

### **Family Educational Rights and Privacy Act (FERPA)**

**In FERPA, Congress sought to protect the privacy of the educational records of students by generally requiring educational institutions which receive Federal funding to secure the consent of students before releasing identifiable information from students' records to third parties. (There are sixteen exceptions to this obligation.) An educational record is any record, file, document or other material maintained by an educational institution, in any format or medium, which contains information directly related to a student. The following records are excluded from the definition of educational record: students' directory information (name, address, telephone number, dates of attendance, field of study and enrollment status); campus law enforcement records which are maintained for law enforcement purposes; records which are made by physicians, psychiatrists, psychologists and other health care professionals and paraprofessionals; and ancillary records which are maintained by instructors and administrators if such records remain exclusively in the custody of the maker and are used only as personal memory aids. The University is covered by FERPA because it receives Federal funding. Violation of FERPA can result in a loss of Federal funds.**

### **Health Information Portability and Accountability Act (HIPAA)**

**Congress enacted HIPAA to protect the confidentiality, integrity and privacy of individuals' health information ("Protected Health Information") by requiring health care providers, health plans and health care clearing houses which are subject to the law to secure authorizations before disclosing Protected Health Information, in identifiable form, to third parties, subject to certain specified exceptions. Health information is any information which is created or received by a health care provider, health plan, health care clearing house, public health authority, employer, life insurer, school or university concerning the past, present or future physical or mental health or condition of a person or past, present or future payment for provision of medical care. Any health care provider which transmits Protected Health Information electronically is covered by HIPAA, as is any health plan or health care clearing house which maintains records of Protected Health Information. ("Covered Entities"). A Covered Entity is obligated to provide privacy notices to patients and subscribers which inform them of their rights and the Covered Entity's duties under HIPAA. A Covered Entity is also required to implement measures to safeguard Protected Health Information against unauthorized access and reasonably foreseeable threats and hazards. The University is covered by HIPAA because it has an employee health care plan and transmits Protected Health Information electronically to the health plan administrator. Fines and penalties can be assessed against the University for violating HIPAA.**

### **Financial Services Modernization Act (Graham-Leach- Bliley Act or "GLB")**

**Congress enacted GLB to protect the confidentiality and security of consumer financial information. ("Non-public Financial Information"). Non-public Financial Information is information such as payment histories and account balances, and information found in applications for credit cards and loans. A Financial Institution is an organization that engages in specified financial activities, such as lending money, extending credit and collecting debts. GLB is divided into two parts: the privacy rule and the information-safeguarding rule. The privacy rule requires Financial Institutions which want to disclose consumers' Non-Public Financial Information to unaffiliated third parties for marketing and other purposes to notify consumers and give them an opportunity to opt out of such disclosures. The information safeguarding rule requires Financial Institutions to implement security programs to safeguard Non-public Financial Information from unauthorized access, threats & hazards. The University is covered by GLB because it makes student loans, extends credit to students and collects delinquent student debts. However, the University is only required to comply with the safeguarding rule because Congress exempted institutions of higher education which are in compliance with FERPA from the requirements of the privacy rule. Fines and penalties can be assessed against the University for violating GLB.**

## **Confidentiality Agreement and Security Policy**

Fairleigh Dickinson University regards security and confidentiality of data and information to be of utmost importance. Further, it is the intent of this policy to ensure that confidential information, in any format, is not divulged outside of Fairleigh Dickinson University without explicit approval to do so by the President of the University. As such, the University requires all users of data and information to follow the procedures outlined below:

### **Policy on Confidentiality of Data**

Each individual granted access to data and hard copy information holds a position of trust and must preserve the security and confidentiality of the information he/she uses. Users of University data and information are required to abide by all applicable Federal and State guidelines and University policies regarding confidentiality of data, including, but not limited to the Family Education Rights and Privacy Act (FERPA); Gramm Leach Bliley (GLB); and The Health Insurance Portability and Accountability Act of 1996 (HIPAA). All users of University data and information must read and understand how the FERPA, GLB and HIPAA policies (located on the University Web-site) apply to their respective job functions. All users with access to Datatel or other university computer systems acknowledge that they have read and agree to abide by the University's Acceptable Use Policy found at <http://isweb.fdu.edu> under the sub-heading policies.

Any individual with authorized access to Fairleigh Dickinson University's computer information system, records or files is given access to use the University's data or files solely for the business of the University and must not divulge this information outside of The University except for approved University business requirements approved by the President of the University such as procurement of insurance and financial/banking requirements. Specifically, with respect to University records or information, individuals must:

1. Access data solely in order to perform his/her job responsibilities.
2. Not seek personal benefit or permit others to benefit personally from any data that has come to them throughout their work assignments.
3. Not make or permit unauthorized use of any information in the University's information system or records.
4. Not enter, change, delete or add data to any information system or files outside of the scope of their job responsibilities.
5. Not include or cause to be included in any record or report, a false, inaccurate or misleading entry known to the user as such.
6. Not alter or delete or cause to be altered or deleted from any records, report or information system, a true and correct entry.
7. Not release University data other than what is required in completion of job responsibilities.
8. Not exhibit or divulge the contents of any record, file or information system to any person unless it is necessary for the completion of their job responsibilities.

It is the individual's responsibility to report immediately to his/her supervisor any violation of this policy or any other action, which violates confidentiality of data.

## **Security Measures and Procedures**

All users of University information systems are supplied with an individual user account to access the data necessary for the completion of their job responsibilities. Users of the University information systems are required to follow the procedures outlined below:

1. All transactions, processed by a user ID and password, are the responsibility of the person to whom the user ID was assigned. The user's ID and password must remain confidential and must not be shared with anyone.
  - Using someone else's password is a violation of policy, no matter how it was obtained.
  - Your password provides access to information that has been granted specifically to you. To reduce the risk of shared passwords – remember not to post your password on or near your workstation or share your password with anyone.
  - It is your responsibility to change your password immediately if you believe someone else has obtained it.
2. Access to any student or employee information (in any format) is to be determined based on specific job requirements. The appropriate Department Chair, School Director, Department Director/Manager, Dean, Provost, and/or Vice President is responsible for ensuring that access is granted only to authorized individuals, based on their job responsibilities. Written authorization must be received by the Computer Center prior to granting system access.

You are prohibited from viewing or accessing additional information (in any format) unless you have been authorized to do so. Any access obtained without authorization is considered unauthorized access.

In order to prevent unauthorized use, the user shall log off of all applications that are sensitive in nature, such as employee/student personal information, when leaving their workstation. An alternative is to establish a workstation password or lock your session. This is especially important during breaks, lunch and at the end of the workday.

Note: If you require assistance in establishing your workstation password, please access the screensaver documentation.

3. Passwords should be changed periodically and/or if there is reason to believe they have been compromised or revealed inadvertently.
4. Upon termination or transfer of an employee, Human Resources will notify University Systems and Security, who in turn will notify the appropriate areas in the Computer Center.
5. Generally, students and temporary employees should not have access to the University record system. Written approval by the Department Chair, School Director, Department Director/Manager, Dean, Provost, and/or Vice President in charge of the respective area is required if it is determined that access is required. The student or temporary employee is to be held to the same

standards as all University employees, and must be made aware of their responsibilities to protect student and employee privacy rights and data integrity. Written authorization must be received by the Computer Center prior to granting system access.

6. You agree to properly secure and dispose of any outputs or files you create in a manner that fully protects the confidentiality of records.

Additionally, I understand that if granted access to process transactions via Datatel data entry screens, any information I enter or change will be effective immediately. Accordingly, I understand that I am responsible for any changes made using my ID. I agree not to share my ID or PIN number with any other individuals and will notify Human Resources immediately if I believe my password has been compromised.

I understand that my access to University data and information systems is for the sole purpose of carrying out my job responsibilities and confidential information is not to be divulged outside of The University, except as previously stated. Breach of confidentiality, including aiding, abetting, or acting in conspiracy with any other person to violate any part of this policy, may result in sanctions, civil or criminal prosecution and penalties, employment and/or University disciplinary action, and could lead to dismissal, suspension or revocation of all access privileges. I understand that misuse of University data and information and any violation of this policy or the FERPA, HIPAA or GLB policies are grounds for disciplinary action, up to and including dismissal. This agreement shall not abridge nor supersede any rights afforded faculty members under the Faculty Handbook.

I have read and agree to comply with the Fairleigh Dickinson University Confidentiality Agreement and Security Policy and understand the policy takes effect June 1, 2004.

\_\_\_\_\_  
Individual's Name (Please Print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

# Form W-4 (2005)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**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 2005 expires February 16, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**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 line **E** below.

**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.

**Two earners/two 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.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## 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: {

- 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 \$1,000 or less. } . . . . . **B** \_\_\_\_\_

**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 \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note.** Do not include child support payments. See **Pub. 503**, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit):

- If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child.
- If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have four 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. {

- 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 \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0010 <span style="font-size: 2em; font-weight: bold;">2005</span>
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. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 <b>If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.</b> <input type="checkbox"/>
5 Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b> _____
6 Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
7 I claim exemption from withholding for 2005, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> _____		
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.		
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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, claim certain credits, or claim adjustments to income on your 2005 tax return.

- 1 Enter an estimate of your 2005 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. (For 2005, you may have to reduce your itemized deductions if your income is over \$145,950 (\$72,975 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . . . **1** \$ \_\_\_\_\_
- 2 Enter: 

{	\$10,000 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$	
	\$ 7,300 if head of household					
	\$ 5,000 if single or married filing separately					
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2005 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2005 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,200 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-Earner/Two-Job 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-Earner/Two-Job Worksheet (See *Two earners/two 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 . . . . . **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 calculate 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 2005. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2004. 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: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others	
If wages from <b>HIGHEST</b> paying job are—	AND, wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	AND, wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000	0	\$40,001 and over	30,001 - 36,000	6	\$0 - \$6,000	0
	4,001 - 8,000	1		36,001 - 45,000	7	6,001 - 12,000	1
	8,001 - 18,000	2		45,001 - 50,000	8	12,001 - 18,000	2
	18,001 and over	3		50,001 - 60,000	9	18,001 - 24,000	3
					60,001 - 65,000	10	24,001 - 31,000
\$40,001 and over	\$0 - \$4,000	0	65,001 - 75,000	11	31,001 - 45,000	5	
	4,001 - 8,000	1	75,001 - 90,000	12	45,001 - 60,000	6	
	8,001 - 18,000	2	90,001 - 100,000	13	60,001 - 75,000	7	
	18,001 - 22,000	3	100,001 - 115,000	14	75,001 - 80,000	8	
	22,001 - 25,000	4	115,001 and over	15	80,001 - 100,000	9	
	25,001 - 30,000	5			100,001 and over	10	

#### Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$60,000	\$480	\$0 - \$30,000	\$480
60,001 - 110,000	800	30,001 - 70,000	800
110,001 - 160,000	900	70,001 - 140,000	900
160,001 - 280,000	1,060	140,001 - 320,000	1,060
280,001 and over	1,120	320,001 and over	1,120

**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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia 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.

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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 45 min.; Learning about the law or the form, 12 min.; Preparing the form, 58 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form W-4 to this address. Instead, give it to your employer.

You are not required to provide the information requested on a form that is subject to

**INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**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/her own. However, the employee must still sign Section 1.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 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. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

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

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) 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:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
  - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

**Photocopying and Retaining Form I-9.** A blank 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 I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.**

**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 officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the 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.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of 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 #
<b>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.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

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

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

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

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	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 eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<p><b>Documents that Establish Both Identity and Employment Eligibility</b></p>	<p><b>Documents that Establish Identity</b></p>	<p><b>Documents that Establish Employment Eligibility</b></p>
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>INS Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; font-weight: bold;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>
	AND	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>INS Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)</li> </ol>

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

DIRECT DEPOSIT REQUEST FORM

- Funds are available to you on payday.
- Eliminates chance of lost or stolen checks.
- Eliminates trip to the bank and waiting in line.

RETURN TO: MANAGER OF PAYROLLS – H-DH3-05

NAME: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

MAIL CODE/LOCATION: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

You may have your net pay or a portion of your pay deposited into your existing account.  
Please check your selection.

CHECKING       FULL DEPOSIT       PARTIAL \$ \_\_\_\_\_

SAVINGS       FULL DEPOSIT       PARTIAL \$ \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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ROUTING #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**\*\* NOTE:** You must attach a copy of your personal check for verification of your bank and account number for deposit to a checking account.

PLEASE VOID CHECK

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE