Welcome to Great Falls College Montana State University!
Listed below is a checklist with items that need to be completed and returned within 3 business days of your date of hire, preferably one week prior to your date of hire. Once these items have been received, your employee ID and e-mail account can be created and you will be set up on payroll. In addition, access to Banner, attachment to your class(es) in Banner, and access to D2L for online classes will be completed as applicable for your position. Please contact us if you have any questions.

Checklist

☐ Signed Contract, Offer Letter, or Letter of Appointment
   (a copy will be provided to you)

☐ New Employee Payroll Packet
   Print Pages 7 – 15 and 23 – 24 for completion and submission

☐ Marketplace Insurance Notification (in compliance with Affordable Care Act)
☐ New Employee Information Form
☐ Form W-4
☐ Direct Deposit Form (optional)
☐ Decedent Warrant Statement (optional)
☐ Statement of Selective Service Registration Status (if applicable)
☐ Certification of Prior Montana Public Employment Hours
☐ Form I-9 (copies will not be accepted; please bring the following documents as listed on the form to HR for verification):
   ☐ One document from Column A
   OR
   ☐ One document from Column B AND one document from Column C

Please return these items to:
Human Resources
Great Falls College MSU
2100 16th Avenue S
Great Falls, MT  59405

Contacts

Human Resources
Mary Kay Bonilla 771-5123
   Executive Director
Lisa Albert 268-3701
   Human Resources Associate
Brianne Sollid 268-3712
   Human Resources Associate

Payroll
Kathy Haggart 771-4308
   Payroll Officer
Payroll Information for Professional, Full-time Faculty, Classified Staff, and Fixed-Term Timesheets

Timesheets

- **Brand new employee**
  - Submit a paper timesheet to your supervisor for your very first pay period of employment. Going forward you will submit your time electronically.
  - Paper timesheets are available in the Business Office or on the College intranet – go to upper right corner, click on Forms/Payroll.

- **Electronic timesheet**
  - Available to employees in Banner Web My Info (see below) after your first paycheck has been processed.
  - All employees are required to submit an electronic timesheet for supervisor approval directly following the end of a pay period.
  - Due date for submission of timesheets is Monday at 5:00 pm following the end of a pay period. Timesheets can be started and submitted any time during the pay period, after the 3rd day of the pay period.
  - Please contact the Payroll Office for written directions specific to your employee type, for questions, or for assistance with the electronic timesheet.
  - Paper timesheets must be filled out and approved if the employee misses the window for submission and approval of the electronic timesheet, or to make corrections after payroll processing has begun.

Payroll Distribution

- Please see the attached Payroll Calendar for paydays, pay period end dates, and holidays.
- You may elect direct deposit or a payroll check, with direct deposit being the preferred method.
- Paychecks with a Great Falls address are held in the Business Office until retrieved by the payee. Be prepared to show identification.
- Paychecks with an out-of-town address are mailed at the end of the day on payday.
- Direct deposit is a paperless process.
- Pay stubs and history are available to all employees for viewing or printing in Banner Web My Info (see below).

Banner Web My Info

- You may access your payroll information (paystub with gross and net pay, deductions, and leave balances if applicable) via the internet on your first payday.
- Go to [www.gfcmsu.edu/facstaff](http://www.gfcmsu.edu/facstaff), click on Banner Web [My Info], and click Enter Secure Area.
- Your initial PIN is your birth date DDmonYYYY (example: 01jan1990) and it is case sensitive. You will be asked to change your PIN the first time you logon.

Tax Questions

- The Payroll Office cannot offer tax advice.
- Federal tax questions should be addressed to the IRS at 1-800-829-1040.
- State tax questions should be addressed to the Montana Dept of Revenue at 1-406-444-6900.

Supplemental Retirement Plans

- All non-student employees who receive paychecks through Great Falls College MSU payroll are eligible to contribute to a 403(b) or 457(b).
- There are currently five tax sheltered SRA options available.
- Contributions are pre-tax and must be made through payroll deduction.
- Consult your tax advisor and/or attorney for any tax or legal advice you may need.
- For additional information or assistance, please contact Human Resources.
Great Falls College MSU
Bi-Weekly Payroll Calendar
2014

<table>
<thead>
<tr>
<th>KEY</th>
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<tbody>
<tr>
<td>Paydays</td>
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<td>Pay Period Ending</td>
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<td>Holidays</td>
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<td>Adjunct Paydays</td>
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September 25, 2013

Dear Montana University System Employee/Retiree,

The Patient Protection and Affordable Care Act (PPACA) and its amendment by the Health Care and Education Reconciliation Act of 2010 ("Affordable Care Act of ACA") require employers to provide certain notification to employees regarding the Health Insurance Marketplace ("Marketplace"), previously known as the Exchange.

You are receiving this letter containing information about the Marketplace and how it relates to existing benefit coverage offered by the Montana University System Employee Benefit Plan. This letter, which serves as the required notification, is being sent to you prior to October 1, 2013 which is when the open enrollment period for the Marketplace commences. Following the open enrollment period for the Marketplace, coverage for individuals on the Marketplace products begins January 1, 2014.

There are two important things for employees to note:

* You are receiving this notice because you have an employment relationship, or are a retiree, with a unit of the Montana University System (MUS). This is irrespective of your eligibility to receive benefits under the MUS Employee Benefit Plan.

* The individual mandate for health insurance coverage goes into effect January 1, 2014.

Specific information regarding the MUS Employee Benefit Plan Coverage

* If you are eligible to receive coverage as an active employee under the MUS Employee Benefit Plan, you receive a contribution from the employer toward the cost of coverage for yourself and any eligible dependents. Currently state law sets this amount at $806 per month. Retirees do not receive an employer contribution. The employer contribution for some affiliated entities eligible for the MUS Employee Benefit Plan may be different.

* The MUS Employee Benefit Plan meets the federal requirements for "minimum value" and "affordability" under the Employer Shared Responsibility provisions of the ACA.

* Since the MUS Employee Benefit Plan meets these requirements, employees who choose to waive the employer coverage will not be able to receive the monthly employer contribution nor be eligible to receive subsidized coverage from the Marketplace. Employees considering waiving benefits and accessing Marketplace coverage may wish to consider the fiscal impacts carefully.
Specific information regarding the Marketplace

If you are not eligible to receive coverage under the MUS Employee Benefit Plan or through another group employer plan that meets the “minimum value” and “affordability” standards, depending on your individual circumstances, you may be eligible for premium subsidies to assist in purchasing coverage on the Marketplace.

* There is a specific Marketplace notice prepared by the federal government. This notice contains two parts. Part A - "General Information" is enclosed with this letter. Part B - "Information About Health Coverage Offered by Your Employer" is utilized when an individual chooses to apply for coverage on the Marketplace. Upon request MUS will provide a completed copy of Part B to employees. The Part B documentation must be submitted along with an application for Marketplace coverage.

We understand that employees may have a number of questions during the next few months regarding health care coverage, the ACA impact on the individual, and the MUS Employee Benefit Plan coverage. In addition to this notice, we will be preparing additional communication FAQ information to assist in answering these questions. In some cases we are still awaiting guidance and information from the federal government, so as we receive additional information we will communicate that to you.

If you need more information about MUS Employee Benefit Plan coverage you can review the Summary Plan Description or the Choices Enrollment Workbook. (They are available online at www.choices.mus.edu/) You may also contact your campus HR office or call the MUS Employee Benefits office directly at 1(877)501-1722.

Sincerely,

Connie Welsh
Director of Benefits
Montana University System
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact MUS Employee Benefits at 1-877-501-1722.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
Marketplace Insurance Coverage

By signing below, I acknowledge that I have received the notification explaining the Health Insurance Marketplace and the Part A General Information that is part of the Affordable Care Act.

_________________________________   __________________
Print Name        Signature        Date
New Employee Information Form
This form is to be completed by all new hires on the first day of employment.

Name (last, first Mi):________________________________________
Previous Name (if appl):_____________________________________
Social Security Number:_______________________________________
Department:_________________________________________________
Employment Address (room, building):___________________________
Employment Phone:___________________________________________
Home Phone:_________________________________________________
Home/Mailing Address (for W2s):_______________________________

Employee Class (check one):
☐ Administrator
☐ Faculty
☐ Classified
☐ Professional
☐ Skilled Craft
☐ Temporary (i.e. professional, hourly, fixed term, etc.)

The information in this section will be kept confidential. It is used for reporting on new hires in accordance with federal regulations and for monitoring our affirmative action program.

Birth Date: ___/___/___
Sex:
☐ Female
☐ Male

U.S. Citizen:
☐ Yes
☐ No
(If No, must also fill out visa info form.)

Ethnic Background (for U.S. citizens only):
☐ African American
☐ Hispanic
☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native
☐ Caucasian

Veteran Status:
☐ Veteran
☐ Vietnam Era Veteran (6/5/64-5/7/75)
☐ Disabled Veteran
☐ Not a Veteran

Disabled:
☐ Yes
☐ No

Effective date of resignation from Montana State University will not begin until I settle all outstanding obligations and take care of the following: COMPLETE required position assignments; RETURN all MSU property and materials; RETURN all keys; RETURN all books and PAY any library fines; PAY any parking fines; CLEAR any and all debts and financial obligations through the Business Office.

I understand and acknowledge the above statement. I also certify that all of the information provided on this form is correct.

Signature:__________________________________________ Date:__________________
(Continued)

Retirement System Information

Have you previously been employed by the State of Montana or MSU? □ Yes □ No

If yes, list agency and approximate dates worked: __________________________

____________________________________________________________________

Have you ever participated in a retirement system for public employees? □ Yes □ No

Have you ever retired from a retirement system for public employees? □ Yes □ No

Are you still a member of any of these systems? □ Yes □ No

☐ Public Employees’ Retirement System

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates of Employment</th>
<th>Retirement Date</th>
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☐ Teachers’ Retirement System

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<th>Employer</th>
<th>Dates of Employment</th>
<th>Retirement Date</th>
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☐ Game Wardens’ Retirement System

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<tr>
<th>Employer</th>
<th>Dates of Employment</th>
<th>Retirement Date</th>
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☐ Other

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<tr>
<th>Employer</th>
<th>Dates of Employment</th>
<th>Retirement Date</th>
</tr>
</thead>
</table>

Notice of Public Employees Retirement Eligibility: Classified staff who work at least 960 hours in one fiscal year are required to enroll in the Public Employees’ Retirement System.

Classified staff who work less than 960 hours may voluntarily elect membership. By electing membership in PERS, a tax-deferred percentage of each paycheck will be automatically deducted. The University will contribute a percentage of the total covered payroll to PERS.

☐ I expect to work less than 960 hours per fiscal year and I wish to enroll in PERS. I understand that my contributions will begin following the receipt of completed enrollment application.

☐ I expect to work less than 960 hours per fiscal year and I do NOT elect PERS membership at this time. I understand it is my responsibility to notify the Personnel and Payroll Services Office of any future change of election.
Form W-4 (2014)

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, 5, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. 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 the employee:
* is age 65 or older,
* is blind, or
* will claim adjustments to income tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000.00.

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 560 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-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (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.irs.gov/w4.

---

Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself if no one else can claim you as a dependent.</th>
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<tr>
<td>B</td>
<td>Enter &quot;1&quot; if:</td>
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<tr>
<td></td>
<td>* You are single and have only one job; or</td>
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<td></td>
<td>* You are married, have only one job, and your spouse does not work; or</td>
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<td></td>
<td>* You wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.</td>
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<tr>
<td>C</td>
<td>Enter &quot;1&quot; for your spouse. But, you may choose to enter &quot;0-0&quot; if you are married and have either a working spouse or more than one job. (Entering &quot;0-0&quot; may help you avoid having too little tax withheld.)</td>
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<tr>
<td>D</td>
<td>Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.</td>
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<tr>
<td>E</td>
<td>Enter &quot;1&quot; if you will file as head of household on your tax return (see conditions under Head of household above).</td>
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<tr>
<td>F</td>
<td>Enter &quot;1&quot; if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</td>
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</tr>
<tr>
<td>G</td>
<td>Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</td>
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<tr>
<td>H</td>
<td>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.)</td>
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For accuracy, complete all worksheets that apply.

For those who itemize or claim adjustments to income and want to reduce your withholding, see the Adjustments and Exemptions 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-Earner/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.

1 Your first name and middle initial
2 Last name
3 Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

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

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

I claim exemption from withholding for 2014, 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.

If you meet both conditions, write "Exempt" here.

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 (This form is not valid unless you sign it.)

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
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 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, and local and state taxes, medical expenses in excess of 10% (7.5% if either or your spouse was born before January 2, 1990) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over $1,000,000 and you are married filing jointly or are a qualifying widow(er). $12,400 if you are married filing jointly or qualifying widow(er), $6,200 if single or married filing separately.

2. Enter: $12,400 if married filing jointly or qualifying widow(er)

3. Subtract line 2 from line 1. If zero or less, enter "0." $6,200 if single or married filing separately.

4. Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2014 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2014 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "0." $6,200 if single or married filing separately.

8. Divide the amount on line 7 by $3,950 and enter the result here. Drop any fraction.

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

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.

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 2014. 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 2014. 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

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<th>Married Filing Jointly</th>
<th>All Others</th>
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<tr>
<td>If wages from LOWEST paying job are...</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $6,000</td>
<td>0</td>
</tr>
<tr>
<td>6,001 - 13,000</td>
<td>1</td>
</tr>
<tr>
<td>13,001 - 24,000</td>
<td>2</td>
</tr>
<tr>
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</tr>
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<td>33,001 - 43,000</td>
<td>5</td>
</tr>
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<td>43,001 - 49,000</td>
<td>6</td>
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<td>7</td>
</tr>
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<td>8</td>
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<td>80,001 - 100,000</td>
<td>10</td>
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<tr>
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<td>11</td>
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<tr>
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<td>12</td>
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<td>13</td>
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<td>140,001 - 150,000</td>
<td>14</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
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</table>

Table 2

<table>
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<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
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<tr>
<td>If wages from HIGHEST paying job are...</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $6,000</td>
<td>$0 - $6,000</td>
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<tr>
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<td>7,001 - 13,000</td>
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<td>13,001 - 24,000</td>
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<tr>
<td>150,001 and over</td>
<td></td>
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</tbody>
</table>

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(p)(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 to the Department of Health and Human Services for use 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 non-treaty 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 Paperless 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.
Direct Deposit Pay Distribution Authorization
For use at MSU-Billings, Bozeman, Great Falls and Northern
A notice of 30 days may be needed for all implementations or changes.

Name: ________________________________________________________
  Last               First                     MI
Department _______________________________    Phone No. _____________
Employee I.D. (GID) or Social Security Number: __________________________

Complete the following section(s) with a maximum of three accounts. A voided check (for each checking, NOW, or share draft account) and/or a deposit slip (for each savings account) must be securely attached to this form.

Dollar Amount or Percent of Pay to Deposit

☐ Checking Acct
☐ Savings Acct

#1 Financial Institution Voided Check or Deposit Slip

#2 Financial Institution Voided Check or Deposit Slip

#3 Financial Institution Voided Check or Deposit Slip

Cancellation of Direct Deposit:
I hereby authorize cancellation of Direct Electronic Deposit of my net pay for the above bank account(s):

Signature ___________________________________________ Date: ____________________

MSU Administrative Use Only:
Date of Test Entry ________________ Date of Active Status ________________
Date of Inactivated DD _______________ Date of Change Existing DD ____________
LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT’S WARRANTS

Instructions for Employee
1. Complete the Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
2. Provide designee’s full legal name (example "Mary Lynn Smith" or “To the Estate of Jane Smith”). The designee name cannot be “Mrs. John E. Smith”.
3. No erasures or corrections in the designee’s name can be accepted. If an error is made, complete a new form.
4. Inform your HR/payroll personnel when designee’s address changes.
5. Sign this form in ink and submit to your agency HR/payroll personnel.
6. Designee may be changed at any time by completing another form and submitting to your agency HR/payroll personnel. You are requested to update your designee every calendar year.

Beneficiary Designation For Decedent’s Final Warrants

Pursuant to §2-18-412, MCA, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the State of Montana had I survived.

All information is required.

Name of Designee ____________ First Middle Last

Mailing Address ____________ Street or PO Box ____________ City ____________ State ____________ Zip Code

Social Security Number ____________ Date of Birth ____________

My signature on this document indicates:
1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me.
3. If the above named designee cannot be contacted within sixty days after the date of my death, this designation shall be void and the warrant will be reissued to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name ____________ First Middle Last Social Security Number ____________

Employee Signature ____________ Date

Instructions to Employer
Review above information for proper completion by employee and reaffirm to employee, this is a legally binding document. Place document in employee’s file. Have your employees periodically review their designation.

1. Upon death of employee, complete the information below. The Certifying Officer should be the agency head or personnel officer. Carefully follow the checklist for Deceased Employee available on the MINE website.
2. Send two copies of this form to the SHRD Human Resources Information Services Bureau and retain original in employee’s file.
3. If death occurs after the warrant has been issued but before it has been negotiated, recover the warrant (if possible) and submit to the SHRD Human Resources Information Services Bureau.

Date of Death ____________ Certifying Officer Signature ____________ Date

FOR USE BY DEPARTMENT OF ADMINISTRATION - WARRANT WRITING
Statement of Selective Service Registration Status

If you are a male, born after July 1, 1975, the Montana Compliance with Military Selective Service Act requires that you register with the Selective Service System unless you meet certain exemptions under Selective Service law. If you are required to register, but fail to do so, you are not eligible for employment with the Montana University System.

Non-registered Men Under Age 26

If you have reached your 18th birthday, are under age 26, and have not registered, you **must** register. The Montana University System is prohibited from hiring you unless you are registered.

Certification of Registration Status

**Check one:**

- [ ] I certify that I am registered with the Selective Service System.
- [ ] I certify that I am not required to register with the Selective Service Administration.

False Statement Notification

A false statement may be grounds for not hiring you, or for dismissing you if you have already begun work. Also, you may be punished by fine or imprisonment.

______________________________   _____________________
Legal signature of individual     Date signed

To register with the Selective Service or to obtain more information, visit the Selective Service System at [www.sss.gov](http://www.sss.gov), call 1-847-688-6888, or write to:

Selective Service System
Registration Information Office
P. O. Box 94638
Palatine, IL 60094-4638
CERTIFICATION OF PRIOR MONTANA PUBLIC EMPLOYMENT HOURS FOR ANNUAL LEAVE ACCRUAL RATE

NOT ELIGIBLE: If you are not eligible to claim prior Montana public employment or military service time, please sign and date this form. This form will be retained in your personnel file.

I do not claim prior Montana public employment or military service time to be applied to the rate at which I earn annual vacation leave.

________________________________________  ____________________
Employee’s Signature      Date

INSTRUCTIONS TO ELIGIBLE EMPLOYEES: Complete lines 1 through 7 and send a copy of this form to each previous Montana public employer. Give estimated dates of employment. If your name has changed, give the exact name you used while employed with that employer.

EMPLOYEE COMPLETES:

1. Employee Name ______________________________________________________________
2. Previous Name (s) ____________________________________________________________
3. State Hire Date _______________________________________________________________
4. Social Security Number _______________________________________________________
5. Employer’s Name _____________________________________________________________
6. Former Position Title _________________________________________________________
7. Estimated Dates of Employment ___________________________to_____________________

INSTRUCTIONS TO FORMER EMPLOYERS: Please provide the following information, so that this employee may have employment time with your agency count toward the rate at which annual leave is earned, as provided in 2-18-612, MCA. An employee (full-time or part-time) should be credited with one year of employment as follows: 1) for each period of 2080 hours of service (an employee should be credited with 80 hours of service in each bi-weekly pay period in which the employee is in a pay status or on an authorized leave without pay regardless of the number of hours of service in a pay period); 2: for each 12-calendar-month period in which the employee was in a pay status or on an authorized LWOP, regardless of the number of hours of service in any month or; 3) for each completed academic year of employment.

Please convert years of employment into number of hours of employment using the 2080 hours equals a year formula. Portions of a year should be prorated. Please complete the bottom of this form and return to the address listed below, as soon as possible. Questions may be referred to the Employee Relations Bureau, State Personnel Division at (406) 444-3871.

FORMER MONTANA EMPLOYER COMPLETES:

1. Employer’s Name _________________________________________________________
2. Dates of Former Employment __________________ to _____________________
3. Type of Employment:   full-time _____  part-time _____
                       temporary_____  seasonal _____
4. Total Hours Worked:________________________________________________
5. Certified by:   Name __________________________
                   Title __________________________
                   Phone # _______________________
                   Date __________________________

Please return completed form to: Payroll and Benefits Office
Great Falls College MSU
2100 16th Avenue South
Great Falls, MT 59405
I-9 Verification Documents
Additional Information for New Employees

Great Falls College MSU Human Resource Office is unable to accept photo copies of the documents listed under columns A, B, or C on the Form I-9 that are used to verify identity. However; in order to facilitate the process of onboarding you as a new employee, it is beneficial to have the payroll packet you received with this offer packet filled out and returned to Human Resources as soon as possible. We realize that not every new employee will be conveniently located in Great Falls, MT at the time they are offered a position of employment.

Please contact Human Resources directly regarding options available to you.

Brianne Sollid  
Human Resources Associate  
brianne.sollid@gfcmsu.edu  
Phone: 406-268-3712

-OR-

Lisa Albert  
Human Resources Associate  
lalbert@gfcmsu.edu  
Phone: 406-268-3701
Read all instructions carefully before completing this form.

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

What Is the Purpose of This Form?

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

General Instructions

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

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

Section 1. Employee Information and Attestation

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

Provide the following information to complete Section 1:

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

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

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

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

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

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**

2. **A noncitizen national of the United States**: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident**: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work**: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).

   (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

   (2) If you obtained your admission number from USCIS within the United States, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

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

**Preparer and/or Translator Certification**

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

**Minors and Certain Employees with Disabilities (Special Placement)**

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

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

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

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

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

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

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

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

Receipts

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

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

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

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

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

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

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

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

Section 3. Reverification and Rehires

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

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

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

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

Reverification does not apply to List B documents.

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

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

To complete Section 3, employers should follow these instructions:

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

To complete Block C:

   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).

4. After completing Block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

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

**What Is the Filing Fee?**

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

**USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

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

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

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

**Photocopying and Retaining Form I-9**

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

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

**USCIS Privacy Act Statement**

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

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

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

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

**Paperwork Reduction Act**

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

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee 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>
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<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>
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</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:

    Foreign Passport Number: ______________________

    Country of Issuance: ______________________

    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>
<tr>
<td></td>
<td></td>
</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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Section 2. Employer or Authorized Representative Review and Verification

(Employers 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.)

### Employee Last Name, First Name and Middle Initial from Section 1:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td></td>
<td>Document Title:</td>
<td></td>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td></td>
<td>Issuing Authority:</td>
<td></td>
<td>issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

3-D Barcode
Do Not Write in This Space

## 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.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any)(mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative:</th>
<th>Date (mm/dd/yyyy):</th>
<th>Print Name of Employer or Authorized Representative:</th>
</tr>
</thead>
</table>
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 OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>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></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>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></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter’s registration card</td>
<td>(1)</td>
<td>NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td>(2)</td>
<td>VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td>6.</td>
<td>Military dependent’s ID card</td>
<td>(3)</td>
<td>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
<td>8.</td>
<td>Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<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.</td>
<td>Driver’s license issued by a Canadian government authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>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>10.</td>
<td>School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
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<td></td>
<td></td>
<td>12.</td>
<td>Day-care or nursery school record</td>
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</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.