERVISORS MUST SUBMIT ALL FORMS LISTED BELOW **5 BUSINESS DAYS PRIOR** TO DATE OF HIRE **VIA THE CANOPY SYSTEM**

This packet is required for students who have **never** worked on-campus and come through the **Student Employment Office**. Please printed **single sided** only.

Checklist for New Hires to ensure employment

- Complete New Hire Orientation **ONLINE** via the SEO website (Printout Completion Page.)
- Search for jobs on the Student Employment Website (pvamu.edu/studentemployment)
- Print out and complete application
- Set-up interview with hiring department
- Go to interview and bring the following documents to interview
 - Student Employment Application
 - Resume
 - Work-Study award Letter (**Work-Study Students Only**)
- Receive job offer
- Print Out New Hire Packet
- Take Following Documents to Student Employment Office to Receive UIN**
 - Employee Wage Request (EWR) *****Document comes from Supervisor*****
 - Employee Personal Data Form
 - Completed I-9 Employment Eligibility Form
 - W-4
 - Disabled Veteran Status Form
 - 2 Forms of Original Identification *****According to page 5 of the I-9 form*****
 - Confidential Release Form

Students who do not have the above documents will not receive a UIN.

- Use UIN to complete the Online State Mandated Training
- Print out Online State Mandated Training transcript
- Take **remaining paperwork** (including transcripts) to Supervisor for processing

*****You are not eligible to begin employment until EWR has been approved by the SEO and completed routing through the Budget Office*****

Student Employment Office

SUPERVISORS MUST SUBMIT ALL FORMS LISTED BELOW 5 BUSINESS DAYS PRIOR TO DATE OF HIRE VIA THE CANOPY SYSTEM

Checklist for Supervisor to ensure hire of student

- Advertise for the Vacant Position
- Identify Potential Students and Interview
- Job Offer
- Supervisor Paperwork Responsibilities
 - EWR (Employee Wage Request)
 - Review the Student Statement of Responsibilities Document with student workers.
- Supervisor and Student Paperwork Responsibilities
 - Work-Study Guidelines and Statement of Debt Form (**both work study and student hourly students**).
 - Student Work Schedule

The hiring supervisor and creator of the EWR is responsible for ensuring the following documents are signed and attached to the created EWR in order to process and hire the student worker.

- Work Study Award (**overview showing breakdown of the year**)
- Work Study Guidelines and Statement of Debt Form (**signed by supervisor and student**)
- Job Offer Letter
- Student Employment Application
- Detailed Class Schedule (**signed by supervisor and student**)
- Student Work Schedule (**signed by supervisor and student**)
- Training Transcript
- Online Orientation Completion Print Out

*****Student are not eligible to start working until EWR has been approved by the SEO and completed routing through the Budget Office*****



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

STUDENT EMPLOYMENT APPLICATION

This application must be filled out in detail. Failure to complete all sections or to sign the application will result in your application being returned for completion, causing a delay or possible disqualification. A resume may be attached but may not be substituted for a completed application.

(Please Print or Type)

Job Code:	Position:
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PERSONAL INFORMATION

Last Name	First Name	M.I.	Primary Telephone Number:
			Cell/Other Telephone Number:
Mailing Address			PVAMU email address:
City	State	Zip	
Local Address			
City	State	Zip	
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		Number of hours registered this semester:	
Major:		Have you ever been employed on campus?	
Are you presently legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are a male between the ages of 18 and 25, do you have proof of registration with the Selective Service System or exemption from such registration?		If yes, please provide start date, department, and semester.	
		Have you ever been convicted of any local, state or federal law violation, other than a minor traffic violation (this includes a plea of guilty or no contest)?	

EMPLOYMENT HISTORY

1	Employer:		Supervisor:		Telephone Number:		
	Address:	City:	State:	Zip:	Begin Date: / /		
	Job Title:					End Date: / /	
	Duties:					May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Revised 12/15/2011

Memorandum : STUDENT WORKER GUIDELINES, GENERAL TERMS, STATEMENT OF DEBT, and CRITICAL POLICIES FORM

To: All **Federal Work Study/Texas Work Study employees, Student Hourly employees**, their Supervisors, and Department Heads
From: Student Employment Office (SEO)

Guidelines for the Acceptance & Usage of Work Study Funds and Statement of Debt

Work-study awards are an estimate of the funds you are eligible to receive. The amount of funds you actually earn will be based upon the rate of pay and the number of hours worked. The work-study check should be used to pay fee installments on or before the deadlines set by the Fiscal Affairs Office. If the entire installment is not paid, the Fiscal Affairs Office may assess a late fee. No pending work study funds shall be used toward future earnings to pay the balance of any installments. **Prairie View A&M University will garnish work study checks to pay any cost of attendance a student may owe.**

At the time of hire, all students must provide their supervisor and the SEO with a copy of their work study award letter, which must be accessed through the Panther Tracks system. All work study awards are granted through the Office of Student Financial Aid and are subject to be **cancelled, reduced, or increased at the discretion of the Office of Student Financial Aid** per the work study regulations mandated by the Department of Education and the Texas Higher Education Coordinating Board. To avoid any **departmental chargeback's** that may result due to a change in award amount made by the Office of Student Financial Aid, all students must re-print out a copy of their award letter at the beginning of each bi-weekly pay period. An updated award letter must be collected by the student's hiring supervisor each pay period to ensure that work study funds are available to cover all prospective earnings within that pay period. All bi-weekly award letter printouts must be retained in the student's internal employment file. **If a student has found that a change has been made to his/her original award amount, the student must notify their hiring supervisor and the SEO immediately.**

Employment Conditions for all Federal & Texas Work Study Students

All students receiving work study awards from the Office of Student Financial Aid may work no more than twenty (20) hours in one week and may continue their employment under a work study title code until the student's total work study award has been exhausted. Once the student has earned his/her total work study award, the student must immediately stop working and is no longer eligible for employment through the work study program. In addition, the hiring supervisor must ensure that an Employee Wage Request (EWR) has been created to terminate the student's employment from the work study account effective as of the day that the student will have exhausted his/her total work study award allocation. **General Terms for the Monitoring of Work Study Awards**

It is the responsibility of both the student and employer to monitor all earnings made through the work study program in order to prevent the student from exceeding his/her award allocation. **The Time Traq system does not prevent students from entering time once the students' entire award amount has been earned;** therefore it is imperative that all work study students and their supervisors use the Work Study Balance Sheet, provided on the SEO website, each pay period to monitor the student's award allocation. Failure to closely monitor the student's work study award amount, may lead to costly chargeback's made directly to the hiring department.

Departmental Chargeback's

All hiring departments will be held responsible for paying 100% of all funds that their work study students earn in excess of their award amounts. If for any reason, a work study student's hiring department approves time through the Time Traq system which results in a payment being made to the student in excess of his/her total work award amount, the SEO will notify the student's hiring supervisor and the department head in writing detailing the amount of the total payment that must be reverted back to the work study account. The department will have a total of five (5) business days to ensure that an EWR is routing for the purpose of retroactively transferring the student to the Student Hourly title code effective as of the date that student exhausted his/her work study award.

Unearned Work Study Funds

Any funds not earned will automatically revert back to the federal or state work-study account.



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

HIV/Aids in the Workplace Learning Environment Policy (34.04.03)

This regulation establishes workplace guidelines for The Texas A&M University System (system) concerning individuals with HIV/AIDS as required by Texas Health and Safety Code, Chapter 85.

2.1 Employers, employees and students will not engage in discrimination against individuals with HIV/AIDS. Employees and students with HIV/AIDS are entitled to the same rights and opportunities as individuals with other communicable diseases and/or other disabilities.

3.2 System members must make available to students, on request one or more educational pamphlets on HIV infection developed by the DSHS or similar educational materials and must include in the student handbook a statement that pamphlets are available from the system member.

6.6 Employees who want assistance in dealing with their own or a coworker's HIV infection may contact the member employee assistance program, if available, for counseling and referral to community services. In addition, member human resources offices can counsel employees on benefit coverage and leave availability. Employees and students may also be referred to the Texas HIV/STD InfoLine for more information on HIV/AIDS and services such as testing and treatment providers.

7.1 Based on the Federal Privacy Act, the Americans with Disabilities Act, as amended, the Texas Commission on Human Rights Act and the Texas Communicable Disease Prevention and Control Act, any medical documentation or information provided by an HIV-infected employee or student to medical or management personnel must be considered confidential and private information. As such, employers are forbidden by law to disclose this information without the employee's knowledge and written consent, except as provided by law.

Alcohol and Drug Abuse and Rehabilitation (34.02.01)

The provisions of this regulation are based on requirements of federal and state law. Administrators should exercise caution in all matters relating to this regulation, **ensuring that procedures are carefully followed and that substantial evidence from reliable sources supports a decision to counsel or test a student or an employee for drug use.** The System Office of General Counsel (OGC) must be informed by the appropriate administrator of possible violations of this regulation and advice of an OGC attorney must be secured before testing anyone due to reasonable suspicion of drug or alcohol use or abuse. Advice of the OGC is not needed for required testing as described in Section 6, and the general counsel may waive the requirement to seek OGC's advice for reasonable suspicion testing when a System component shows documented evidence of training for administrators and supervisors in alcohol and drug awareness.

I have received, read, understand and will comply with SEO procedures regarding work study guidelines, general terms, conditions, statement of debt, HIV/Aids Policy (34.04.03), and the Alcohol, Drug Abuse and Rehabilitation (34.02.01), I understand that my participation in working on-campus is subject to the terms stated above.

Student Name: _____ Signature _____ Date _____

Supervisor Name: _____ Signature _____ Date _____

Dept/Budget Head Name: _____ Signature _____ Date _____



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Dear _____

I am pleased to offer you a [] Federal/Texas Work Study [] Student Hourly position in the Department/Office of _____ at Prairie View A&M University. You will be paid at an hourly rate of _____.

Your immediate supervisor for this position will be _____. The preferred starting date of employment is _____ (**insert Month /1st or 15th /Year**). To be eligible for this position, you must be enrolled in classes at this university at least part time and as mandated by the Office of the Registrar. Employment eligibility regarding semester credit hours can be viewed online at: <http://www.pvamu.edu/pages/1681.asp>.

Since the position being offered to you is deemed security sensitive, this offer of employment is contingent upon the clearance of a background check. Should you fail to clear the background check, this offer is rescinded.

All necessary student employment forms and hiring requirements must be completed at least five business days prior to your preferred starting date of employment. New Hire and Re-hire Student Employment Office packets can be accessed online at: <https://www.pvamu.edu/pages/1949.asp>. Failure to complete and submit all hiring forms by the established deadline will void this offer. In addition, if you have not worked on campus for one continuous academic year, than you must attend Student Employment Orientation. You must register for a date and time to attend Student Employment Orientation at: <https://www.pvamu.edu/pages/1651.asp>.

Please bring your New Hire packet, proof of identification and employment eligibility documentation with you to Student Employment Orientation. **The University is required by Federal Law to collect I-9 documentation, including proof of identification and employment eligibility documentation.** Lists of acceptable documents to establish proof of identification and employment eligibility can be viewed at <http://www.pvamu.edu/pages/1949.asp>. **Effective January 15, 2009, based on Executive Order 13465 "Economy and Efficiency in Government Procurement through Compliance with Certain Immigration and Nationality Act Provisions and the Use of Electronic Employment Eligibility Verification System", the University, as a federal contractor, is now required to electronically verify your documents provided with your Form I-9 through the E-verify system.** As with Form I-9, your information will be entered in to the E-verify system within three business days based on the Form I-9 documentation provided by you.



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

As a student employee, you are not eligible to receive health or other insurances coverages through the University. This includes medical, vision, dental, life or disability, etc. Additionally, you will not receive paid time off such as sick leave, vacation leave, emergency leave, holiday pay, etc. **Your work week may not exceed 20 hours a week if you are an undergraduate student, and 35 hours a week if you are a graduate student.**

Please indicate your employment decision in the appropriate space below, sign your name, and return the original copy of this letter to me. The original letter will be submitted to the Student Employment Office as part of your completed New Hire or Re-hire packet. We are looking forward to your participation in the Student Employment Program at Prairie View A&M University. We feel your participation in this program will help you build your skill set and qualifications for further professional growth.

Sincerely,

(Department Head Signature)

I accept the position offered above.

Student Signature: _____ Date: _____

I decline the position offered above

Student Signature: _____ Date: _____

xc: Student Employment Personnel Files



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Student Employment Work Schedule

INSTRUCTIONS: Students should fill this form out with their supervisor. No student may work during his/her scheduled class times. If changes need to be made to the student's work schedule for any reason, please submit a revised work schedule to the SEO.

Undergraduate students may work a maximum of 8 hours per day and no more than 20 hours per week. Graduate students may work a maximum 8 hours per day and no more than 35 hours per week. REST PERIODS: For every four (4) consecutive hours of work, all student employees are permitted to take a rest period, not to exceed fifteen (15) minutes. These rest periods are to be taken away from the work area and should be scheduled and controlled by the supervisor to ensure office continuity. A student that works six (6) or more consecutive hours is also entitled to take an unpaid lunch break of at least thirty (30) minutes.

Student's Name _____ Primary Supervisor's Name _____

Alternate Supervisor _____ Primary Supervisor's Number _____

Department Location (Bldg, Rm) _____

<i>Please indicate the semester which this form is effective:</i>							
	<input type="checkbox"/> Fall _____(Yr)	<input type="checkbox"/> Spring _____(Yr)	<input type="checkbox"/> Summer I _____(Yr)	<input type="checkbox"/> Summer II _____(Yr)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
In							
Out							
In							
Out							
In							
Out							
Total Hours per Day							

Total Hours Per Week _____

I understand that undergraduate students are limited to a 20 hour work week. Graduate students are limited to a 35 hour week. In addition, student employees are not permitted to work during scheduled class times, and University observed holidays. My signature on this document indicates that I will comply with SEO procedures regarding the work hours of student employees.

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Prairie View A&M University

Confidential Release Form (Background Check)

Print Form

An equal Opportunity/Affirmative Action Employer

Prairie View A&M University does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of Prairie View A&M University.

Hiring Department

Department	Department Contact	Phone Number
Vacant Position Title	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Internship <input type="checkbox"/> Work Study <input type="checkbox"/> Student Hourly	

Applicant

Last Name	First Name	Middle Name
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Other Name(s) You Have Used (Including Maiden Name) _____

Present Physical Address	Apartment #
--------------------------	-------------

City	State	Zip	County
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*Date of Birth	Social Security Number	*Gender	*Race	Contact Number
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*Driver's License	*State issuing driver's license	<input type="checkbox"/> Commercial
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* Information is solely being used for the purpose of conducting a background check.

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

This form must be completed by the applicant and returned to the Student Employment Office

The following are my responses to questions about my criminal history (if any).

Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?

Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

Have you ever-received probation or community supervision for any federal, state or municipal offense?

Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

As of the date of this consent form, do you have any pending charges against you? Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

I hereby certify that all information provided in this consent form is true, correct and complete. If any information proves to be incorrect or incomplete, i understand that grounds for canceling of any and all offers of employment will exist and may be used at the discretion of the university.

Date _____

Applicant (Print Name) _____

Applicant's Signature _____

This form must be completed by the applicant and returned to the Student Employment Office

The Texas A&M University System Employee Personal Data

HR 181 (11/09)
Check one:
___ TRS ___ ORP

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name: _____
Last
First
Middle

UIN or SSN: _____ **Birthdate:** _____
Month
Day
Year

Citizenship: _____ **Visa type:** _____
Country
If other than U.S. citizenship

<input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Education Level	<input type="checkbox"/> 1-Less than high school <input type="checkbox"/> 4-Baccalaureate degree <input type="checkbox"/> 7-Special professional (D.D.S., D.V.M., J.D., M.D., etc.)	<input type="checkbox"/> 2-High school/GED <input type="checkbox"/> 5-Master's degree	<input type="checkbox"/> 3-Associate degree <input type="checkbox"/> 6-Doctoral degree
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You are not obliged to respond to the asterisked items below (Veteran and Former Foster Child Status) and on Page 3; however, your response is important to meet federal and state reporting requirements. Any information you provide will remain confidential in accordance with applicable federal and state regulations. Your employment will not be adversely affected by any information you furnish.

EEO Ethnicity/Race (See Page 2)

3-Hispanic or Latino? Yes If you selected "Yes," you will be identified as Hispanic or Latino for federal and state reporting purposes, even if you select any of the races below.

Select all that apply.

- 1-White 2-Black or African American
- 4-Asian 5-American Indian or Alaska Native
- 6-Native Hawaiian or Other Pacific Islander
- 8-Decline to provide information

If you selected more than one race (not including Hispanic or Latino), you will be identified as "Two or More Races" for federal and state reporting purposes.

***Veteran Status (See Page 2. Check all that apply.)**

- Veteran
- Armed Forces Service Medal Veteran
- Other Protected Veteran
- Recently Separated Veteran (within last three years)-If yes, indicate armed services separation date _____
- Orphan of a Veteran
- Surviving Spouse of a Veteran

An option for disabled veterans is provided on Page 3.

***Former Foster Child Status** I am 25 years of age or younger and was under the permanent managing conservatorship of the Texas Department of Family and Protective Services on the day preceding my 18th birthday. Yes No

Residence address

Street: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____

Mailing address

Street/P.O. Box: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____

In event of emergency notify:

Name: _____
 Relationship: _____
 Address: _____
 City and state: _____
 Phone: _____

Do you have relatives who are A&M System employees?

- Yes No

If yes, give name, title, relationship and organization:

State law gives you the right to choose whether The Texas A&M University System should allow public access to your home address, home telephone number, Social Security number, and whether you have family members. **If you do not declare this personal information as confidential, it will be open to the public.** If you are a "peace officer," your home address and telephone number are automatically confidential. **Mark one box in item 1 and one box in item 2.**

- 1. Yes, I want my personal information to be confidential. No, I do not want my personal information to be confidential.
- 2. I am a certified peace officer. I am not a certified peace officer.

Please read and sign Pages 2 and 3 of this form before returning it.

Employer should complete the following for employee:

PIN: _____ Employee location code: _____
 ADLOC: _____ Check distribution code: _____
 Campus or office address:

 _____ Mail Stop: _____ Office phone: _____

The following definitions are provided for your information and assistance in completing the Employee Personal Data form:

EEO Ethnicity/Race

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **White.** (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American.** (Not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa.
- **Asian.** (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native.** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander.** (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*Veteran Status

- **Veteran.** The individual has served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law and was honorably discharged from military service, or was discharged for an established service-connected disability, and is competent.
- **Armed Forces Service Medal Veteran.** The individual is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Services Medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
- **Other Protected Veteran.** The individual has served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the department of defense. A list of campaigns and expeditions meeting this criteria is on Page 4.
- **Recently Separated Veteran.** The individual is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **Orphan of a Veteran.** The individual is an orphan of a veteran killed on active duty who had served in the military for not less than 90 consecutive days during a national emergency in accordance with federal law, and is competent.
- **Surviving Spouse of a Veteran.** The individual is a surviving spouse (who has not remarried) of a veteran killed on active duty who had served in the military for not less than 90 consecutive days during a national emergency in accordance with federal law, and is competent.

Social Security Account Number: Notice to Employees

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a) requires that any Federal, State, or local government agency which requests an individual to disclose his/her Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

Accordingly, employees, or applicants for employment, are advised that disclosure of an employee's Social Security account number (SSAN) is required as a condition for employment within The Texas A&M University System and its members, in view of the practical administrative difficulties which would be encountered in maintaining adequate employee records without the continued use of the SSAN.

The SSAN is used to verify the identity of the employee, and as an employee account number (identifier) throughout the period of employment in order to record necessary data accurately. As an identifier, the SSAN is used in such employee activities as: determining and recording salary entitlements, payments and deductions, determining, recording, and payment of social security contributions by both employees and employing agency; determining, recording, and payment of retirement contributions by both employee and employing agency; determining and recording employee annual and sick leave accumulation and use; recording entitlement and payment for official travel and per diem; determining and recording entitlement and payment for workers' compensation; reporting earnings to the Texas Employment Commission, which serves as the basis for determining any future unemployment compensation insurance benefits; recording personal data in System group insurance files; determining and recording service for retirement and other benefits based on length and dates of employment and other service; and such other related requirement which may arise.

Authority for requiring the disclosure of an employee's SSAN is grounded on section 7(a)(2) of the Privacy Act, which provides that any Federal, State or local agency maintaining a system of records in existence and operating before January 1, 1975, may continue to require disclosure of an individual's SSAN if such disclosure was required under statute or regulation adopted prior to such date to verify the identity of an individual.

The Texas A&M University System and its members require the disclosure of the SSAN on necessary employee forms and documents used pursuant to statutes passed by the State of Texas and United States and regulations adopted by agencies of the State of Texas and United States, and by the Board of Regents of The Texas A&M University System.

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Employee signature

Date

The Texas A&M University System
Disabled Veteran Status

HR 181-Disability
(11/09)

(continued from the Employee Personal Data form)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form. Because this form contains protected health information about you, it will not be placed in your personnel file.

Name: _____
Last First Middle

UIN or SSN: _____ **Birthdate:** _____
Month Day Year

Do you claim to be a Disabled Veteran*? Yes No

A disabled veteran is (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs or (2) an individual who was discharged or released from active duty because of a service-connected disability.

*You are not obliged to respond; however, your response is important to meet federal and state reporting requirements. Any information you provide will remain confidential in accordance with applicable federal and state regulations. Your employment will not be adversely affected by any information you furnish.

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Authority for requiring the disclosure of an employee's SSAN is grounded on section 7(a)(2) of the Privacy Act, which provides that any Federal, State or local agency maintaining a system of records in existence and operating before January 1, 1975, may continue to require disclosure of an individual's SSAN if such disclosure was required under statute or regulation adopted prior to such date to verify the identity of an individual.

The Texas A&M University System and its members require the disclosure of the SSAN on necessary employee forms and documents used pursuant to statutes passed by the State of Texas and United States and regulations adopted by agencies of the State of Texas and United States, and by the Board of Regents of The Texas A&M University System.

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Employee signature

Date

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 may 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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}	
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. 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 replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2 Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$	_____
	\$8,400 if head of household					
	\$5,700 if single or married filing separately					
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Form I-9, Employment
Eligibility Verification**Department of Homeland Security
U.S. Citizenship and Immigration Services**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 United States) 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 noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

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

Filling Out 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 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)).

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 authorization within three 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 any 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 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."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization 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 United States (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/forms 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.

Photocopying and Retaining 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 Form I-9s 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.**

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

Form I-9, Employment Eligibility Verification

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 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 authorized 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)
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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 authorized 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)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	
1. U.S. Passport or U.S. Passport Card		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. 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		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
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	3. School ID card with a photograph	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
	4. Voter's registration card	
	5. U.S. Military card or draft record	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	5. Native American tribal document	
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	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		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)