Temporary Employee
New Hire Paperwork

- ***The following instructions are to assist you as you are completing these New Hire Paperwork forms; please read them carefully as you complete each form.***
- All forms should be completed in blue or black ink *only*. Please print legibly on all forms and complete all forms in their entirety, unless otherwise directed.
- Do not use white-out on any forms. If you make a mistake, you may *cross off* what you have written and *initial* next to it. On the W-4 and A-4 forms, you may not cross off and initial mistake, you will need to complete a new form.
- **Your name must be written exactly as it is on your Social Security card, so before you begin, check the spelling of your name on the card to be sure it is correct.**
- If you have any questions while filling out any of these forms, please call the City of Flagstaff Human Resources Division at (928) 213-2090 and the Human Resources staff can assist you.
- Once all the forms have been completed, bring them to the Human Resources Division located inside City Hall at 211 W. Aspen Ave. *Please bring the following when you come:*
    - Identification for your I-9 (see instructions below)
    - Completed forms (single sided - pages 11, 27, 40, 46, 49, 70, 71, 72, 73, and 74)
    - Social Security Card (for Payroll purposes only)
    - Voided check or letter from bank if you choose direct deposit
    - Fingerprint clearance card or fingerprint card, **if needed** (see instructions below)

If you do not bring these items, we cannot accept your paperwork and your employment date will be postponed.

Designation of Beneficiary for Final Pay Check Form

In the event of your death, Payroll and Human Resources must have information regarding the designation of a beneficiary for your final paycheck.

1. You do have the option to choose to have the check deposited directly into your checking account, as long as your paychecks are being directly deposited. However, you still need to complete the **Primary Beneficiary Information**.
2. If you do not choose direct deposit, *include both beneficiary designations* (**Primary** and **Alternate**).

Form I-9

TIP: Remember to check one box under "I attest under penalty of perjury that I am:"

This is a federal form used to verify your eligibility to work in the United States. Instructions are available at the front desk in Human Resources, or online at www.uscis.gov/files/form/i-9.pdf.

1. Complete **Section 1. Employee Information and Attestation** *only*.
2. *Do not* complete **Section 2. Employer or Authorized Representative Review and Verification**.
3. When you return the form to Human Resources, you will need to bring identification from the **Lists of Acceptable Documents**. This will include either:
   a. One (1) item from **List A** or
   b. One (1) item *each* from **List B** and **List C**.
4. For more detailed instructions on completing the Form I-9, see the instruction pages following the form.

Global Harmonized System (GHS) Training and Acknowledgement Form

This form is to acknowledge that you have received the **GHS Training Program** information. Review the GHS Training Program information and keep it for your records, then complete the **Acknowledgement** and bring it with you when you return your paperwork to Human Resources.

Non-Discrimination and Anti-Harassment Policy and Acknowledgement Form

This form is to acknowledge that you have received the **Non-Discrimination and Anti-Harassment Policy** as well as a copy of the **Complaint Procedures Policy**. Review the policies and keep them for your records, then complete the **Acknowledgement form** and bring it with you when you return your paperwork to Human Resources.

Drug Free Workplace Administrative Policy Acknowledgement Form

This form is to acknowledge that you have received the **Drug Free Workplace Administrative Policy**. Review the policy and keep it for your records, then complete the **Acknowledgement** and bring it with you when you return your paperwork to Human Resources.

Alcohol and Controlled Substances Testing Policy for Non-CDL Employees and Acknowledgement Form

This form is to acknowledge that you have received the **Alcohol and Controlled Substances Testing Policy for Non-CDL Employees**. Please review the policy and keep it for your records, then complete the **Alcohol and Controlled Substances Testing Policy Acknowledgement Form** and bring it with you when you return your paperwork to Human Resources.

Payroll Maintenance Form

Please complete this form in its entirety, except the shaded boxes, which should be left blank.

1. Endorsements and Restrictions are listed on the back of your driver license.

Direct Deposit/Pay Card Election Form

TIP:
If you use a direct deposit form from your bank as backup, it does not replace the City's Payroll Direct Deposit Authorization form

You may elect to have your paycheck direct deposited into your bank account or loaded onto a pay card. If you do not make an election, you will be issued a Pay Card. If you choose Direct Deposit:

1. You can choose up to 3 checking and/or savings accounts to deposit your check into.
2. A voided check or savings deposit slip is *required* for each account. If you do not have checks or deposit slips, you can request a direct deposit form from your bank(s) which will list your account and routing numbers and can be substituted for a voided check and/or savings deposit slip.
3. This form can be completed and turned in to either Human Resources or Payroll at any time during your employment with the City.

Arizona Form A-4

This form is to determine the taxes to be withheld from your paycheck by the State of Arizona, and is based on a percentage of your federal income tax withholdings. For further instructions on completing this form, see **Employee's Instructions** at the bottom of the form.

1. Choose check box 1 or 2.

Federal Form W-4

TIP:
Remember to select your marital status (check one box only) in box 3.

This form is to determine the amount of federal incomes tax to be withheld from your paycheck.

1. The **Personal Allowances Worksheet** is a worksheet to assist you in determining the number of allowances to claim. It is not required.
2. Complete boxes #1–7 on the bottom half of the form, **Employee's Withholding Allowance Certificate**, and sign and date the form.
    a. You must complete either box #5 or box #7, but may *not* complete both.
    b. Boxes #8–10 are for employer's use.
3. **Deduction and Adjustments Worksheet** and **Two-Earners/Multiple Jobs Worksheet** are to be completed only if you need them to assist you in filling out the **Employee's Withholding Allowance Certificate.** They are not required.

If you have been directed to obtain fingerprints:

1. Please go to the Police Department, located at 911 Sawmill. *Be sure you inform them that this is for City of Flagstaff employment; you will not be charged for the fingerprints.* They will roll your fingerprints and return the card to you. **Bring the card with you along with a signed copy of the Notice of FBI Fingerprint Applicant Privacy Rights when you bring your paperwork to Human Resources.**
2. If you have a fingerprint clearance card, you do not need to go to the Police Department for fingerprints, but you must bring your clearance card when you come to Human Resources with your paperwork.

This Employer Participates in E-Verify

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

N O T I C E:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. E-Verify Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218

E-VERIFY IS A SERVICE OF DHS AND SSA

M E M O R A N D U M

TO: **Temporary Employees - City of Flagstaff**

FROM: **Human Resources**

RE: **Arizona State Retirement Contributions**

Arizona State Retirement (ASRS) membership is a mandatory condition of employment for any employee who meets the eligibility criteria defined in statues A.R.S. 38-711 and 38-727. A qualifying employee cannot reject membership; employees who do not meet eligibility criteria cannot choose membership. The employee must contribute on a pre-tax basis through payroll deduction and the City will match the contribution made by the employee. Once contributions start in any part of the fiscal year July 1 through June 30, contributions must continue until the end of the fiscal year.

If you work at least 20 hours a week for at least 20 weeks in the fiscal year, you become a member of the ASRS. The 20/20 hour criteria does not have to be consecutive. Meaning, if you sometimes work less than 20 hours in the week, you become eligible the start of the 20th week of working 20 or more hours in the fiscal year.

Each employee who meets ASRS membership qualifications will be notified by Human Resources, at which time you must visit www.azasrs.gov and complete the enrollment and beneficiary information. The Beneficiary Form reflects the member's choice of the person to receive the survivor benefit in the event of the member's death before retirement. You may assign one primary or multiple primary co-beneficiaries. You may also assign a secondary beneficiary in the event the primary beneficiary assignment is no longer valid. If you assign multiple primary or secondary beneficiaries, you must indicate the percentage of the survivor benefit to be paid to each assigned beneficiary.

Please feel free to ask for assistance in completing the Enrollment and Beneficiary Forms.

Thank you and welcome to the City of Flagstaff,

Re: **Important Notice from NAPEBT/City of Flagstaff about Health Insurance Marketplace Coverage and Our Medical Plan(s)**

THIS NOTICE IS FOR ALL EMPLOYEES

Please read this cover letter and the attached Notice carefully and keep this information where you can find it in the future. You are receiving the Notice because it is required by the Affordable Care Act (ACA), also known as Health Reform.

Spanish Language Assistance: Si usted no entiende la información en este documento, por favor de ponerse en contacto con personal del departamento de [Beneficios] en

City of Flagstaff Human Resources Division, (928)-213-2090 o visite este sitio web www.cuidaddesalud.gov.

Dear client: what this says is that if you do not understand the information in this document please contact the Employee Benefits office at (928) 213-2097or visit the website for health reform information in Spanish.

Attached to this cover letter is a Notice called the "**New Health Insurance Marketplace Coverage Options and Your Health Coverage.**" The Notice and cover letter have information about the new Health Insurance Marketplace, open enrollment for the Health Insurance Marketplace, and let you know that you may qualify to save money on health insurance premiums in the Marketplace. This information can help you decide if you should consider enrolling in coverage through the Health Insurance Marketplace. The Health Insurance Marketplace has also been called the "Exchange."

If you are covered under a medical plan offered by NAPEBT/City of Flagstaff, YOU DO NOT NEED TO SHOP FOR INSURANCE IN THE MARKETPLACE.

If you need assistance understanding this Notice, please contact Employee Benefits at (928) 213-2097.

STARTING JANUARY 1, 2014 AMERICANS WILL HAVE A NEW INDIVIDUAL SHARED RESPONSIBILITY MANDATE

As part of the Affordable Care Act, starting January 1, 2014*, most taxpayers will be required to maintain medical plan coverage or pay a tax penalty (applied on their personal income tax filing). The tax penalty for failure to maintain coverage (referred to as an individual shared responsibility mandate) is the greater of a flat dollar amount or a percentage of your household income.

This means that by electing medical coverage (either through your employer, your spouse, through a government-sponsored program like Medicare or Medicaid, etc. or through the Health Insurance Marketplace, a taxpayer can help avoid paying the new individual shared responsibility mandate. For this reason, you may want to determine if it is best to enroll or keep coverage under your employer-sponsored medical plan or instead, enroll in coverage through the Health Insurance Marketplace, or forego coverage and pay the personal income tax penalty (the individual mandate) for not having medical plan coverage. It may also be helpful to discuss this individual mandate with your tax advisor.

*The IRS will allow an employee and their spouse and dependent children who are eligible to enroll in a non-calendar year employer sponsored health plan to avoid individual mandate tax penalties for the months between January 1, 2014 and the month that the employer's 2014 plan year begins.

THE HEALTH INSURANCE MARKETPLACE

You will see in the Notice (attached to this cover letter) that the Health Insurance Marketplace is a new place to purchase medical plan coverage. The open enrollment period for coverage in the Marketplace begins in October 2013. Coverage under a medical plan you purchase from the Health Insurance Marketplace can begin as early as January 1, 2014.

ASSISTANCE WITH THE COST OF PREMIUMS ON THE HEALTH INSURANCE MARKETPLACE

Effective October, 2013, individuals who apply for health insurance coverage through the Health Insurance Marketplace may qualify for financial assistance to help buy that coverage. Depending on their annual household income, certain individuals may be eligible for premium assistance (such as a premium tax credit or a cost-sharing subsidy) to help lower the amount they pay toward the monthly health insurance premiums. Individuals must apply for the premium assistance by completing an application form through the Health Insurance Marketplace.

A few helpful points:

- An individual is not eligible for premium assistance if he or she is offered the opportunity to enroll in employer-sponsored medical plan coverage that is affordable and meets a required minimum value. If an employee is offered the opportunity to enroll in employer-sponsored medical plan coverage and they decline that employer-sponsored coverage, premium assistance may not be available to help the employee buy coverage in the Marketplace.
- Premium assistance may not be available to an individual if they make too much money to qualify for it.
- The amount of the premium assistance declines as an individual's income rises. Where an individual has received more premium assistance than they may have been eligible to receive, an adjustment will be coordinated with the IRS (meaning you may have to repay part of the premium assistance you received if your income increases during the year).
- Kaiser Family Foundation's website offers a handy premium assistance calculator if you are interested: http://kff.org/interactive/subsidy-calculator/

FOR MORE INFORMATION ABOUT YOUR MEDICAL PLAN OPTIONS UNDER OUR HEALTH PLAN(s)

For more detailed information about the benefits offered by NAPEBT/City of Flagstaff, please refer to your Medical Plan Document or review the Summary of Benefits and Coverage (SBC). These documents are located on our website at napebt.com or you may call the Human Resources Division at (928)-213-2097 for assistance. Other helpful information about the Health Insurance Marketplace can be found at www.healthcare.gov.

IF YOU CURRENTLY ARE NOT ELIGIBLE FOR COVERAGE UNDER OUR MEDICAL PLAN(s)

We know that some employees are not eligible to enroll for coverage under our medical plans; however, we are required by law to distribute this Notice to all existing employees and all new employees. That you are not eligible to enroll for coverage under our medical plan(s) means that you should take the opportunity to see if coverage under the Health Insurance Marketplace is a good option for you. And, because you are not offered employer-sponsored coverage, you have the chance to qualify for premium assistance to help you buy that coverage in the Marketplace.

DO WE HAVE YOUR MOST CURRENT CONTACT INFORMATION???

If you have changed your name, address, and/or phone number in the past 12 months, please notify Human Resources at (928)-213-2090 so we can update your contact information. **This is very important** since without your most current contact information you or your family members could miss out on the opportunity to receive a notice to elect COBRA coverage or other important benefits information. Also, **please let us know if you have** married, divorced, have a child who is no longer eligible for health care coverage or have become enrolled in Medicare or have disenrolled from Medicare.

FOR MORE INFORMATION ABOUT THIS COVER LETTER OR THE ATTACHED NOTICE, PLEASE CONTACT:

Employee Benefits
City of Flagstaff
211 W Aspen Ave
Flagstaff, AZ 86001
Phone Number: (928)-213-2090 and email: human.resouces@flagstaffaz.gov

This document along with the attached Notice is intended to serve as your Employer Notice about the Health Insurance Marketplace, as required by law.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

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 the Human Resources Division.

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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CITY OF FLAGSTAFF		4. Employer Identification Number (EIN) 86-6000244
5. Employer address 211 W ASPEN AVE		6. Employer phone number (928) 213-2090
7. City FLAGSTAFF	8. State AZ	9. ZIP code 86001
10. Who can we contact about employee health coverage at this job? HUMAN RESOURCES		
11. Phone number (if different from above)	12. Email address human.resources@flagstaffaz.gov	

Here is some basic information about health coverage offered by this employer:

- **As your employer, we offer a health plan to:**

  [ ] All employees.

  [X] Some employees. Eligible employees are:

  Eligible employees are those working...20 or more hours weekly

- **With respect to dependents:**

  [X] We do offer coverage. Eligible dependents are:

  Eligible dependents include a spouse and the following categories of children: natural child, adopted child or child placed for adoption, stepchild, child under a QMCSO, child under a legal guardianship order, foster children, or a child of a Domestic Partner.

  [ ] We do not offer coverage.

[X] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

City of Flagstaff

Designation of Beneficiary for Final Paycheck

In the event of my death, while employed by the City of Flagstaff, I hereby designate the following recipient to receive my final paycheck. This paycheck will include current work time; and any unused vacation time, compensatory time and sick time*.

** Accrued sick time will be paid according to the formula specified in the current City of Flagstaff Employee Handbook.*

EMPLOYEE INFORMATION (Please Print)

Employee Name _____

Social Security # _____

Employee Signature _____ Date _____

☐ Check here for Direct Deposit of final paycheck, if on Direct Deposit at time of death. Please contact your bank/credit union for beneficiary access information.

PRIMARY BENEFICIARY INFORMATION

Recipient Name _____

Relationship to Employee _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

ALTERNATE BENEFICIARY INFORMATION

Recipient Name _____

Relationship to Employee _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Human Resources Use Only

Check in the amount of $_____Received by (Print)_____

Recipient Signature _____ Date _____

HR Representative Signature _____ Date _____

Instructions for Form I-9, Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, 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) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ 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 (TTY), 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.

General Instructions

Both employers and employees are responsible for completing their respective sections of 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, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. 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).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at https://www.uscis.gov/sites/default/files/files/form/i-9.pdf. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274) and on USCIS' Form I-9 website, I-9 Central.

Completing Section I: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

Entering Your Employee Information

Last Name *(Family Name)*: Enter your full legal last name. 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. *Examples of correctly entered last names include De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

First Name *(Given Name)*: Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

Middle Initial: Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

Other Last Names Used: Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

Address (Street Name and Number): Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

Apartment: Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

City or Town: Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

State: Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

ZIP Code: Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

Date of Birth: Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

U.S. Social Security Number: Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

Employee's E-mail Address (Optional): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site .domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (Optional): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

Attesting to Your Citizenship or Immigration Status

You must select one box to attest to your citizenship or immigration status.

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

2. **A noncitizen national of the United States:** An individual 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**: An individual 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. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

   If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work**: An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

   If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

   Aliens authorized to work must enter one of the following to complete Section1:

   1. Alien Registration Number (A-Number)/USCIS Number; or
   2. Form I-94 Admission Number; or
   3. Foreign Passport Number and the Country of Issuance

   Your employer may not ask you to present the document from which you supplied this information.

   Alien Registration Number/USCIS Number: Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

   Form I-94 Admission Number: Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

   Foreign Passport Number: Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

   Country of Issuance: If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.

Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

Completing the Preparer and/or Translator Certification

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked **"A preparer(s) and/or translator(s) assisted the employee in completing Section 1"**, then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. Form I-9 Supplement, Section 1 Preparer and/or Translator Certification can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if "Individual under Age 18" or "Special Placement" is entered in lieu of the employee's signature in Section 1.

Today's Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name *(Family Name)*: Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (*Given Name*): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (Street Name and Number): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as "3 miles southwest of Anytown post office near water tower." If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator's residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

Presenting Form I-9 Documents

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the end of the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You 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 admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You 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 from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the end of the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You or your 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, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the end of the first day of employment.

Entering Employee Information from Section 1

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.

Entering Documents the Employee Presents

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. 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 documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/ I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) or I-9 Central for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at www.dhs.gov/e-verify. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

List A - Identity and Employment Authorization: If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

Document Title: If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg.Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I/94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I94A 3. "Form I-20" or "Form DS-2019" Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I94A	1. RMI Passport with Form I-94 2. Form I-94/I94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019, if presented
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

Issuing Authority: Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.

Document Number: Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S"(which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

List B - Identity: If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an individual under age 18 or certain employees with disabilities in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. No entries should be made in the List A column. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report Card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

Issuing Authority: Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

Document Number: Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. No entries should be made in the List A column.

Document Title: If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C#8 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #8 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (From I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
Employment authorization document issued by DHS (List C #8)	Employment Auth. document (DHS) List C #8
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc.
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

Issuing Authority: Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

Document Number: Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

Additional Information: Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process.
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.

Entering Information in the Employer Certification

Employee's First Day of Employment: Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

Signature of Employer or Authorized Representative: Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Title of Employer or Authorized Representative: Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

Last Name of the Employer or Authorized Representative: Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

First Name of the Employer or Authorized Representative: Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

Employer's Business or Organization Name: Enter the name of the employer's business or organization in this field.

Employer's Business or Organization Address (Street Name and Number): Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

City or Town: Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.

State: Enter the two-character abbreviation of the state for the employer's business or organization address.

ZIP Code: Enter the 5-digit ZIP code for the employer's business or organization address.

Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/ Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field 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 choose 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.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

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 additional guidance about Form I-9, employers and employees should refer to the *Handbook for Employers: Guidance for Completing Form I-9 (M-274)* or USCIS' Form I-9 website at www.uscis.gov/I-9Central.

You can also obtain information about Form I-9 by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at https://www.uscis.gov/i-9. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at http://get.adobe.com/reader/. 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 or 1-800-767-1833 (TTY).

Information about E-Verify, a fast, free, internet-based system that allows businesses to determine the eligibility of their employees to work in the United States, can be obtained from the USCIS website at http://www.uscis.gov/e-verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

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

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, 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 and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, 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: Providing the information collected by this form is voluntary. However an employer should not continue to employ an individual without a completed form. Failure of the employer to prepare and/or ensure proper completion of this form for each employee hired in the United States after November 6, 1986 or in the Commonwealth of the Mariana Islands after November 27, 2011, may subject the employer to civil and/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 must retain this form for the required period 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, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, 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.**

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

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)***

Signature of Employer or Authorized Representative	Today's Date*(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

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

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**9.** Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

GHS

What are they talking about?

SDS Sheets and Hazard Communication

SAFETY DATA SHEET
Solvent Wipe #120

Page 1

1. Product and Company Identification

Product Code: SOLVENT #120
Product Name: Solvent Wipe #120
Reference #: AVS 1241014
Company Name: Standardized Sanitation Systems,Inc
141 Middlesex Turnpike
Burlington, MA 01803
Emergency Contact Information: Emergency (404)422-2071 (617)273-2020
Product Category: Solvents

2. Hazards Identification

Flammable Liquids, Category 2
Serious Eye Damage/Eye Irritation, Category 2A
Target Organ Systemic Toxicity (single exposure), Category 3

Danger Warning

GHS Hazard Phrases:
H225: Highly flammable liquid and vapor
H319: Causes serious eye irritation
H335: May cause respiratory irritation

GHS Precaution Phrases:
P233: Keep container tightly closed.
P210: Keep away from (heat/sparks/open flames/hot surfaces) - No smoking.
P280: Wear protective gloves/clothing and eye/face protection as specified by the manufacturer/supplier or the competent authority.
P240: Ground/bond container and receiving equipment - if the explosive is electrostatically sensitive.
P241: Use a explosion-proof electrical/ventilating/lighting/... equipment... other specified by the manufacturer/supplier or the competent authority... if dust/clouds can occur.
P243: Take precautionary measures against static discharge.
P242: Use only non-sparking tools.
P264: Wash hands thoroughly after handling.
P271: Use only outdoors or in a well-ventilated area.
P261: Avoid breathing dust/fume/gas/mist/vapors/spray.

GHS Response Phrases:
P370+378: In case of fire, use ... for extinction ... appropriate media specified by the manufacturer/supplier or the competent authority - if water increases risk.
P303+361+353: IF ON SKIN (or hair): Remove/take off immediately all contaminated clothing. Rinse skin with water/shower.
P305+351+338: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+313: If eye irritation persists, get medical advice/attention.
P308+311: Call a POISON CENTER or doctor/physician if exposed or you feel unwell.
P304+340: IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

GHS Storage and Disposal Phrases:
P403+235: Store in cool/well-ventilated place.
P501: Dispose of contents/container to ... (in accordance with local/regional/national/international regulation).
P405: Store locked up.
P403+233: Store container tightly closed in well-ventilated place - if product is as volatile as to generate hazardous atmosphere.

NFPA HEIDS, (c) A.V Systems, Inc.

GHS Format

Section 1, Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier.

Includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification

- ***This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards.***

Includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients

- **This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed.**

Includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures

- ***This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical.***

Includes important symptoms/ effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures

- ***This section provides recommendations for fighting a fire caused by the chemical.***

Lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures

- ***This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard.***

Lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage

- ***This section provides guidance on the safe handling practices and conditions for safe storage of chemicals.***

Lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection

- ***This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure.***

Lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties

- ***This section identifies physical and chemical properties associated with the substance or mixture.***

Lists the chemical's characteristics.

Section 10, Stability and reactivity

- ***This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other.***

Lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information

- ***This section identifies toxicological and health effects information or indicates that such data are not available.***

Includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information

- ***This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.***

Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15(29 CFR 1910.1200(g)(2)).

Section 13, Disposal considerations

- ***This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS. The information may include:***

Section 14, Transport information

- ***This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea. The information may include:***

Section 15, Regulatory information

- ***This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS.***

Section 16, Other information

- ***This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.***

Labeling

PRODUCT IDENTIFIER

CODE _____

Product Name :

Labeling

SUPPLIER IDENTIFICATION

Company Name_____

Street Address _____

City _____ State _____

Postal Code _____ Country _____

Emergency Phone Number

Labeling

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.
Keep away from heat/sparks/open flame. No smoking.
Only use non-sparking tools.
Use explosion-proof electrical equipment.
Take precautionary measure against static discharge.
Ground and bond container and receiving equipment.
Do not breathe vapors.
Wear Protective gloves.
Do not eat, drink or smoke when using this product.
Wash hands thoroughly after handling.
Dispose of in accordance with local, regional, national, international regulations as specified.
In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO2) fire extinguisher to extinguish.
First Aid
If exposed call Poison Center.
If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

Labeling

SIGNAL WORD

"Danger"

Labeling

HAZARD STATEMENT

"Highly flammable liquid and vapor."
"May cause liver and kidney damage."

Labeling

SUPPLEMENTAL INFORMATION

- **Directions for use**
  _____
  _____
  _____
- Fill weight: _____ Lot Number _____
  Gross weight: _____ Fill Date: _____
  Expiration Date: _____

HCS Pictograms and Hazards

Health Hazard

1. Carcinogen
2. Mutagenicity
3. Reproductive Toxicity
4. Respiratory Sensitizer
5. Target Organ Toxicity
6. Aspiration Toxicity

HCS Pictograms and Hazards

Flame

1. Flammables
2. Pyrophorics
3. Self-Heating
4. Emits Flammable Gas
5. Self-Reactives
6. Organic Peroxides

HCS Pictograms and Hazards

Exclamation Mark

1. Irritant (skin and eye)
2. Skin Sensitizer
3. Acute Toxicity
4. Narcotic Effects
5. Respiratory Tract Irritant
6. Hazardous to Ozone Layer (Non-Mandatory)

HCS Pictograms and Hazards

Gas Cylinder

1. Gases Under Pressure

HCS Pictograms and Hazards

Corrosion

1. Skin Corrosion/Burns
2. Eye Damage
3. Corrosive to Metals

HCS Pictograms and Hazards

Exploding Bomb

1. Explosives
2. Self-Reactives
3. Organic Peroxides

HCS Pictograms and Hazards

Flame Over Circle

1. Oxidizers

HCS Pictograms and Hazards

Environment

(Non-Mandatory)

1. Aquatic Toxicity

HCS Pictograms and Hazards

Skull and Crossbones

1. Acute Toxicity (fatal or toxic)

PIRATES!!!

Employer Responsibilities

- Employers must ensure that the SDSs are readily accessible to employees for all hazardous chemicals in their workplace. This may be done in many ways. For example, employers may keep the SDSs in a binder or on computers as long as the employees have immediate access to the information without leaving their work area when needed and a back-up is available for rapid access to the SDS in the case of a power outage or other emergency. Furthermore, employers may want to designate a person(s) responsible for obtaining and maintaining the SDSs. If the employer does not have an SDS, the employer or designated person(s) should contact the manufacturer to obtain one.

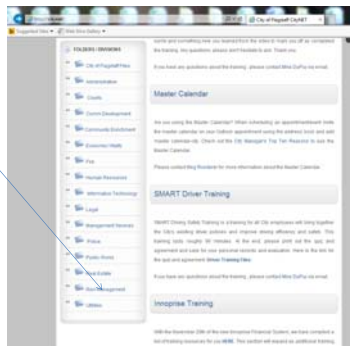
Effective Dates

The table below summarizes the phase-in dates required under the revised Hazard Communication Standard (HCS):

Effective Completion Date	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and safety data sheet (SDS) format.	Employers
June 1, 2015 December 1, 2015	Compliance with all modified provisions of this final rule, except: The Distributor shall not ship containers labeled by the chemical manufacturer or importer unless it is a GHS label	Chemical manufacturers, importers, distributors and employers
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers
Transition Period to the effective completion dates noted above	May comply with either 29 CFR 1910.1200 (the final standard), or the current standard, or both	Chemical manufacturers, importers, distributors, and employers

How to find the Hazard Communication Plan for the City of Flagstaff

To get to the Haz-Com Plan,
Click on Risk Management



Then click on Safety

Then click on City of Flagstaff Hazard Communication Program

YEAH!!! WE'RE DONE!!!

YOU CAN WAKE UP NOW

GHS Acknowledgement Form

I, _____ , do acknowledge that I have viewed, and understand the power point presentation on the "Global Harmonized System" for the Hazard Communication Standard.

Signature: _____

Date: _____

Human Resources copy and send to Risk Management

1-10-013 NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

The City of Flagstaff is committed to a work environment in which all individuals are treated with respect and dignity. The purpose of this policy is to establish expectations for employee conduct within the workplace and to provide a complaint process for employees who feel as if they have been discriminated against or harassed within the workplace by anyone.

Each employee of the City is expected to refrain from discrimination, harassment and retaliation within the workplace, and shall treat all persons (including but not limited to co-workers, third parties and the public) with respect and dignity. Any individual employee who violates these guidelines and engages in prohibited conduct will be subject to appropriate disciplinary action up to and including termination.

It is the policy of City of Flagstaff to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, pregnancy, national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status or any other characteristics protected by law. The City prohibits and will not tolerate any such discrimination or harassment.

A. DEFINITIONS

1. Discrimination means to exclude individuals from an opportunity or participation in any activity because of race, color, religion, sex, pregnancy, national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status, familial status, caregiving responsibilities, and occurs whenever similarly situated individuals of a different group are accorded different and/or unequal treatment in the context of a similar situation.

2. Harassment is unwelcomed conduct related to race, color, religion, sex, pregnancy, national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status, familial status, or caregiving responsibilities where such conduct has the purpose or affect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile or offensive work environment.

3. Hostile work environment is one in which an employee is regularly confronted with offensive conduct, comments, jokes, cartoons or remarks based upon characteristics protected by law, that make it difficult for an employee to perform his or her job. A hostile work environment does not need to be limited to sex-based conduct, and may include conduct or comments based upon race, color, religion, national origin, age, disability, sexual orientation, gender identity or any other characteristics protected by law. Generally the conduct that creates a hostile work environment is repeated behavior which is sufficiently severe or pervasive to affect the terms and conditions of employment.

4. Retaliation is to discriminate against an individual because he or she has opposed any practice made unlawful under the Federal employment discrimination statutes. This protection applies if an individual communicates to his or her employer or to a state or federal agency charged with investigating discriminatory conduct a belief that activity constitutes a form of employment discrimination that is covered by any of the statutes enforced by the Arizona Civil Rights Division of the Arizona Attorney General's office or the Equal Employment Opportunity Commission (EEOC).

B. HARASSMENT

Harassment on the basis of any other protected characteristics is strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, pregnancy national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status or
any other characteristic protected by law that:

1. Has the purpose or effect of creating an intimidating, hostile or offensive work environment;

2. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
3. Otherwise adversely affects an individual's employment opportunities.
4. Harassing conduct includes, but is not limited to:

a. Epithets, slurs or negative stereotyping;
b. Threatening, intimidating or hostile acts; or
c. Denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail).

C. SEXUAL HARASSMENT

1. Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when for example:

a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

2. Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different sex. Depending on the circumstances, these behaviors may include, but are not limited to:

a. unwanted sexual advances or request for sexual favors;
b. sexual jokes and innuendos;
c. verbal abuse of a sexual nature;
d. commentary about an individual's body, sexual prowess or sexual deficiencies;
e. leering, catcalls or touching;
f. insulting or obscene comments or gestures;
g. display or circulation in the workplace of sexually suggestive objects or pictures (including through e-mail);

3. For purposes of clarification, sexual harassment or other forms of unlawful harassment include, but is not limited to the following behaviors:

a. *Verbal Harassment*: Derogatory comments, propositioning, slurs, or other offensive words or comments on the basis of any protected status; whether made in general, directed to an individual or to a group of people, regardless of whether the behavior was intended to harass. This includes, but is not limited to, inappropriate comments on appearance, including dress or physical features, sexual rumors, code words, and stories.
b. *Physical Harassment*: Assault, impeding or blocking movement, leering, or the physical interference with normal work, privacy or movement when directed at an individual on the basis of any protected class status. This includes such behaviors as pinching, patting, grabbing, or making explicit or implied threats or promises in return for submission to physical acts.
c. *Visual Forms of Harassment*: Derogatory, prejudicial, stereotypical, or other offensive posters, photographs, cartoons, notes, bulleting, drawings, screensavers, pictures, or articles of clothing that refers to any protected status or characteristic. This applies to posted materials, material maintained in or on City of Flagstaff property or equipment, or personal property in the workplace.

4. Harassment not involving sexual activity or language (e.g. male manager yells only at female employees and not males) may also constitute sex discrimination if it is severe or pervasive and directed at employees because of their sex.

D. INDIVIDUALS AND CONDUCT COVERED

These policies are intended to protect all employees from harassment, discrimination or retaliation whether by fellow employees, by a supervisor or manager or by a third party (e.g. a City contractor, vendor, consultant, customer, or the public). These policies are also intended to ensure employees treat third parties with respect and dignity.

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside of the workplace, such as during business trips, business meetings and business-related social events.

All complaints of harassment, discrimination and retaliation should be reported as outlined in section 1-40-014 Complaint Policy.

E. RETALIATION IS PROHIBITED

The City of Flagstaff prohibits retaliation of any kind by an employee, supervisor or manager because an employee filed a complaint or participates in an investigation of a complaint. Retaliation shall be deemed to include, but are not limited to:

1. Disciplining, or changing a work assignment or working conditions; and
2. Threatening promotional opportunities, job securities, benefits, terms of employment or any other service related benefits or privileges.

F. RESPONSIBLE PARTIES

1. The Human Resources Division shall be responsible for formally notifying employees of the City's policy and regularly conducting training on the topics of harassment, discrimination and retaliation.

2. Supervisors and managers are responsible for ensuring that harassment, discrimination, retaliation or other prohibited actions do not occur in the workplace. The supervisor or manager shall immediately report any prohibited behaviors to the Human Resources Director or designee for investigation and possible corrective action. If the subject of the complaint is a supervisor, the complainant is to report the matter to the Human Resources Director or designee.

3. Employees who witness prohibited actions of harassment, discrimination or retaliation are required to report such conduct. Employees are required to cooperate in investigations related to this policy by coming forward with evidence and fully and truthfully making a written report or verbally answering questions when requested by an investigator.

G. REPORTING COMPLAINTS

All complaints of harassment, discrimination or retaliation shall be reported to the immediate supervisor, Section Head, Division Director or the Human Resources Director or designee. All complaints of harassment, discrimination and retaliation will be thoroughly investigated as outlined in section 1-10-021 Complaint Policy.

Links: Equal Employment Opportunity Commission Guidelines

1-10-021. COMPLAINT PROCEDURE

The purpose of the complaint procedure is to outline reporting procedures for City employees or non-City employees who feel they have been subjected to harassment, discrimination or retaliation. All complaints of harassment, discrimination or retaliation will be thoroughly investigated in a timely manner. It is the

policy of the City of Flagstaff that there is fair treatment in workplace matters. Unlawful discrimination, harassment, and retaliation shall not be tolerated.

Early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment, discrimination or retaliation. The City requires the prompt reporting of complaints or concerns within six months of the event which is the subject of the complaint, so that rapid and constructive action can be taken. The City will make every effort to stop alleged harassment before it becomes severe or pervasive, but can only do so with the cooperation of its employees.

Employees who are unsure if treatment rises to the level of harassment, discrimination or retaliation may seek the assistance of the Human Resources Director or designee. The Human Resources Director or designee will discuss the situation with the employee and provide guidance. These conversations will be documented by the Human Resources Director or designee and may remain informal and confidential between the employee and the Human Resources Director or designee, unless the treatment is severe and pervasive. This provides an employee the opportunity to understand how treatment may relate to City policies and state or federal laws and what are appropriate next steps.

A. REPORTING

1. Employees who feel they have been subjected to harassment, discrimination or retaliation are encouraged to try and solve the problem directly by politely and firmly confronting the individual and tell them to stop. If the employee is not comfortable doing this they should take the issue to their immediate supervisor, Section Head, Division Director, or Human Resources.

2. The City of Flagstaff requires the reporting of all incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe they have experienced conduct that they believe is contrary to the City's policy or who have concerns about such matters should file their complaints with their immediate supervisor, Section Head, or Division Director, or the Human Resources Director or designee before the conduct becomes severe or pervasive. Individuals should not feel obligated to file their complaints with their immediate supervisor first before bringing the matter to the attention of one of the other City designated representatives above.

3. Employees filing a complaint will be encouraged to provide a written and/or recorded statement about their knowledge of the alleged incident. Verbal complaints will be treated with equal seriousness. However, in order to conduct a thorough investigation, the reporting party is encouraged to submit written documentation. The employee or non-City employee should be prepared to provide the following information:

a. His or her name, division and position title;
b. The name of the person or persons committing the harassment, discrimination or retaliation and their job title;
c. The specific nature of the harassment, discrimination or retaliation, how long it has gone on, specific dates and any employment action taken against you or any threats made against you as a result of the harassment, discrimination or retaliation;
d. Witnesses to the harassment, discrimination or retaliation;
e. Whether you have previously reported such harassment, discrimination or retaliation and, if so, when, to whom and what happened as a result of that report.

4. Any supervisor who becomes aware of possible harassment, discrimination or retaliation of an employee, either as a result of having received a complaint directly from the employee, from any reliable source of information or from his or her personal observation, must report the situation in writing to the Human Resources Director or designee immediately. Any manager or supervisor who fails to report harassment, discrimination or retaliation may be subject to discipline, up to and including termination.

B. THE INVESTIGATION

1. The Human Resources Director or designee shall be responsible for overseeing the investigation and all resulting records. The Human Resources Director or designee may delegate the investigation to another City employee or third party agent at his or her discretion. In the event the complaint is against a member of the City Council or a Council appointed position such as the City Manager, City Attorney or Presiding Magistrate, the investigation shall be referred to an outside agency. In the event the complaint is against the Human Resources Director, the investigation will be referred to the City Manager or their designee.

2. Any reported allegations of harassment, discrimination or retaliation will be investigated promptly, thoroughly and impartially. The investigation may include individual interviews with parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

3. Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

4. Based upon the investigator's report, the Human Resources Director or designee and/or the City Manager or designee shall, within a reasonable amount of time, determine whether the conduct of the person against whom a complaint has been made constitutes a violation of the City's policies.

5. Following the investigation of a complaint, the Human Resources Director or designee shall report the facts of the investigation to the City Manager or designee and the Division Director. In cases where it is determined a violation has occurred, the City will take appropriate disciplinary action up to and including termination.

C. RESPONSIVE ACTION

1. Misconduct constituting harassment, discrimination or retaliation will be dealt with promptly and appropriately.

2. Responsive action may include, for example, training, referral to counseling, monitoring of the offender and/or disciplinary action such as a verbal warning, reprimand, withholding of a promotion or pay increase, reduction in wages, demotion, reassignment, temporary suspension without pay, or termination, as the City believes appropriate under the circumstances to correct and prevent harassment, discrimination or retaliation.

3. If an employee making a complaint does not agree with the resolution, the employee may formally appeal in writing to the City Manager or designee within five (5) working days.

D. RECORDS

Complaint records will not be filed or maintained with any other employment information concerning employees, but will be kept as a distinct system of records. If a complaint results in disciplinary action against an employee, the record of that action will be maintained with the employee's personnel records. The accessibility of investigation records will be limited to the City Manager, Deputy City Manager or appointed representatives; except to the extent required by law. Upon receipt of a public records request, the Human Resources division or City Clerk section will notify the complaining employee and subject of the complaint of the request.

City of Flagstaff

Non-Discrimination and Anti-Harassment Policy Acknowledgment

I, _____, have received a copy of the City of Flagstaff Non-Discrimination and Anti-Harassment Policy 1-10-013 and Complaint Procedure Policy 1-10-021. I am aware that all complaints of harassment, discrimination, or retaliation shall be reported to the immediate supervisor, Section Head, Division Director, or Human Resources, and that all complains of harassment, discrimination, or retaliation will be thoroughly investigated.

_____ Employee Name (please print)

_____ Employee Signature

_____ Date

ADMINISTRATIVE POLICY - DRUG FREE WORKPLACE

POLICY

In accordance with the Drug Free Workplace Act of 1988 (Public Law 100-690, Title V, Subtitle D), which requires any recipient of federal funds to certify that they will provide drug free workplaces, the City will adhere to the following policy:

For all City employees the Drug Free Workplace policy prohibits the unlawful use, possession, distribution, dispensing, or manufacture of alcohol or drugs in the workplace and or in a job-related activity.

As required by law, any employee who is convicted or pleads guilty of a drug statute violation occurring in the workplace or while on duty, must notify their department head no later than five (5) calendar days after the occurrence of the conviction. Failure to report such an occurrence will result in disciplinary action, including dismissal.

The City of Flagstaff maintains the right to take appropriate disciplinary action, including dismissal, should such unlawful use, possession, distribution, dispensing, or manufacture of these substances occur in the workplace. Being on the job or reporting for work under the influence of alcohol or drugs is prohibited.

GUIDELINES

This policy applies to all City employees but does not restrict any City department having positions of a sensitive, security or safety nature of requiring more restrictive policies, upon approval of the City Manager.

The Personnel Division will distribute a copy of the City's Drug Free Workplace policy to all current employees.

All new employees will be required to sign a certificate verifying they have read the City's Drug Free Workplace policy.

Subject to budget limitations the City will maintain an alcohol and drug abuse rehabilitation and awareness program as part of the City's Employee Assistance Program and Drug Free Workplace policy.

Any employee who pleads guilty or is convicted of any alcohol or drug related offense, which occurred while the employee was on duty, shall report such conviction to their supervisor no later than five (5) calendar days after the conviction.

The City will report any such conviction to the appropriate federal agency within ten (10) calendar days.

The City will take the appropriate disciplinary action when notified of violations of this policy, in accordance with the City's Personnel Ordinance.

The Drug Free Workplace policy affirms the City of Flagstaff's commitment to ensure a safe work environment for all employees and to increase employee awareness of the problems associated with drug or alcohol use in the workplace.

NOTICE

TO: ALL CITY OF FLAGSTAFF EMPLOYEES

The unlawful manufacturing, distribution, dispensing, possession or use of a controlled substance as defined in Schedules 1 through 5 of Section 202 of the Controlled Substance Act (21 USC 812) and as further defined by Regulation 21 CRF 1300.11 through 1300.15 is prohibited in the workplace. These substances include narcotics, barbiturates, benzodiazepine, alcohol or any other mood-altering chemical. These drugs that dull the senses cause drowsiness, induce sleep, or impair physical or mental abilities. Any employee who has been prescribed any of the above medication by a physician must be able to perform job duties without any impairment.

Any employee who is found to be manufacturing, distributing, dispensing, or in possession or use, while on duty, of a controlled substance, as defined in this notice, shall receive appropriate personnel action up to and including termination.

Any employee who is under the influence of alcohol or drugs will not be allowed to work. The Employee Assistance Program is available to provide resources and make necessary referrals for all employees regarding substance abuse.

DRUG FREE WORK PLACE POLICY ACKNOWLEDGEMENT

I, _____, hereby understand that I must abide by this policy and that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the City of Flagstaff workplace, or while on duty.

I also understand that I must notify my immediate supervisor of any criminal conviction of a drug statute violation in the workplace no later than five calendar days after such conviction.

I understand the penalty for failure to abide by this agency's policy and/or failure to report a conviction will result in a disciplinary action up to and including dismissal.

I am aware that programs are available through the City of Flagstaff for anyone who wishes to voluntarily participate in substance abuse prevention or rehabilitation.

_____ Employee Name (please print)

_____ Employee Signature

_____ Date

CITY OF FLAGSTAFF

City Employee Directives

No. 4-013

Title: **ALCOHOL AND CONTROLLED SUBSTANCE TESTING POLICY FOR NON-CDL EMPLOYEES**

Effective: February 10, 1997 **Revision: October 27, 2016**

Contact: Office of Human Resources (779-7698)

A. PURPOSE

The purpose of this policy is to deter and detect the use of alcohol and illegal use of controlled substances, to enforce the City's drug-free workplace policy, to ensure a safe working environment for employees, and to ensure that the employees who serve the community are drug and alcohol free. The deterrence and detection of alcohol and drug use are particularly important for public safety employees because they are routinely exposed to drugs and/or firearms, operate large vehicles, and work under hazardous conditions. The impairment of public safety employees can be particularly dangerous because these employees are responsible for ensuring the public's safety and the safety of their co-workers.

B. SCOPE

This policy covers all employees that are not subject to testing under the federal regulations for drug and alcohol testing for Commercial Drivers License (CDL).

C. EMPLOYEES WHO WILL BE SUBJECT TO TESTING

1. Tenured, tenure-eligible, exempt, or temporary employees while on duty performing their regular job duties.

2. Commissioned public safety employees (police officers, evidence technicians, and firefighters including aircraft rescue staff who are members of the Public Safety Personnel Retirement System) will be tested annually, meaning once per fiscal year, because they are routinely exposed to drugs and firearms, operate large vehicles,

work under hazardous conditions, and because their performance may be adversely impacted by any impairment as a result of drug or alcohol use. Such impairment may result in an inability to protect the public and/or the safety of coworkers. (Safety sensitive employee)

3. Any person required to have an American Red Cross lifeguard certification as a job qualification or assigned to work in an aquatics position is subject to pre-employment drug testing within one business day of acceptance of the job offer or assignment as a condition of employment, because lifeguards are assigned duties to monitor public swimming pools, rescue those in danger of drowning, perform cardiopulmonary resuscitation, and because their performance may be adversely impacted by any impairment as a result of drug or alcohol use. Such impairment may result in an inability to protect the public and/or the safety of coworkers. (Safety sensitive employee)

D. SUBSTANCES FOR WHICH EMPLOYEES WILL BE TESTED

1. Controlled substances for purposes of this Policy mean: cocaine, marijuana, opiates, amphetamines, and phencyclidine (PCP).

2. Blood Alcohol Concentration (BAC) for reasonable suspicion and post accident circumstances

E. PROHIBITIONS

1. No employee shall report for duty, or remain on duty, when doing so requires the operation of a City vehicle or equipment functions while having a Blood Alcohol Concentration (BAC) of 0.02 or greater.

2. No employee shall be on duty while possessing or consuming alcohol, and no employee shall report to duty within four (4) hours after consuming alcohol.

3. No employee shall be on duty while possessing, using, or while impaired by any controlled substance. In addition, no safety sensitive employee shall be at work with any trace of a controlled substance in his/her system.

4. No employee required to take a post-accident alcohol test shall consume alcohol for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

5. No employee shall use medicine containing alcohol or controlled substances while on duty operating a vehicle or equipment unless the medicine is prescribed and taken pursuant to the instructions of a licensed health care provider and either: (i) the employee has been advised by such licensed health care provider that the medicine will not adversely effect the employee's ability for safe operation, or (ii) the employee has no reason to know (including label warnings, etc.) that such medicine may adversely effect

his/her ability for safe operation.

F. CIRCUMSTANCES UNDER WHICH ALCOHOL AND CONTROLLED SUBSTANCE TESTING WILL BE CONDUCTED

1. **Reasonable suspicion** – An employee will be tested when a supervisor has reasonable, articulable and individualized suspicion that an employee is under the influence of a controlled substances or alcohol while on duty, at any time when reporting to work or during the employee's shift. Possible grounds upon which a supervisor's reasonable suspicion may be based include factors such as, but not limited to, slurred speech, red eyes, dilated pupils, incoherence, unsteadiness, smell of alcohol or marijuana emanating from the employee's body, inability to carry on a rational conversation, increased carelessness, erratic behavior, inability to perform the job, or other unexplained behavioral changes, characteristics, or events. There is a presumption that any employee who has a valid state issued registry identification card authorizing the use of marijuana for medical purposes is using a controlled substance; the employee has the burden of rebutting this presumption. Any factors upon which a supervisor relies in determining reasonable suspicion exists to test an employee shall be clearly set forth in the Reasonable Suspicion Observation Form, Appendix IV. In such circumstances, a trained supervisor may, but is not required to, seek the opinion of at least one additional trained supervisor, if practical, prior to ordering the employee to testing. After a reasonable suspicion controlled substance and blood alcohol concentration (BAC) tests, the employee will be sent home with pay, pending the outcome of the tests.

2. **Post-accident** - After every accident in which an employee is involved while operating a City vehicle or equipment, or, otherwise while on duty, which accident (i) results in a fatality, or (ii) in connection with which the employee receives a moving traffic citation, or (iii) which results in injury to any person that requires immediate medical attention away from the scene of the accident, or (iv) in which one or more motor vehicles incur disabling damage as a result of the accident requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle, testing shall be done as soon as possible following the accident, but in no event more than eight (8) hours following the accident. The test shall include a controlled substance and blood alcohol concentration (BAC). A driver/operator who cannot provide a breath or urine sample within such time period as a result of serious injury sustained in such an accident must subsequently authorize a release to the Workplace Compliance Officer of such medical records that would indicate BAC or the presence of controlled substances in his/her system.

3. **Public Safety Employees** - Commissioned Police Officers and Evidence Technicians because they routinely handle or come into contact with controlled substances and/or dangerous or deadly weapons will be tested annually, which shall mean once per fiscal year. Commissioned Police Officers and Evidence Technicians will be tested randomly within 90 days before or after their anniversary date. Commissioned Fire personnel will be tested once a year within a three-week period. The time for testing shall be

established annually by the Fire Chief or designee. Commissioned Fire personnel shall have thirty (30) days advance notice of the three-week testing period. Any public safety employees unable to test during the designated time period because of illness, vacation, or other authorized absence on the testing date must take the test during the first shift upon return to duty.

4. Time spent traveling to and taking tests will be recorded as "time worked." The City will pay for all testing.

G. CONSEQUENCES OF TESTING REFUSAL

1. Any employee refusing testing required hereunder will be terminated.

2. Behavior that constitutes refusal. An employee will be deemed to have refused testing when he/she:

   a. Fails to provide adequate breath for testing without a valid medical explanation.

   b. Fails to provide adequate urine for controlled substances testing without a valid medical explanation.

   c. Engages in conduct that clearly obstructs the testing process, including, but not limited to, tampering with any sample.

   d. Fails to arrive at the testing site for a pre-scheduled testing or fails to submit to testing within thirty (30) minutes of being notified to report for any post-accident or reasonable suspicion testing, absent adequate documentation of a medical or similar emergency that prevented submission to testing.

H. CONSEQUENCES OF A POSITIVE BLOOD ALCOHOL CONCENTRATION (BAC)

1. **First Offense** - Test results of 0.02 to 0.04 will result in suspension without pay for one day. For employees whose work week is measured in forty-hour increments, one day of suspension shall mean one single, continuous eight (8) hour shift. For those employees whose work week is measured in fifty-six hour increments, one day of suspension shall mean one single, continuous 11.2 hour shift. Suspensions for a positive test result shall commence on the day on which the positive result is reported to the Compliance Officer or, alternatively, on the employee's next regularly scheduled day of work, whichever occurs sooner. Test results of 0.05 to 0.07 will require mandatory referral to a certified Substance Abuse Professional, twenty-four (24) hours suspension without pay, measured according to the appropriate shift increment for the subject employee, and may result in termination. Test results of 0.08 or greater will result in immediate termination since this blood alcohol content level is sufficient, pursuant to Arizona Revised Statutes, to presumptively establish that one is "under the

influence."

2. **Second Offense** – Within three (3) years of the first offense, an employee's test results of 0.02 to 0.04 will result in an immediate three (3) day suspension without pay, starting from the time of the positive test, and will require mandatory referral to a certified Substance Abuse Professional. Test results of 0.05 to 0.07 will require mandatory referral to a certified Substance Abuse Professional, an immediate four (4) day suspension without pay, and may result in termination. Test results of 0.08 or greater will result in immediate termination since this blood alcohol content level is sufficient, pursuant to Arizona Revised Statutes, to presumptively establish that one is "under the influence."

3. **Third Offense** – Any offense committed within three (3) years of the first offense in which test results of 0.02 or greater will result in immediate termination.

I. CONSEQUENCES OF A POSITIVE CONTROLLED SUBSTANCE TEST

Any confirmed positive controlled substance test will result in termination, unless the employee has availed him/herself of the prior reporting opportunity described in this Policy.

Nothing in this Policy shall preclude an employee's right to appeal any adverse determination hereunder in accordance with the City's personnel regulations.

By_

_____
Josh Copley, City Manager

Dated:_____

The following appendices outline the detailed implementation guidelines for this Policy.

Appendix I - Responsibilities of the parties (Human Resources Division, Employees, Supervisors)

Appendix II - Testing/collection sites
Confidentiality of testing results

Appendix III - Testing methods and collection procedures

Appendix IV - Reasonable Suspicion Observation Form

Appendix I
RESPONSIBILITIES OF THE PARTIES

RESPONSIBILITIES OF INVOLVED PARTIES

1. **Human Resources Division**

   A. Human Resources will be responsible for coordinating training associated with this Policy.

   B. The City's Human Resources Director will serve as the Workplace Compliance Officer for purposes of this Policy.

2. **Employees**

   A. Employees who notify their supervisor, Department Head, or Human Resources that they have a drug or alcohol problem, or believe that they may test positive for drugs or alcohol prior to being directed to submit to a test prescribed under this Policy, will be provided assistance through the City's Employee Assistance Program and/or any other means of rehabilitation, so long as such notification is made *prior* to the employee's submission to a drug or alcohol test as required under this Policy. Any employee who avails him/herself of this prior reporting opportunity shall not be terminated for a positive test result.

   B. An employee having grounds to reasonably suspect a co-worker of drug or alcohol use or impairment while on duty shall bring such suspicion to the immediate attention of a supervisor. Failure to do so may result in disciplinary action.

   C. Employees must cooperate with test requests and release of information.

   D. In accordance with the City's Accident Reporting Policy, employees must immediately notify the police regarding all motor vehicle accidents in which they are involved while driving a City vehicle. Employees must immediately notify their supervisor of any equipment accidents or on-the-job employee injury.

   E. Any employee involved in a motor vehicle accident while driving a City vehicle shall notify a supervisor as soon as practical following such accident. A driver of a City vehicle who leaves the scene of an accident before notifying a supervisor (or, when no phone or radio is available to the driver at the scene, who unduly

delays such notification) may be deemed to have refused to submit to testing. This does not mean that necessary treatment for injured people should be delayed or that a driver cannot leave the scene for the period necessary to obtain necessary assistance.

F. Employees may not drive themselves to post-accident or reasonable suspicion testing. An employee of whom post-accident or reasonable suspicion testing is required will be driven by a supervisor, or designee.

G. Any employee found to have a BAC of 0.02 or greater will not be allowed to drive himself/herself home from the testing site. The supervisor may, at his/her discretion, provide for transportation from the testing site, or may require the employee to arrange for such transportation.

3. **Supervisors**

A. Any notification by an employee to his/her supervisor that he/she has a drug or alcohol problem prior to being directed to submit to a test will be provided assistance through the Employee Assistance Program and/or any other means of rehabilitation. Similarly, any employee who believes he or she may test positive in a test given pursuant to this Policy will likewise be provided assistance through the Employee Assistance Program and/or any other means of rehabilitation, so long as the employee gives notification *prior to* the administration of the test. Any employee who avails himself/herself of this prior reporting opportunity shall not be terminated for a positive test result. Instead, the employee's immediate supervisor will facilitate assistance through Human Resources.

B. Every supervisor (any employee who would normally evaluate other employees) is required to have a minimum of one (1) hour of training in recognizing drug and alcohol use within twelve (12) months of the adoption of this Policy, or of his/her employment by the City, if later.

C. In order to require testing of an employee for reasonable suspicion of drug or alcohol use, a supervisor must have a reasonable, articulable and individualized suspicion that such employee is under the influence of controlled substances or alcohol while on duty. In such circumstances, a trained supervisor should, but is not required to, seek the opinion of at least one additional trained supervisor, if practical, prior to ordering the employee to testing. If a supervisor has not yet received the training in recognizing drug and alcohol use required by Paragraph

A, he/she *must* seek and obtain the opinion of another trained supervisor before requiring testing hereunder.

1. Grounds for reasonable suspicion include, but are not limited to, such factors as slurred speech, red eyes, dilated pupils, incoherence, unsteadiness, smell of alcohol or marijuana emanating from the employee's body, inability to carry on a rational conversation, increased carelessness, erratic behavior, inability to perform the job, or other unexplained behavioral changes, characteristics or events set forth in the Reasonable Suspicion Observation Form attached.

2. If such grounds for reasonable suspicion exist, the supervisor(s) shall document these observations immediately in writing, and, if possible, on the Reasonable Suspicion Observation Form attached. Following such documentation, the supervisor(s) shall notify the appropriate department head or designee that an employee is being sent for testing, if possible before the employee is sent for testing, or otherwise as soon as practicable. The supervisor shall then direct the employee to the appropriate testing site. A copy of the supervisor's report(s) shall be forwarded to the Workplace Compliance Officer within twenty-four (24) hours, and will be provided to the employee upon request.

D. Supervisors shall arrange for the transportation of any employee to and from reasonable suspicion and post-accident testing. An employee of whom reasonable suspicion or post-accident testing is required shall be directed to accompany the supervisor, or designee, to the appropriate testing site (listed below) for a urinalysis and/or breath alcohol test. The supervisor shall inform the employee of the following:

1. The testing is part of his/her job responsibilities and that refusal to take the test, cooperate, or sign the release of information will result in termination.

2. The employee will be sent home with pay until results are received by the City.

3. The employee will be sent home without pay for twenty-four (24) from the time of the positive alcohol test. Further disciplinary action will be as per this Policy.

4. The City will pay for the testing. Time spent going to and taking the test is counted as time worked.

E. A supervisor shall require post-accident testing of an employee as required in Section F.2 Post-accident of this Policy. A copy of the supervisor's report shall be forwarded to his/her department head, the Workplace Compliance Officer within twenty-four (24) hours and will be provided to the employee upon request. The supervisor's report shall not be disclosed to any other party, unless required by law or City policy. Any City employee receiving a copy of the supervisor's report shall maintain the confidentiality of the contents of that report, unless otherwise required by law.

APPENDIX II

1. TESTING/COLLECTION SITES AND PROCEDURES

Testing/collection site(s) are as follows:

Concentra Medical Center, Monday through Friday, 8 a.m. to 8 p.m., Saturday and Sunday, 8 a.m. to 4 p.m. Concentra Medical is located at 120 W. Fine Avenue, Flagstaff, AZ 86001.

Testing procedures are as follows:

A. Employees shall tell the technician that this is a non-DOT collection. Commissioned Fire personnel shall inform the technician that a split sample is to be collected. Regardless of which test collection site the employee uses, the specimen will be sent to Southwest Labs for processing.

B. The chain of custody form and the urine specimen will go to the following lab:

Southwest Lab
2727 West Baseline Road
Suite 1
Tempe, Arizona 85283

The chain of custody form needs the City of Flagstaff account number and address written in the employer section and the employer copy must be mailed to:

(9504N) City of Flagstaff
ATTN: Work Place Compliance Officer
211 West Aspen Avenue
Flagstaff, AZ 86001

C. Procedures for after-hours are as follows:

Go to Flagstaff Medical Center's Emergency Room. Register as an outpatient and put the City of Flagstaff as Guarantor. Tell emergency personnel this is for a drug a screen and alcohol testing and you need to go to the Lab. It is in the same building and is open 24 hours a day. Commissioned Fire personnel should advise the technician to collect a split-sample.

2. CONFIDENTIALITY OF TESTING RESULTS

Release of controlled substances and alcohol tests will be governed by the following rules:

A. Testing results shall be placed in the workplace compliance file and will be kept confidential, except as otherwise provided herein. Such results will not be placed in the employee's 201 file, any department files, or reported to any other agency, except as specifically required by law.

B. Employees are entitled, upon written request, to obtain copies of any records pertaining to their use of alcohol or controlled substances, including any records pertaining to any testing conducted pursuant to this Policy. Human Resources shall promptly provide such records requested by an employee.

C. Except as otherwise provided herein, test results and/or records made or maintained hereunder shall be made available to a third party only upon receipt of a signed, written request from the employee to whom they pertain, unless otherwise compelled by law.

D. The City may disclose test results and/or records made or maintained hereunder to the employee to whom they pertain. Disclosure may also be made to the decision-maker in a lawsuit, grievance, or any other administrative proceeding initiated by or on behalf of such employee, and arising from the results of an alcohol and/or controlled substance test administered under this Policy, or from the City's determination that the employee engaged in conduct prohibited by this Policy (including, but not limited to seeking unemployment compensation, or engaging in any other proceeding relating to termination or a benefit sought by such employee). In any of these instances, the employee will be treated as having waived his/her right to confidentiality of any records and/or test results by putting such records or result in issue.

APPENDIX III
TESTING METHODS AND COLLECTION PROCEDURES

TESTING METHODS AND COLLECTION PROCEDURES

I. Controlled Substances

The screening will utilize the Enzyme Immunoassay Test (EMIT). Initial positive drug screens will initiate a confirmation test. A confirmation test for controlled substances means a second analytical procedure to identify the presence of a specific drug or metabolite, which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy. Gas chromatography/mass spectrometry (GC/MS) is the secondary technique that will be used. Urine samples will be collected and recorded in accordance with procedures outlined in 49 Code of Federal Regulations, Part 40. Urine samples will be processed in accordance with chain of custody procedures within this title.

A. Reporting and Review of Results

1. The Medical Review Officer (MRO) shall be a licensed physician (medical doctor or doctor of osteopathy) with knowledge of substance abuse disorders and appropriate training in interpretation and evaluation of drug and alcohol test results in conjunction with a subject's medical history and other relevant biomedical information.

2. The role of the MRO is to review and interpret confirmed positive test results obtained through the City's testing program. In carrying out this responsibility, the MRO shall examine alternative medical explanations for any positive test result. This action shall include conducting a medical interview with the individual employee, unless the MRO is unable to make contact with the employee (as described in sections 3a. and 3b. below) and may include review of the individual's medical history, as well as review of any other relevant biomedical factor(s). The MRO's review shall include review of the chain of custody to ensure that it is complete and sufficient on its face. The MRO will only report test results in a manner consistent with this Policy. In the event of a confirmed positive test result, no information shall be given to the employer other than the type of substance for which the employee tested positively. No information regarding the amount of that substance (or substances) contained in the employee's urine shall be given.

3. Prior to making a final decision to verify a positive test result for an individual, the MRO shall give the individual an opportunity to discuss the test result with them. The MRO shall contact the individual directly, on a confidential basis, to determine whether the employee wishes to discuss the test result.

   Upon an initial positive test, the employee will be sent home as soon as the City is notified by the MRO. Should the test be later determined negative, the employee will be paid for any work time.

   a. If, after making all reasonable efforts and documenting them the MRO is unable to reach the individual directly, the MRO shall contact a designated City management official who shall direct the individual to contact the MRO as soon as possible. If, after making all reasonable efforts the designated management official (Human Resources Manager or designee) is unable to contact the employee, the City may place the employee on temporary medically-unqualified status or medical leave without pay.

   b. The MRO may verify a test as positive without having communicated directly with the employee about the test in two circumstances:

      i. The employee expressly declines the opportunity to discuss the test; or

      ii. The designated employer representative has successfully made and documented a contact with the employee and instructed the employee to contact the MRO and more than five (5) days have passed since the date the employee was successfully contacted by the designated employer representative.

4. Following verification of a positive test result, the MRO will refer the case to the City's management official empowered to recommend or take administrative action. The MRO shall only report a positive test result to the City's Compliance Officer, and/or the Compliance Officer's designee, by phone. In all instances of a positive result a signed, written notification

must be forwarded within three (3) business days of completion of the MRO review. The MRO shall report to the City clearly:

a. That the controlled substances test being reported was detected in accordance with this Policy;

b. The name of the individual for whom the test results are being reported;

c. The type of test indicated on the custody and control form (i.e., annual, post-accident, etc.).

d. The date and location of the test;

e. The identities of the persons or entities performing the collection, analysis of the specimens and serving as the Medical Review Officer (MRO) for the specific test; and

f. The verified results of a controlled substance(s) test, either positive or negative, and if positive, the identity of the controlled substance(s) for which the test was verified positive.

2. Alcohol

Blood Alcohol Concentration (BAC) testing will be done by an Evidential Breath Testing Device (EBT) approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's Conforming Products List (CPL) of Evidential Breath Measurement Devices. BAC breath testing shall be administered by a Breath Alcohol Technician (BAT), an individual trained in alcohol testing procedures and the operation of an EBT, which meets or exceeds the guidelines outlined in 49 Code of Federal Regulations, Part 40.51 of DOT regulations.

A. Procedures for Screening Tests

1. When the employee enters the alcohol testing location, the BAT will required him/her to provide positive identification (e.g., through use of a photo I.D. card or identification by an employer representative).

2. The BAT shall explain the testing procedure to the employee.

3. The BAT shall complete Step 1 on the Breath Alcohol Testing Form. The employee shall then complete Step 2 on the form, signing the certification. Refusal by the employee to sign this certification shall be regarded as a refusal to take the test.

4. An individually sealed mouthpiece shall be opened in view of the employee and BAT and attached to the Evidence Breath Testing (EBT) in accordance with the manufacturer's instructions.

5. The BAT shall instruct the employee to blow forcefully into the mouthpiece until the Evidential Breath Testing Device (EBT) indicates that an adequate amount of breath has been obtained to enable the BAT to collect a valid sample.

6. In any case in which the result of the screening test is a breath alcohol concentration of less than 0.02, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall sign the certification and fill in the date in Step 4 of the form.

7. If the employee does not sign the certification in Step 4 of the form or does not initial the log book entry for a test, it shall not be considered a refusal to be tested. In this event, the BAT shall note the employee's failure to sign or initial in the "Remarks" section of the form.

8. If a test result printed by the EBT does not match the displayed result, the Breath Alcohol Technician (BAT) shall note the disparity in the "Remarks" section. Both the employee and the BAT shall initial or sign the notation. In accordance with Department of Transportation 49 Code of Federal Regulations Part 40.79, the test is invalid and the employer and employee shall be so advised.

9. If test results are 0.02 or greater, the BAT shall transmit the results to the employer in a confidential manner, and the employer shall receive and store the information so as to ensure that confidentiality is maintained.

10. If the result of the screening test is an alcohol concentration of 0.02 or greater, an additional Blood Alcohol Concentration test will be performed as a confirmation test as provided in 49 Code of Federal Regulations, Part 40.65.

11. If the confirmation test will be conducted by a different BAT, the BAT who conducts the screening test shall complete and sign the form and log book.

12. All Breath Alcohol Testing shall be conducted in a location which affords visual and audible privacy to the individual being tested sufficient to prevent unauthorized persons from seeing or hearing the results.

13. Unauthorized persons shall not be permitted access to the testing location when the EBT remains unsecured or, in order to prevent such persons from seeing or hearing a testing result, at any time when testing is being conducted.

14. In unusual circumstances (e.g., when it is essential to conduct a test outdoors at the scene of an accident), a test may be conducted at a location that does not fully meet the requirements of Paragraph A of this section. In such a case, the employer or BAT shall provide visual and aural privacy to the employee to the greatest extent practicable.

15. Under the following unusual circumstances, a blood test for blood alcohol levels may be used: (1) when an evidential breath testing device is not available; or (2) upon the determination of a physician that a medical condition has, or with a high degree of probability could have, precluded the employee from having an adequate amount of breath to provide a testable breath sample. As it relates to this section, the term "medical condition" includes, for instance, injuries sustained in an accident. In the event a physician determines blood testing is appropriate, he or she shall provide the City with a written statement of the basis for that conclusion.

B. Confirmation Test Procedures

a. The BAT shall instruct the employee not to eat, drink, put any object or substance in their mouth, and to the extent possible, not belch or vomit during a waiting period before the confirmation test. This time period begins with the completion of the screening test and shall not be less than fifteen (15) minutes. The confirmation test shall be conducted within twenty (20) minutes of the completion of the screening test. The BAT shall explain to the employee the reason for this requirement (i.e., to prevent any accumulation of mouth alcohol from leading to an artificially high reading) and the fact that it is for the employee's benefit. The BAT shall also explain that the test will be conducted at the end of the waiting period, even if the

employee has disregarded the instruction. If the BAT becomes aware that the employee has not complied with this instruction, the BAT shall so note in the "Remarks" section of the form.

b. Before the confirmation test is administered for each employee, the BAT shall ensure that the EBT registers 0.00 on the air blank.

c. Testing as outlined under "Procedures for Screening Tests," as defined in this Appendix, will be conducted in the event that the screening and confirmation test results are not identical. In the event a confirmation test is required, the result of that test is deemed to be the final result upon which any action under operating administration rules shall be based.

d. Following the completion of the test, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall sign the certification and fill in the date in Step 4 of the form.

APPENDIX IV

REASONABLE SUSPICION OBSERVATION FORM
(STRICTLY CONFIDENTIAL)

EMPLOYEE NAME: DATE/TIME OF INCIDENT:

_____ _____

SUPERVISOR #1 NAME: SUPERVISOR #2 NAME:

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee may be under the influence of a prohibited drug substance or alcohol. Supervisor(s) note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance and/or alcohol. Mark each applicable item on this form and any additional facts or circumstances which you have noted.

A. NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- ❑ 1. Observed/reported possession or use of a prohibited substance
- ❑ 2. Apparent drug or alcohol intoxication
- ❑ 3. Observed abnormal or erratic behavior
- ❑ 4. Arrest or conviction for drug-related offense
- ❑ 5. Evidence of tampering on a previous drug test
- ❑ 6. Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (please specify)

_____

_____

_____

_____

_____

B. UNUSUAL BEHAVIOR

- ❑ 1. Verbal abusiveness
- ❑ 2. Physical abusiveness
- ❑ 3. Extreme aggressiveness or agitation
- ❑ 4. Withdrawal, depression, mood changes, or unresponsiveness
- ❑ 5. Inappropriate verbal response to questioning or instructions
- ❑ 6. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion) (please specify)

_____

_____

_____

REASONABLE SUSPICION OBSERVATION FORM (STRICTLY CONFIDENTIAL)

C. PHYSICAL SIGNS OR SYMPTOMS

- ❑ 1. Possessing, dispensing, or using controlled substances
- ❑ 2. Slurred or incoherent speech
- ❑ 3. Unsteady gait or other loss of physical control; poor coordination
- ❑ 4. Dilated or constricted pupils or unusual eye movement
- ❑ 5. Bloodshot or water eyes
- ❑ 6. Extreme fatigue or sleeping on the job
- ❑ 7. Excessive sweating or clamminess to the skin
- ❑ 8. Flushed or very pale face
- ❑ 9. Highly excited or nervous
- ❑ 10. Nausea or vomiting
- ❑ 11. Odor of alcohol
- ❑ 12. Odor of marijuana
- ❑ 13. Dry mouth (frequent swallowing/lip wetting)
- ❑ 14. Dizziness or fainting
- ❑ 15. Shaking hands or body tremors/twitching
- ❑ 16 Irregular or difficult breathing
- ❑ 17. Runny sores or sores around nostrils
- ❑ 18. Inappropriate wearing of sunglasses
- ❑ 19. Puncture marks or "tracks"

❑ 20. Possession of a valid state registry i.d. card for medical marijuana
❑Other (please specify)

_____

_____

_____

D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

_____

_____

_____

_____

_____

ALCOHOL AND CONTROLLED SUBSTANCE TESTING POLICY
ACKNOWLEDGEMENT FORM

I acknowledge that I have received, read, and understand the contents of the City of Flagstaff Alcohol and Controlled Substance Testing Policy.

_____ Employee Name (please print)

_____ Employee Signature

_____ Date

Employee Number:

City of Flagstaff
Payroll Maintenance Form

Please legibly complete the following information for payroll, emergency, and City ID Card purposes.
Shaded boxes are for HR use only.

Contact Information:

Employee Name(Must be exactly as it appears on your Social Security Card):_____

AKA:_____ Job Title:_____

SS#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home (Physical) Address: _____

City: _____ State: _____ Zip:_____

Email: _____ Home Phone: _____

DOB: _____ Gender: ☐M ☐F Cell Phone: _____

Have you retired from ☐Arizona State Retirement System or ☐Public Safety Personnel Retirement System? ☐ N/A

Ethnicity (Please Check One):

☐White ☐Black ☐Hispanic or Latino
☐Asian ☐Native Hawaiian or Other Pacific Islander
☐Two or More Races ☐American Indian or Alaskan Native

Marital Status:

☐Single ☐Married Maiden Name:_____

ID Card Information (Required):

Height: _____ Ft.
_____ In.
Weight: _____

Eye Color:
☐Blue ☐Brown
☐Green ☐Grey
☐Hazel

Hair Color:
☐Brown ☐Red ☐Black
☐Blonde ☐White ☐Gray
☐None

Emergency Contact Information:

Name: _____Relationship: _____
Phone #: _____ Phone #: _____
☐Cell ☐Home ☐Work ☐Cell ☐Home ☐Work

Driver License Information: ☐Commercial Driver License
License #: _____ Class: _____ State: _____
Expiration Date: _____ Endorsements: _____ Restrictions: _____

CITY OF FLAGSTAFF
WAGE PAYMENT ELECTION AND CONSENT FORM

First Name _____ Last Name _____ Last 4 of Social Security # _____

☐ **Direct Deposit** *(indicate amount of deposit to each account type, provide account number and attach voided check)*

Bank Name #1: _____ ☐ **Checking** ☐ **Savings**

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Amount for this account: (select only one) ☐ Entire Balance ☐ $ _____ ☐ % _____

Bank Name #2: _____ ☐ **Checking** ☐ **Savings**

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Amount for this account: (select only one) ☐ Entire Balance ☐ $ _____ ☐ % _____

Bank Name #3: _____ ☐ **Checking** ☐ **Savings**

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Amount for this account: (select only one) ☐ Remaining Balance

☐ **ALINE Card** *(All fields below are required)*

Date of Birth _____ Social Security Number _____ Phone Number _____

Physical Address (No PO Boxes) _____

[NOTE: If you do not indicate ALINE Card as your wage payment election and you later activate the ALINE Card without signing a new election form, by activating the ALINE Card, you are confirming your election and consent as stated below.]

I confirm my authorization to be paid through the ALINE Card is fully voluntary. I understand that in order to use the ALINE Card, I will need to accept and agree to the Cardholder Agreement and to pay the fees as indicated on the Fee Schedule by activating my ALINE Card. By electing ALINE Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an ALINE Card. IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD ACCOUNT - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

CONSENT TO DEPOSIT WAGES

I authorize the City of Flagstaff to automatically deposit my pay (either net or a portion thereof) into the checking, savings or ALINE Card account selected in this election and consent. If funds to which I am not entitled are deposited to my Account, I authorize the City of Flagstaff to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to the City of Flagstaff, to the extent permitted by applicable law. I will review my pay statement to ensure that my wages are being deposited correctly into my Account each payroll period. I understand that I can change my election at any time by contacting the City of Flagstaff and that this authorization replaces any previous authorizations and will remain in full force and effect until the City of Flagstaff has received written notification from me of its termination and the City of Flagstaff and the bank has had a reasonable opportunity to act on said termination.

Employee Signature _____ Date _____

Arizona Form **A-4**

Employee's Arizona Withholding Election

2017

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

☐ **1** Withhold from gross taxable wages at the percentage checked **(check only one percentage)**:

☐ 0.8% ☐ 1.3% ☐ 1.8% ☐ 2.7% ☐ 3.6% ☐ 4.2% ☐ 5.1%

☐ Check this box and enter an extra amount to be withheld from each paycheck ..... $

☐ **2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

Print

I certify that I have made the election marked above.

SIGNATURE DATE

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds $1,050 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 don't apply to supplemental wages greater than $1,000,000.

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

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

Head of household. Generally, you 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. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-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 2017. 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.)

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

B Enter "1" if:
- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

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

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

F Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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

H Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2017

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ▶ ☐	

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	5	
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2017, 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 . . . . . ▶	7	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details . . . . . 1 $ _____

2 Enter: { $12,700 if married filing jointly or qualifying widow(er) / $9,350 if head of household / $6,350 if single or married filing separately } . . . . . 2 $ _____

3 **Subtract** line 2 from **line 1**. If zero or less, enter "-0-" . . . . . 3 $ _____

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 $ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) . . . . . 5 $ _____

6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . . 6 $ _____

7 **Subtract** line 6 from **line 5**. If zero or less, enter "-0-" . . . . . 7 $ _____

8 **Divide** the amount on line 7 by $4,050 and enter the result here. Drop any fraction . . . . . 8 _____

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

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

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

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3" . . . . . 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 _____

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

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

6 **Subtract** line 5 from line 4 . . . . . 6 _____

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

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

9 Divide line 8 by the number of pay periods remaining in 2017. 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 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 $

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $7,000	0	$0 - $8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $75,000	$610	$0 - $38,000	$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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