Personal Information Worksheet (Hire/Update) – Add a Person/Modify a Person

This form is designed to assist departments with HRMS data entry. The form may be completed online before printing. This form should NOT be sent to PBS.

Navigation:
(1) Workforce Administration> Personal Information> Search for Matching Person
(2) Workforce Administration> Personal Information> Add a Person
(3) Workforce Administration> Personal Information> Modify a Person

Biographical Details:

<table>
<thead>
<tr>
<th>Employee ID (applicable)</th>
<th>Effective Date for Name</th>
<th>Prefix</th>
<th>Status</th>
</tr>
</thead>
</table>

Name must be entered EXACTLY as printed on Social Security Card.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Country</th>
<th>Birth State</th>
<th>Birth Location</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Female</td>
</tr>
</tbody>
</table>

Highest Education Level (Select one):

- [ ] A - Not Indicated
- [ ] B - Less than HS Grad
- [ ] C - HS Grad or Equivalent
- [ ] D - Some College
- [ ] E - Technical School
- [ ] F - 2-Year College Degree
- [ ] G - Bachelor's Level Degree
- [ ] H - Some Graduate School
- [ ] I - Master's Level Degree
- [ ] J - Doctorate (Academic)
- [ ] K - Doctorate (Professional)
- [ ] L - Post Doctorate
- [ ] Pharmaceutical Chemist
- [ ] Specialist in Education

Associate of:
Bachelor of:
Certificate of:
Master of:
Doctor of:
Other:

Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced [ ] Separated

Language: [ ] English [ ] Other

Social Security Number: [ ] National ID:

Contact Information:

HOME ADDRESS
(Permanent or Foreign Address for Non-Resident International Employees)

<table>
<thead>
<tr>
<th>Address 1:</th>
<th>Address 2:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

MAILING ADDRESS: [ ] Same as Home Address

Country: [ ] U.S.A. [ ] Other:

For Non-Resident International Employees, mailing address MUST be a local street address (not P.O. Box or foreign address).

Address 1:

Address 2:

City: State: Postal Code:

# Personal Information Worksheet - Page 2

## Contact Information (cont'd)

<table>
<thead>
<tr>
<th>Home</th>
<th>Campus 1 (for directory)</th>
<th>Additional Phone</th>
<th>Additional Phone Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cellular ○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pager ○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fax ○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other ○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Additional E-Mail</th>
<th>Additional E-Mail Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business ○</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dorm ○</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home ○</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other ○</td>
</tr>
</tbody>
</table>

## Regional

*Ignore "Date Entitled to Medicare" and Citizenship proof fields*

### Ethnic Group Definitions (Source: Dept. of Equal Opportunity)

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

### Military Status (Voluntary Disclosure - Chose "Not Indicated" Employeenum"

- **Not Indicated**: No Military Service
- **Active Reserve**: Other Protected Veteran
- **Inactive Reserve**: Disabled Vietnam Era Vet
- **Disabled Vet**: Retired Military
- **Vietnam Era Vet**: Veteran Definition - (Source: U.S. Department of Labor, Veterans' Employment and Training www.dol.gov/vets)

### Employment Eligibility Proof section for HR use only

#### Background Checks

- Criminal History Records: Date:
- Financial History Records: Date:
- Motor Vehicle Records: Date:
- Other Background Check: Date:

#### Organizational Relationships (use in Add a Person only)

- **Affiliate**
- **Affiliate - PSL**
- **Pre-Employment**
- **Affiliate - DHHA**
- **Affiliate - Rose**
- **Regent**
- **Affiliate - Kaiser**
- **Affiliate - VA**
- **Security Access**
- **Affiliate - NJH**
- **COBRA Qual Participant**
- **Student Athlete**
- **Other**
- **Summer Employment Gap**
- **PSL (Person of Specific - Security & Repair)**
- **Veterans Administration**
- **Visiting Scholar**
- **Volunteer**
- **Volunteer Clinical Faculty**

*Rev. 09/02/10*
# Emergency Contact Worksheet

**Employee:**

Please return the completed form to your department payroll representative for entry and record retention.

This form should NOT be sent to PBS.

Each employee must choose one PRIMARY emergency contact.

Multiple emergency contacts may be submitted - please complete a separate form for each person.

<table>
<thead>
<tr>
<th>Initial Information</th>
<th>Additional Contact Info</th>
<th>Replacement Contact Info</th>
<th>Update Existing Contact Info</th>
</tr>
</thead>
</table>

## Employee

<table>
<thead>
<tr>
<th>Employee Name: (Last Name, First, Middle)</th>
<th>Employee ID # (preferred) or SSN:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## Emergency Contact Address/Phone

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Relationship to Employee:</th>
<th>Primary Contact? (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes: Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address 1:</th>
<th>Address Same as Employee</th>
<th>Phone Same as Employee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address 2:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Postal Code:</th>
<th>County:</th>
</tr>
</thead>
</table>

## Phone Numbers:

<table>
<thead>
<tr>
<th>Contact Phone</th>
<th>Other Phone 1</th>
<th>Other Phone 2</th>
<th>Other Phone 3</th>
<th>Other Phone 4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number:</th>
</tr>
</thead>
</table>
Payroll Direct Deposit  
Authorization Form

COMPLETE ON-LINE OR IN INK - DO NOT FAX

(Please Type or Print)

Employee ID (Preferred) or Soc. Sec. #

Employee Name (Last Name, First Name)

Home Department / Campus

Contact Phone (Campus # Preferred)

Bi-Weekly

Monthly

NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a warrant (check) being issued (for new employee) or deposit to an already established account (for continuing employee). We suggest leaving your old account open until deposit to your new account has occurred.

Employee may select up to three separate accounts. You will receive a detailed Advice of Deposit.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:

- Checking Account: Attach a voided check.
- Savings Account: Attach documentation from financial institution.
- Money Market Account: This is a type of checking account. Attach documentation from financial institution to provide correct routing and account numbers.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings 11-1. It cannot begin with a "0."

If you are not sure which number to use, contact your financial institution for assistance.

Action Type

☐ New Employee Set-Up
☐ Continuing Employee Change (i.e. change account #, change financial institution, change percentage of net pay or $ amounts, drop or add financial institution)
☐ Cancel Direct Deposit (must follow up by submitting a replacement form or an approved APPLICATION FOR EXEMPTION FROM PAYROLL DIRECT DEPOSIT form.)

Account #1

Account Type:

☐ Checking
☐ Savings
☐ Money Market

(Attach voided check)
(Attach financial institution documentation)
(Attach financial institution documentation)

Bank Name:

Bank Address:

Routing # (9 digits):

Requested amount for this account: (select one)

☐ % Net Pay:

☐ Specific $ Amount: $

☐ Entire Balance

Account #2

Account Type:

☐ Checking
☐ Savings
☐ Money Market

(Attach voided check)
(Attach financial institution documentation)
(Attach financial institution documentation)

Bank Name:

Bank Address:

Routing # (9 digits):

Requested amount for this account: (select one)

☐ % Net Pay:

☐ Specific $ Amount: $

☐ Remaining Balance

Account #3

Account Type:

☐ Checking
☐ Savings
☐ Money Market

(Attach voided check)
(Attach financial institution documentation)
(Attach financial institution documentation)

Bank Name:

Bank Address:

Routing # (9 digits):

☐ Remaining Balance

Authorization Agreement: I hereby authorize the University of Colorado to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that the deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the University of Colorado to make the appropriate adjustment(s).

Employee Signature: Date:

Account Holder Signature: Date:

Mail ORIGINAL FORM to Payroll & Benefit Services, 575 SYB, Boulder, CO 80309

DO NOT FAX

Revised 9/13/07
Form W-4 (2016)

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

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

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends).

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

- *If age 65 or older,
- *Is blind, or
- *Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

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

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

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Examples, 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. See Pub. 505 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. 505 to find out if you should adjust your withholding on Form W-4 or W-8BEN.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how much you are having withheld compared to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 ($80,000 married). Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.nal.gov/withholding.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.

B Enter "1" if:
   - 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 "0-0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
   - If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two or four eligible children or less "2" if you have five or more eligible children.
   - If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.

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.)

For accuracy, complete all worksheets that apply.

- 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 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.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

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.

OMB No. 1545-0074

2016

1 Your first name and middle initial
Home address (number and street or rural route)
City or town, state, and ZIP code

2 Your social security number

3 □ Single □ Married □ Married, but withheld at higher Single rate
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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. □

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.
   - 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.

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
(If this form is not valid unless you sign it.)

Date □

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

9 Office code (optional)
10 Employer identification number (EIN)

Cat. No. 10220D
### 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 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over $31,100 and you are married filing jointly or are a qualifying widow(er); $265,350 if you are head of household; $259,400 if you are single and not head of household or a qualifying widow(er); or $155,650 if you are married filing separately. See Pub. 505 for details.

   1. **Enter:**
      - $12,600 if married filing jointly or qualifying widow(er)
      - $8,300 if head of household
      - $6,300 if single or married filing separately

   2. **Subtract** line 2 from line 1.

   3. **Enter** an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505).

   4. **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2016 Form W-4 worksheet in Pub. 505.)

   5. **Enter** an estimate of your 2016 non-wage income (such as dividends or interest).

   6. **Subtract** line 6 from line 5. If zero or less, enter "-0-".

   7. **Divide** the amount on line 7 by $4,050 and enter the result here. Drop any fraction.

   8. **Enter** the number from the Personal Allowances Worksheet, line H, page 1.

   9. **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.

### 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).

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."

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.

**Note:** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 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.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

### Table 1

<table>
<thead>
<tr>
<th>Marital Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>6,001 - 14,000</td>
<td>1</td>
</tr>
<tr>
<td>14,001 - 25,000</td>
<td>2</td>
</tr>
<tr>
<td>25,001 - 35,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 50,000</td>
<td>4</td>
</tr>
<tr>
<td>44,001 - 55,000</td>
<td>5</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>6</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>7</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>8</td>
</tr>
<tr>
<td>80,001 - 100,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 - 115,000</td>
<td>10</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>11</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>12</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>14</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Marital Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$610</td>
</tr>
<tr>
<td>75,001 - 125,000</td>
<td>1,010</td>
</tr>
<tr>
<td>125,001 - 208,000</td>
<td>1,130</td>
</tr>
<tr>
<td>208,001 - 350,000</td>
<td>1,340</td>
</tr>
<tr>
<td>350,001 - 405,000</td>
<td>1,420</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,600</td>
</tr>
</tbody>
</table>
## Section 1. Employee Information and Attestation

(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Registration Number/USCIS Number): ____________________________

- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ____________________________ Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ____________________________

OR

2. Form I-94 Admission Number: ____________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

<table>
<thead>
<tr>
<th>Foreign Passport Number:</th>
<th>Country of Issuance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

**Signature of Employee:** ____________________________

**Date (mm/dd/yyyy):** ____________________________

---

**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.

**Signature of Preparer or Translator:** ____________________________

**Date (mm/dd/yyyy):** ____________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Section 2. Employer or Authorized Representative Review and Verification

(Employee's or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>Employee Last Name, First Name and Middle Initial from Section 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
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<tr>
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</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |

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 (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form I-9 03/08/13 N
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
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</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
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</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></td>
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</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>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</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>5. Native American tribal document</td>
<td></td>
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<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
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<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
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<td></td>
<td>10. School record or report card</td>
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<td></td>
<td>11. Clinic, doctor, or hospital record</td>
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<td>12. Day-care or nursery school record</td>
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</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

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