Student Hire Packet

Male ⊔	Female⊔
	Please Print in the section below
Full Legal Name (as on your SS card)	
Home Address (perm. address	
City, State and Zip Code	
Phone Number with area code	
Social Security Number	
Date of Birth	
Ethnicity Group	
Job Title	
Hire Date	
Office (Department)	
Email address	

For Office Use Only

Employee Information	
Assignment	
Adjustment	
Direct Deposit	
Events	
E-Verify	

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

OMB No. 1545-0074

Department of the Treasury		orm W-4 to your employer.									
Internal Revenue Se		Your withholdii									
Step 1:	(a) Fire	t name and middle initial	Last name		(b) So	cial security number					
Enter											
Personal	Address					our name match the on your social security					
Information						If not, to ensure you get					
momation	City or	ty or town, state, and ZIP code credit for your earnings, contact SSA at 800-772-1213									
						www.ssa.gov.					
	(c)	Single or Married filing separately			•						
		Married filing jointly or Qualifying surviving	spouse								
	l F	Head of household (Check only if you're unma	•	of keeping up a home for vo	urself and	d a qualifving individual.					
		ONLY if they apply to you; otherwi			n on ea	ach step, who can					
— exempli	OH IFOH	withholding, and when to use the es	umator at www.irs.gov/vv4Ap	ρ.							
Step 2:		Complete this step if you (1) hold mo also works. The correct amount of wi									
Multiple Jok or Spouse	os	Do only one of the following.	uniolating deponds on moonik		000 ,02	,					
Works		(a) Use the estimator at www.irs.gov	/W4App for most accurate wi	thholding for this ster	(and S	Steps 3–4) If you					
		or your spouse have self-employr			(ana c	7. 11 you					
		(b) Use the Multiple Jobs Worksheet	•		or						
		(c) If there are only two jobs total, yo	u mav check this box. Do the	same on Form W-4 f	or the c	other job. This					
		option is generally more accurate	than (b) if pay at the lower pa								
		higher paying job. Otherwise, (b) i	s more accurate			🗆					
Step 3:		If your total income will be \$200,000	or less (\$400,000 or less if ma	arried filing jointly):							
Claim Dependent		Multiply the number of qualifying	children under age 17 by \$2,0	00 \$							
and Other		Multiply the number of other depe	endents by \$500	. \$							
Credits		Add the amounts above for qualifyin	g children and other depende	ents. You may add to	,						
		this the amount of any other credits.	Enter the total here	<u> </u>	3	\$					
Step 4		(a) Other income (not from jobs).	If you want tax withheld f	or other income you							
(optional):		expect this year that won't have v	vithholding, enter the amount	of other income here							
Other		This may include interest, dividen	ds, and retirement income .		4(a)	\$					
Adjustment	e				.						
Aujustinent	3	(b) Deductions. If you expect to clain									
		want to reduce your withholding,	use the Deductions Workshee	t on page 3 and enter		Φ.					
		the result here			4(b)	\$					
		(c) Extra withholding. Enter any add	itional tax you want withheld a	each nay neriod	4(c)	¢					
		(o) Extra Withholding. Effici any add	monartax you want withining t	caon pay perioa	+(0)	ΙΨ					
	Ī										
Step 5:	Under	penalties of perjury, I declare that this cert	titicate, to the best of my knowled	age and belief, is true, co	orrect, a	nd complete.					
Sign											
Here											
	Emp	loyee's signature (This form is not va	alid unless you sign it.)	Da	te						
	Emple	var's name and address		First data of	Emple	or identification					
Employers Only		ver's name and address		I I	Employ number	er identification (FIN)					
Only		ng Hill College Dauphin Street									
		AL 36608				63-0302179					
				I I		JJ JJU2 177					

Form W-4 (2024)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

- 1. Expect to work only part of the year;
- Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- 3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Page 2

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Form W-4 (2024)

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2 a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter: • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Sten 4(h) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; 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 territories 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 nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Form W-4 (2024) Page **4**

Higher Paying Job Lower Paying Job Annual Taxable Wage & Salary Annual Taxable \$0 - \$10,000 - \$20,000 - \$30,000 - \$40,000 - \$50,000 - \$60,000 - \$70,000 - \$80,000 - \$90,000 - \$70,000 -									
g									
Annial Layania do dag goo dog goo dog goo dag goo dog goo dog goo dog goo dog goo dog goo									
Wage & Salary 9,999 19,999 29,999 39,999 49,999 59,999 69,999 79,999 89,999 99,999	\$100,000 - 109,999	\$110,000 - 120,000							
\$0 - 9,999 \$0 \$0 \$780 \$850 \$940 \$1,020 \$1,020 \$1,020 \$1,020	\$1,020	\$1,370							
\$10,000 - 19,999 0 780 1,780 1,940 2,140 2,220 2,220 2,220 2,220 2,220	2,570	3,570							
\$20,000 - 29,999 780 1,780 2,870 3,140 3,340 3,420 3,420 3,420 3,420 3,420 3,770	4,770	5,770							
\$30,000 - 39,999 850 1,940 3,140 3,410 3,610 3,690 3,690 3,690 4,040 5,040	6,040	7,040							
\$40,000 - 49,999 940 2,140 3,340 3,610 3,810 3,890 3,890 4,240 5,240 6,240	7,240	8,240							
\$50,000 - 59,999 1,020 2,220 3,420 3,690 3,890 3,970 4,320 5,320 6,320 7,320	8,320	9,320							
\$60,000 - 69,999 1,020 2,220 3,420 3,690 3,890 4,320 5,320 6,320 7,320 8,320	9,320	10,320							
\$70,000 - 79,999 1,020 2,220 3,420 3,690 4,240 5,320 6,320 7,320 8,320 9,320	10,320	11,320							
\$80,000 - 99,999	12,170	13,170							
\$100,000 - 149,999	15,230	16,430							
\$150,000 - 239,999 1,960 4,360 6,760 8,230 9,630 10,910 12,110 13,310 14,510 15,710 \$240,000 - 259,999 2,040 4,440 6,840 8,310 9,710 10,990 12,190 13,390 14,590 15,790	16,910	18,110 18,190							
\$240,000 - 259,999 2,040 4,440 6,840 8,310 9,710 10,990 12,190 13,390 14,590 15,790 \$260,000 - 279,999 2,040 4,440 6,840 8,310 9,710 10,990 12,190 13,390 14,590 15,790	16,990 16,990	18,190							
\$280,000 - 299,999	16,990	18,380							
\$300,000 - 319,999 2,040 4,440 6,840 8,310 9,710 10,990 12,190 13,390 14,590 15,980	17,980	19,980							
\$320,000 - 364,999 2,040 4,440 6,840 8,310 9,710 11,280 13,280 15,280 17,280 19,280	21,280	23,280							
\$365,000 - 524,999 2,720 6,010 9,510 12,080 14,580 16,950 19,250 21,550 23,850 26,150	28,450	30,750							
\$525,000 and over 3,140 6,840 10,540 13,310 16,010 18,590 21,090 23,590 26,090 28,590	31,090	33,590							
Single or Married Filing Separately	- 1,000	1,							
Higher Paying Job Annual Taxable Wage & Salary									
	\$100,000 -	\$110,000 -							
Wage & Salary 9,999 19,999 29,999 39,999 49,999 59,999 69,999 79,999 89,999 99,999	109,999	120,000							
\$0 - 9,999 \$240 \$870 \$1,020 \$1,020 \$1,540 \$1,870 \$1,870 \$1,870 \$1,870	\$1,910	\$2,040							
\$10,000 - 19,999 870 1,680 1,830 1,830 2,350 3,680 3,680 3,680 3,680 3,720	3,920	4,050							
\$20,000 - 29,999 1,020 1,830 1,980 2,510 3,510 4,510 4,830 4,830 4,870 5,070	5,270	5,400							
\$30,000 - 39,999 1,020 1,830 2,510 3,510 4,510 5,510 5,830 5,870 6,070 6,270	6,470	6,600							
\$40,000 - 59,999 1,390 3,200 4,360 5,360 6,360 7,370 7,890 8,090 8,290 8,490	8,690	8,820							
\$60,000 - 79,999 1,870 3,680 4,830 5,840 7,040 8,240 8,770 8,970 9,170 9,370	9,570	9,700							
\$80,000 - 99,999 1,870 3,690 5,040 6,240 7,440 8,640 9,170 9,370 9,570 9,770	9,970	10,810							
\$100,000 - 124,999 2,040 4,050 5,400 6,600 7,800 9,000 9,530 9,730 10,180 11,180	12,180	13,120							
<u>\$125,000 - 149,999</u>	14,180	15,310							
\$150,000 - 174,999 2,040 4,050 5,400 6,860 8,860 10,860 12,180 13,180 14,230 15,530	16,830	18,060							
\$175,000 - 199,999 2,040 4,710 6,860 8,860 10,860 12,860 14,380 15,680 16,980 18,280	19,580	20,810							
\$200,000 - 249,999 2,720 5,610 8,060 10,360 12,660 14,960 16,590 17,890 19,190 20,490	21,790	23,020							
\$250,000 - 399,999 2,970 6,080 8,540 10,840 13,140 15,440 17,060 18,360 19,660 20,960	22,260	23,500							
\$400,000 - 449,999 2,970 6,080 8,540 10,840 13,140 15,440 17,060 18,360 19,660 20,960 14,000 14,	22,260	23,500							
\$450,000 and over 3,140 6,450 9,110 11,610 14,110 16,610 18,430 19,930 21,430 22,930 Head of Household	24,430	25,870							
Higher Paying Job Lower Paying Job Annual Taxable Wage & Salary									
	\$100,000 -	\$110,000 -							
Wage & Salary 9,999 19,999 29,999 39,999 49,999 59,999 69,999 79,999 89,999 99,999	109,999	120,000							
\$0 - 9,999 \$0 \$510 \$850 \$1,020 \$1,020 \$1,020 \$1,020 \$1,220 \$1,870 \$1,870	\$1,870	\$1,960							
\$10,000 - 19,999 510 1,510 2,020 2,220 2,220 2,220 3,420 4,070 4,070	4,160	4,360							
\$20,000 - 29,999 850 2,020 2,560 2,760 2,760 2,960 3,960 4,960 5,610 5,700	5,900	6,100							
\$30,000 - 39,999	7,300	7,500							
\$40,000 - 59,999 1,020 2,220 2,810 4,010 5,010 6,010 7,070 8,270 9,120 9,320	9,520	9,720							
<u>\$60,000 - 79,999</u>	11,920	12,120							
\$80,000 - 99,999 1,870 4,070 5,670 7,070 8,270 9,470 10,670 11,870 12,720 12,920	13,120	13,450							
\$100,000 - 124,999 2,020 4,420 6,160 7,560 8,760 9,960 11,160 12,360 13,210 13,880	14,880	15,880							
<u>\$125,000 - 149,999</u>	16,900	17,900							
\$150,000 - 174,999 2,040 4,440 6,180 7,580 9,250 11,250 13,250 15,250 16,900 18,030	19,330	20,630							
\$175,000 - 199,999 2,040 4,510 7,050 9,250 11,250 13,250 15,250 17,530 19,480 20,780	22,080	23,380							
\$200,000 - 249,999 2,720 5,920 8,620 11,120 13,420 15,720 18,020 20,320 22,270 23,570	24,870	26,170							
\$250,000 - 449,999 2,970 6,470 9,310 11,810 14,110 16,410 18,710 21,010 22,960 24,260	25,560	26,860							
\$450,000 and over 3,140 6,840 9,880 12,580 15,080 17,580 20,080 22,580 24,730 26,230	27,730	29,230							



Direct Deposit

Pay	roll	Accounts Payable
This will al	llow your payroll o	is easy. Simply attach a void check to this slip. check to go directly into your account each a statement with the amount that was
	Employee Name	e
	Checking Accor	unt Savings Account
Routing #: Account #:		(routing numbers are exactly 9 digits)
		Please attach voided check here write in your account information
debit entries (v the bank being or bank errors	withdrawals) and adjust gused. SHC will not be garther to the same of the same grown me of its termination wil	initiate credit entries (deposits) and to initiate, if necessary, ments for a credit entry in error to my account(s) indicated at held responsible for untimely deposits due to natural disasters ll remain in force until the SHC payroll office receives written on, in such time to afford the College reasonable opportunity
Employee Si	ignature	Date

FORM A 4(REV. 3/2014)

ALABAMA DEPARTMENT OF REVENUE

50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300

www.revenue.alabama.gov



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama with-holding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee EMPLOYEE NAME		EMPLOYEE SOC	EIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
OTHELT ADDITED	OTT	OIAIE	Zii OODE
HOW TO CLAIM	YOUR WITHHOLDING EXEMPT	IONS	
1. If you claim no personal exemption for yourself and wish to	withhold at the highest rate, write the figur	e "0",	
sign and date Form A4 and file it with your employer			
If you are SINGLE or MARRIED FILING SEPARATELY, a \$	1,500 personal exemption is allowed.		
Write the letter "S" if claiming the SINGLE exemption or "MS	S" if claiming the MARRIED FILING SEPAR	RATELY exemption	
If you are MARRIED or SINGLE CLAIMING HEAD OF FAN	IILY, a \$3,000 personal exemption is allowed	ed.	
Write the letter "M" if you are claiming an exemption for both	h yourself and your spouse or "H" if you are	e	
single with qualifying dependents and are claiming the HEA	AD OF FAMILY exemption		
4. Number of dependents (other than spouse) that you will pro	ovide more than one-half of the support for	during	
the year. See dependent qualification below			
5. Additional amount, if any, you want deducted each pay peri	iod		.\$
6. This line to be completed by your employer: Total exemp	ptions (example: employee claims "M" on li	ne 3 and	
"2" on line 4. Employer should use column M-2 (married wit	th 2 dependents) in the withholding tables)		
Under penalties of perjury, I certify that I have examined complete.	d this certificate and to the best of my l	knowledge and belief,	it is true, correct, and
Employee's Signature		Date	
Part II – To be completed by the employer			
EMPLOYER NAME		EMPLOYER IDEN	NTIFICATION NUMBER (EIN)
ADDRESS	CITY	STATE	ZIP CODE

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).

Work-study Pledge Form

	notice. (Your payroll check	check pledged to my student account until further will automatically be posted to your student account without any further action on your behalf beginning
	•	estudy check pledged to my student account. nat I am responsible for any balance that remains
Stude	ent Signature	Student ID Number
Date		Student Name Printed

NOTE: If you choose to pledge your work-study monies they will automatically be posted to your student account each payroll. It will reduce your balance by the amount you earn. Your bill will show a list of each check that you received, and you will also receive a payroll stub in your campus box telling the amount that was applied to your bill. You can stop the pledge at any time during the school year, and you must sign up every school year to have your check pledged. If you sign up in the fall it will be effective until the last check before you leave for summer.

NOTE: If you choose to pledge your work-study monies you will also not be eligible to receive a refund from your student account. Your account will automatically be changed to a refund hold to prevent you from receiving a refund from accrued work-study earnings that you have pledged to your account.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

		_			-			-			
Section 1. Employee day of employment,	Information but not befo	n and Attest re accepting	ation: Em a job offer.	ploy	ees must comp	lete and	sign S	Section 1 of I	Form I-9 r	no late	er than the first
Last Name (Family Name)		First N	ame (Given N	lame	*)	Middle Ir	nitial (if a	any) Other La	st Names U	sed (if a	any)
Address (Street Number ar	nd Name)		Apt. Numb	er (if	fany) City or Tow	n			State		ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. So	cial Security Nur	mber [Emplo	oyee's Email Addres	SS			Employee	e's Tele	phone Number
I am aware that federa provides for imprison fines for false stateme	ment and/or	1. A citiz	zen of the Un	ited S		·		ation status (Se	e page 2 an	d 3 of th	ne instructions.):
use of false document	,				the United States (
connection with the co			•		ident (Enter USCIS						
of perjury, that this int	formation,	4. A nor	ncitizen (othe	thar	ltem Numbers 2.	and 3. abo	ve) auth	orized to work ι	ıntil (exp. da	ite, if an	y)
including my selection attesting to my citizen		If you check Ite	em Number 4	I. , en	iter one of these:						
immigration status, is		USCIS A-	Number		Form I-94 Admissi	on Numbe		Foreign Pass	ort Numbe	r and C	Country of Issuance
correct.				OR			OR				
Signature of Employee						1	Γoday's	Date (mm/dd/yy	уу)		
If a preparer and/or to	ranslator assis	ted you in comp	pleting Section	on 1,	that person MUST	complete	the Pro	eparer and/or T	ranslator C	ertifica	tion on Page 3.
Section 2. Employer business days after the e authorized by the Secret documentation in the Ad	employee's first arv of DHS. d	st day of emplo ocumentation f	yment, and from List A (mus DR a	their authorized r st physically exam a combination of d	epresent nine, or ex locument	ative m xamine ation fr	ust complete consistent wi om List B and	and sign S th an alterr List C. Er	ection native p nter an	2 within three procedure y additional
		List A		OR	Lis	st B		AND		List	С
Document Title 1											
Issuing Authority				-							
Document Number (if any) Expiration Date (if any)											
Document Title 2 (if any)				Add	ditional Informati	on					
Issuing Authority			-								
Document Number (if any)											
Expiration Date (if any)											
Document Title 3 (if any)											
Issuing Authority											
Document Number (if any)											
Expiration Date (if any)				(Check here if you us	sed an alte	rnative p	procedure autho	rized by DH	S to exa	amine documents.
Certification: I attest, undemployee, (2) the above-list best of my knowledge, the	sted document	ation appears to	o be genuine	and	to relate to the em				First Da (mm/dd		nployment
Last Name, First Name and	Title of Employe	er or Authorized I	Representativ	e	Signature of En	nployer or i	Authoriz	red Representat	ve	Today	's Date (mm/dd/yyyy)
Employer's Business or Orga	anization Name		Emplo	yer's	Business or Organi	zation Add	lress, Ci	ty or Town, Stat	e, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity ANI	Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth,	(1) NOT VALID FOR EMPLOYMENT
Foreign passport that contains a temporary I-551 stamp or temporary		gender, height, eye color, and address 2. ID card issued by federal, state or local	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
I-551 printed notation on a machine- readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
 Employment Authorization Document that contains a photograph (Form I-766) 		name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the
5. For an individual temporarily authorized		3. School ID card with a photograph	Department of State (Forms DS-1350, FS-545, FS-240)
to work for a specific employer because of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States
b. Form I-94 or Form I-94A that has		6. Military dependent's ID card	bearing an official seal
the following: (1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	Native American tribal document
passport; and		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
(2) An endorsement of the individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security
limitations identified on the form.		10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment
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		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.
	1	Acceptable Receipts	
May be prese	entec	in lieu of a document listed above for a te	emporary period.
		For receipt validity dates, see the M-274.	
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
 Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. 			
Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

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