

STUDENT EMPLOYEE PAPERWORK CHECK LIST

Date: _____ Student: _____

Human Resources Student Assistant/Staff: _____

Classification: FY / SO / JR / SR / GRAD STUDENT

New student employee _____ Rehire _____ International Student _____ Department _____

Worked on campus previously: Yes/No _____ Date employment ended _____

____ Applicant Resident Form*

____ Informed of HireRight

____ Biographical Data Form

____ Ethics

____ NAO Form*

____ CCH Form*

____ International Student List****

(follow instructions)

____ Direct Deposit Form

____ Decline Direct Deposit Form

____ I-9* _____ E-Verify

____ I-9 List of Acceptable Documents*

____ I-9 Information Sheet

____ W-4*

____ Selective Service Form***

____ Proof of Selective Service Document***

(www.sss.gov for on-line verification)

____ Time Entry Procedures/Payment Info*

____ New Health Insurance Marketplace*

____ Phoenix*

____ Confidentiality Agreement*

____ PTF E-mail: _____

*Required for all new student employees

**Required for all paperwork processing

***Male students

****Required for International Students _____ Date all paperwork received _____

Received by (Student or Staff signature): _____

INCOMPLETE PAPERWORK LOG

Date: _____

Items missing:

Discussion with student and/or others

Reminded student and/or others of Payroll deadline

Student/Staff taking information: _____

Instructions for Filing out Student Assistant Paperwork

- Print out the packet single sided.
 - **NO DOUBLE SIDED PRINTING**
- Bring **ORIGINAL DOCUMENT ONLY**
 - We cannot accept faxed copies or hand delivered copies
 - Refer to the next page for documents that can be accepted
- I-9 and W-4 are government forms
 - Do not use white out
 - If there are any mistakes the form will have to be redone
- Homeland Security will not allow us to accept anything but original forms and documents
- Do not fill out page 2 of the I-9 form

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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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



Employer Completes Next Page





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
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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)
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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
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APPLICANT RESIDENCE ADDRESS FORM

All interviewed candidates complete and sign the Notification and Authorization to Obtain (NAO) information liability release form and the DPS Computerized Criminal History form (CCH) with the employment application packet. The CCH form is used for in-state criminal history checks and the NAO is used for out of state criminal history checks.

To complete this process in an accurate manner, it is necessary for you to provide residence addresses for the last **seven** years.

Name: _____
Department: _____ Supervisor: _____
Email Address: _____

Dates of Residence: _____ to: _____

Street (Physical Address) _____

PO Box: _____

City: _____ St. _____ Zip Code: _____

Dates of Residence: _____ to: _____

Street (Physical Address) _____

PO Box: _____

City: _____ St. _____ Zip Code: _____

Dates of Residence: _____ to: _____

Street (Physical Address) _____

PO Box: _____

City: _____

If more space is required please enter on back of form.

TWU EMPLOYEE BIOGRAPHICAL DATA FORM

Prefix	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		
NAME	Last Name:	First Name:	Middle: Suffix:
PERMANENT ADDRESS			
	Street:	Apt:	
	City:	State:	Zip:
LOCAL ADDRESS			
	Street:	Apt:	
	City:	State:	Zip:
Phone Number	()		
Emergency Contact	Name:	Relationship:	
	Contact's Phone Number: ()		
Work Department	Department Name:	Location:	
	Building Name:	<input type="checkbox"/> Denton <input type="checkbox"/> Dallas <input type="checkbox"/> Houston	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Type of Employment	<input type="checkbox"/> Faculty <input type="checkbox"/> Adjunct <input type="checkbox"/> Staff <input type="checkbox"/> Temporary Staff <input type="checkbox"/> Graduate Assistant		
Date of Hire	Month/Day/Year: ____/____/____		
Nepotism Information	Are you related by blood or marriage to any member of the board of regents, faculty or staff of Texas Woman's University? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name and relationship: _____		
Education	Check Highest Education Level: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Doctor's Degree or Equivalent <input type="checkbox"/> Master's Degree or Equivalent <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College </div> <div style="width: 45%;"> <input type="checkbox"/> Business or Trade School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> 8 to 11 Years <input type="checkbox"/> Less than 8 Years </div> </div>		

Signature: _____ **Date:** _____

ETHICS POLICY FOR EMPLOYEES AT TEXAS WOMAN'S UNIVERSITY

Employees of Texas Woman's University (TWU) are subject to the laws of ethics governing conduct of state employees.

The principles and guidelines of the Ethics Policy for Employees shall apply to all persons employed by any component institution, agency, or service of Texas Woman's University regardless of rank or position.

Effective September 1, 2007, each state agency shall distribute a copy of the ethics policy to each new employee not later than the third business day after the date the person begins employment with the agency.

I hereby agree and acknowledge that I have been furnished a copy of the following:

Ethics Policy for Employees, Policy 3.02

Subchapter C, Title V, The Texas Government Code

Signature

Date

Notification and Authorization to Obtain Information

In connection with my application for employment with Texas Woman's University, I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from Texas Woman's University (TWU) from public records including, but not limited to Social Security number, motor vehicle operation history and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Investigative Consumer Report may be requested and, as required under 1681d (a) (1), I understand that this Report may include information as to my character, general reputation personal characteristics, mode of living, work habits, performance experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such item of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINSTRATOR;LAW ENFORCEMENT AGENCY, STATE, AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU;COLLECTION AGENCY;PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION)OR ANY OTHER INFORMATION REQUESTED BY TWU.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right(i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency, and from any other consumer credit Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and (ii) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the Reporting Agency. I understand that upon my request with reasonable notice, TWU will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting act 603(h), as a report to be used for the purpose of evaluation for employment promotion, reassignment or retention as an employee. I further understand that any off of employment, promotion or reassignment will be conditional upon the receipt of satisfactory information as required by and that to be considered for employment promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this Notification and Release Authorization shall be as valid as the original.

State Law (Leg. House Bill 1922) with limited expectation, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect. Discloser of you social security number (SSN) is required under this form for identification purposes. Any further discloser of your SSN will be governed by The Public Info. Act (Chapter 552 of the Texas Govt. Code)

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein may void this application and any actions based on it. I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of the Board of Regents of The Texas Woman's University. I understand that employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the University or the employee. I authorized Texas Woman's University to contact references and former employers. In the event that I am in position deemed by the Institution to warrant a background investigation, I authorize the Institution to conduct a police inquiry regarding any past or current charges, convictions investigations, etc. I understand that all offers of employment extended by the Texas Woman's University will be contingent upon my ability to provide documents which establish proof of my identity and eligibility in the United States.

Last Name _____ First Name _____ Middle Name/Initial _____

Social Security Number _____ Driver's License Number _____ State issued _____

D.O.B. _____ Have you used any names or social security numbers other than above? Yes ___ No ___

Please list other names used _____ Please list other SS number used _____

Signature _____

Today's Date _____

Email Address _____

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

TEXAS WOMAN'S UNIVERSITY
P. O. BOX 425739
DENTON, TX 76204-5439
940-898-3561 (Office)
940-898-3566 (Fax)

Type or Print

Last Name _____ First Name _____

TWU ID _____

Date of Birth: _____

Bank Name _____	Bank Name _____
Routing Number _____	Routing Number _____
Account Number _____	Account Number _____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Dollar Amt. or 100% _____	Remainder _____

*** Important Note: The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.*

*** Checking and Savings accounts do not need to be at the same financial institution.*

I hereby authorize the Texas Woman's University and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination.

Signature _____

Date _____

Department _____

Phone number _____

<i>Payroll Use Only</i>
Date Entered: _____
Initials: _____

*****PLEASE ATTACH A VOIDED PERSONALIZED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM BELOW*****

Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, 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. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're 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 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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				Table 2			
Married Filing Jointly		All Others		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	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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.

TEXAS WOMAN'S UNIVERSITY

Human Resources Department – Student Employment

STUDENT EMPLOYEE CONFIDENTIALITY AGREEMENT

I, _____ (PRINT NAME), understand and accept the following conditions and responsibilities of my employment at the Texas Woman's University as a student assistant:

1. In the performance of my duties, I may have access to confidential information which includes records of other students, faculty, or staff business information, correspondence and reports. All of these types are considered confidential.
2. I shall treat ALL information accessible to me in the performance of my duties as Confidential Information, regardless of its format (e.g., electronic, paper, oral), unless and until advised otherwise by my supervisor.
3. I agree to not access Confidential Information unless I am authorized to do so, and I agree to maintain the confidentiality and privacy of Confidential Information during and after my period of student employment with the University. I shall not, directly or indirectly, communicate orally, in writing, or by e-mail, any Confidential Information to any unauthorized person, including, without limitation, other students, work colleagues, family members, etc.
4. I may gain access to sensitive or confidential information and records that may be protected from disclosure by federal or state law. Examples include education records protected under the Family Educational Rights and Privacy Act of 1974 (FERPA). I understand that unauthorized disclosure of such information can adversely impact the University, individual persons, or affiliated organizations.
5. I shall use my access to Confidential Information for the sole purpose of performing my job duties. I shall not disclose information to ANYONE without prior authorization from my supervisor.
6. I shall not permit myself or any other person to copy, reproduce, alter, delete, or enter any information other than what is required in the regular performance of my job duties.
7. I am aware that any breach of this agreement, release of Confidential Information, or any abuse of my position, may result in disciplinary action through The Texas Woman's University Code of Conduct or otherwise, including possible termination of my position, prosecution through appropriate University judicial processes, expulsion from the University, civil and criminal legal sanctions.
8. The provisions contained in this agreement are considered conditions of my participation in programs and employment offered by the University. I understand that my supervisor will retain a copy of this page indicating my receipt and understanding of this document.

I have reviewed and read this document. I understand its terms and its legal effect.

Student Employee Name (Print)

ID Number

Student Employee Signature

Date

Supervisor Name (Print)

Supervisor Signature

Date

Texas Woman's University
Student Employment
Hourly Time Entry Procedures and Pay Day Information

1. Log-on to your TWU Portal Account using your user name and password.
2. Once logged on, you will need to click on "My Tools" which you will find on the left side of your computer screen.
3. Under Faculty/Staff Tools, click on "Hourly Timesheet".
4. Inside the box for "IN" – type in the date and time you started your shift.
5. Inside the box for "OUT" – type in the date and time you left for lunch.
6. After entering both "IN" and "OUT" times, click on "ADD PUNCH".
7. Inside the box for "IN" – type in the date and time you came back from lunch.
8. Inside the box for "OUT" – type in date and time you ended your shift.
9. After entering both "IN" and "OUT" times, click on "ADD PUNCH".
10. If you do not need to make changes, you can log out.
11. If you have entered your time incorrectly, go to the incorrect line and click on "EDIT" and the system will allow you to re-enter your time. Once you have re-entered your time correctly, click on "EDIT PUNCH", and your time will be re-submitted.
12. If you want to delete a line, go to the line you want to delete and click on "DELETE".
13. If you have any questions or issues with entering our time into your portal account, please call the Human Resources at 940-898-3555 for assistance.

Pay day is on the first working day of each month. For instance, if the very first day of the month falls on a Saturday, pay day will be the following Monday because it will be the first working day of the month. If the first day of the month falls on a Wednesday, pay day will be on Wednesday.

Pay periods run from the 16th of the previous month through the 15th of the current month. For example, for the pay period of September 16th – October 15th, students are paid on the first working day of November for the hours worked during that time period.



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 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.

TWU EMPLOYEE SELF-SERVICE
TWU STUDENT SELF-SERVICE

MUST USE:

- *TWU Campus Computer*
- *Internet Explorer*

Log on to Pioneer Portal

Password

Log In

TEXAS WOMAN'S UNIVERSITY

You are about to connect to a secured information system. Access to this system is for official business only. Unauthorized access is prohibited. Any misuse of this information system or the data that it contains will be prosecuted to the full extent of the law.

- (A) Unauthorized use is prohibited;
- (B) Usage may be subject to security testing and monitoring;
- (C) Misuse is subject to criminal prosecution; and
- (D) Users have no expectations of privacy except as otherwise provided by applicable privacy laws.

* Username
(example: jpioneer)

* Password

Please log in with your portal username and password

Accessibility ▼

Personal Information	←	Update Address/Contact Info.
W4 Information	←	Enter W-4 Election
Payroll Direct Deposits	←	Enter Banking Information
Timecard Entry	←	Create and Enter Timecard Data
Timecard Search	←	Locate Previous Timecards
W-2 Information	←	Print Your W-2
W-2 Distribution Method	←	Select Print or Mail W2 (choose 1)
TWU Privacy Setting	←	Elect Privacy Settings for your info.

- When making changes be sure to continue through each screen until you see confirmation of changes
- Use same user name and password as in Portal
- No need to send forms to Human Resources
- Note: Timecard Entry and Timecard Search are for Phoenix timecards only
- **Make your changes by the 15th of the month to ensure that your changes will be effective for the upcoming pay date.**

RISK MANAGEMENT

TEXAS WOMAN'S UNIVERSITY

All student employees are required to take some Department of Risk Management trainings upon hire.

Student employees (with help from supervisors) must use this checklist to determine the Risk Management training that will be required based on the specific tasks and activities the student employee will be conducting. Please contact Drew Townsend at x3129 if you have any questions or need assistance with accessing the trainings.

The Risk Management trainings are available online through Canvas. Instructions for accessing and completing the trainings can be found at: <http://www.twu.edu/health-safety/training/online-training/>

Training Applicability Checklist

<input checked="" type="checkbox"/>	Task/Activity	Required Training
	Will you be working on campus or visiting campus regularly? Only those who are rarely on campus are exempt from this training.	Fire Safety/Evacuation
	Will you be working at the Denton campus?	Storm Water Pollution Prevention
	Will you work with or potentially be exposed to any hazardous chemicals/materials? "Potentially exposed" generally includes visiting labs/shops/studios or similar areas as part of your employment.	Hazard Communication
	Will you work with chemicals in a laboratory?	Chemical Hygiene/Lab Safety
	Will you be exposed to blood or other potentially infectious materials? "Exposed" generally includes fitness and rec employees who may perform first aid as part of their duties.	Bloodborne Pathogens
	Will you be exposed to fall hazards of greater than 4 feet in height (includes anytime you are working near an edge without a proper handrail)?	Fall Protection
	Will you ever need to use a ladder (including step ladders, extension ladders or ladders attached to walls)?	Ladder Safety
	Will you generate or handle hazardous wastes of any kind (generally includes lab/shop/art studio wastes)?	Hazardous Waste Management
	Will you work with radiological materials or equipment that generates ionizing radiation?	Radiation Safety
	Will you be required to wear a respirator or dust mask for any reason? This generally does not include surgical-type masks that are not tight fitting, but includes all other dust masks if you are required to wear them.	Respiratory Protection

Form I-9, Employment Eligibility Verification Employee Information Sheet



U.S. Citizenship
and Immigration
Services

- 1. What is the purpose of the Form I-9?** Federal law requires employers to verify the identity and employment authorization of new employees and to reverify employment authorization only in certain instances at a later date. Employers must use Form I-9 to do this. Your employer will ask you to complete Section 1. Please review the instructions and print clearly.
- 2. Who keeps Form I-9?** Your employer will keep your completed Form I-9, but must share it with certain government agencies when requested. Officials from the Department of Homeland Security, from the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at the Department of Justice, and from the Department of Labor may inspect an employer's Forms I-9.
- 3. Must I fill out everything in Section 1?** No. The three optional fields are: (1) Social Security Number, (2) E-mail Address, and (3) Telephone Number. If your employer uses E-Verify, you must provide your Social Security Number. If you provide your e-mail address and phone number, E-Verify will be able to give you important information regarding your E-Verify case.
- 4. Should I complete Section 2 or Section 3?** No. Section 2 and Section 3 are completed by your employer.
- 5. Is Form I-9 available in other languages?** Yes. Form I-9 is also available in Spanish for use in Puerto Rico. Outside Puerto Rico, the Spanish version can be used only to help employers and employees complete the English language form.
- 6. May someone who understands English help me fill out Form I-9?** Yes. You may ask someone to help you complete the form. Common examples are where you need the form translated for you or need help writing in your information. The person who translates or completes the form for you must complete the "Preparer and/or Translator certification" on Form I-9. However, you personally must sign Section 1.
- 7. Which documents do I need to show my employer?** You need to show your employer documents from the "List of Acceptable Documents." The List is part of Form I-9. You decide which document or documents to show from the List. Your employer cannot ask or require that you show a certain document.
- 8. Do I need to show my employer one or two documents?** It depends. Some employees choose to show one document from "List A" to prove **both** identity and work authorization. Other employees choose to show a combination of documents – one from "List B" showing their identity and one from "List C" showing work authorization. For the complete list of documents that you can use, look at the List of Acceptable Documents.
- 9. What will happen if I do not complete Section 1 and/or present acceptable documents?** If you do not complete Section 1 of Form I-9 and/or present acceptable documents, your employer can terminate your employment.
- 10. Can I get in trouble if I lie on the form?** Yes. You may be subject to criminal charges if you lie or present false documents for Form I-9.
- 11. Who can I call if I have questions, or if I think my employer is treating me unfairly based on my national origin or citizenship status?** For questions about Form I-9, call U.S. Citizenship and Immigration Services at 1-888-464-4218. If you believe you have been treated unfairly based on your national origin or citizenship or immigration status, or have questions about your rights, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices at 1-800-255-7688 (language assistance is available) or 1-800-237-2515 (TDD).
- 12. How can I learn more about the Form I-9 and my rights and responsibilities as an employee?** Please visit I-9 Central (www.uscis.gov/I-9Central). USCIS also offers monthly webinars on employee rights and responsibilities. OSC also offers free webinars for employees in English and Spanish, and a schedule is available on OSC's website (www.justice.gov/crt/about/osc).