Time Sensitive Requirements for all Newly Hired Employees

La Salle University requires all new employees to submit a completed “New Hire Packet” and present appropriate forms of identification **BEFORE** starting work. Please make time to organize the following items before visiting our office. You will need to bring:

___ Completed I-9 Form and **original forms of ID** (enclosed)

___ Voided check or bank account information
   (all new employees are required to sign-up for direct deposit)

___ Completed “New Hire Packet” (enclosed)

___ Hiring information
   Students: bring your completed work study or budget form
   Faculty: your Dean’s office will notify us (please confirm in advance)
   Staff: your department head will provide us with the necessary paperwork

You can expect the following “next steps” after submitting the information described above:

- We will let you know when and where you can get your ID card (faculty and staff only).

- Students, once your paperwork has been processed you will have a timesheet in the mylasalle portal where you will begin entering your hours. Your supervisor will give you additional information on how to use the system and when your hours are due for each pay period.

- Your first pay may be either a check or a direct deposit. You can determine which by checking your paystub in the mylasalle portal. If you have a check, you will pick it up in the Finance and Administration building on or after payday by presenting your La Salle ID card. Adjunct faculty checks will be mailed to your home as long as you have completed a direct deposit form.

- Information Technology will create network, email and portal accounts after we create your employee record. This process usually takes a few days. Once everything is ready, IT will send a letter to your home with your account credentials. Please contact the faculty/staff help desk at 215-951-1860 with any IT questions (faculty and staff only).

- You will have access to your pay stub and W-2 information via the Brother LUWIS icon inside the mylasalle portal.

If you have any questions regarding the new hire paperwork and requirements or about being processed into the system, please contact Human Resources at 215-951-1052 or via email at hr@lasalle.edu. If you have questions regarding your timesheet, hours entry, or payroll, please contact Payables at 215-951-1050 or via email at payables@lasalle.edu.
LA SALLE UNIVERSITY

CONFIDENTIAL NEW HIRE DATA FORM

<table>
<thead>
<tr>
<th>Employee SSN</th>
<th>Department Name</th>
<th>Circle One:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Full-Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faculty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part-Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faculty</td>
</tr>
<tr>
<td></td>
<td>Supervisor Name</td>
<td>Full-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work Study</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Name (Last Name, First Name, Middle Initial)</th>
<th>Prefix (Mr., Mrs., etc.)</th>
<th>Suffix (Jr., Ph.D, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Residence/Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Marital Status</th>
<th>Birthdate (mm-dd-yyyy)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S / M</td>
<td></td>
<td>M / F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Have you previously been employed by La Salle University?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES or NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizenship Information</th>
<th>Ethnicity and Race Information (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I attest, under penalty of perjury, that I am</td>
<td>Are you Hispanic/Latino?</td>
</tr>
<tr>
<td>(check one of the following):</td>
<td>Yes, Hispanic or Latino</td>
</tr>
<tr>
<td>[ ] A citizen or national of the United States</td>
<td>No, not Hispanic or Latino</td>
</tr>
<tr>
<td>[ ] A lawful permanent resident</td>
<td>What is your race? (choose one or more)</td>
</tr>
<tr>
<td>[ ] An alien authorized to work</td>
<td>[ ] American Indian or Alaska Native</td>
</tr>
<tr>
<td>[ ] White</td>
<td>[ ] Asian</td>
</tr>
<tr>
<td>[ ] Black or African-American</td>
<td>[ ] Native Hawaiian or Other Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*****Human Resources use only*****

I-9: Date Complete: 

rev 08/15
# RESIDENCY CERTIFICATION FORM

**Local Earned Income Tax Withholding**

## TO EMPLOYERS/TAXPAYERS:
This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

### EMPLOYEE INFORMATION - RESIDENCE LOCATION

<table>
<thead>
<tr>
<th>NAME (Last Name, First Name, Middle Initial)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (No PO Box, RD or RR)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SECOND LINE OF ADDRESS</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>DAYTIME PHONE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MUNICIPALITY (City, Borough or Township)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>RESIDENT PSD CODE</th>
<th>TOTAL RESIDENT EIT RATE</th>
</tr>
</thead>
</table>

### EMPLOYER INFORMATION - EMPLOYMENT LOCATION

<table>
<thead>
<tr>
<th>EMPLOYER BUSINESS NAME (Use Federal ID Name)</th>
<th>EMPLOYER FEIN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SECOND LINE OF ADDRESS</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MUNICIPALITY (City, Borough or Township)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>WORK LOCATION PSD CODE</th>
<th>WORK LOCATION NON-RESIDENT EIT RATE</th>
</tr>
</thead>
</table>

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

<table>
<thead>
<tr>
<th>SIGNATURE OF EMPLOYEE</th>
<th>DATE (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
</table>

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
**Employer Instructions:** You must keep a copy of this form on file for each employee who claims exemption from withholding of Pennsylvania Personal Income Tax on compensation received in Pennsylvania and who authorizes withholding of income tax for another state for remittance to that state. Send the bottom portion of this form to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, PO BOX 280904, Harrisburg, PA 17128-0904. Photocopies of this form are acceptable. Unless the state of residence changes, it is not necessary to refile this statement each year.

**Employee Instructions:** You must complete both portions of this form to claim an exemption from withholding of Pennsylvania Personal Income Tax and to authorize withholding of your state’s income tax. Only residents of the states listed on this form are eligible for exemption of withholding from Pennsylvania since they are the only states with which there is a reciprocal agreement. If you change your residence from the state specified on this form, you must notify your employer and complete a new form within 10 days of that change of residence.

---

### Employer Copy (Employee Completes Information Below and Signs)

<table>
<thead>
<tr>
<th>Employee name: First, Middle Initial, Last</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

I hereby declare that, under penalties of perjury, I am a resident of the state checked below:

- [ ] INDIANA
- [ ] MARYLAND
- [ ] OHIO
- [ ] NEW JERSEY
- [ ] VIRGINIA
- [ ] WEST VIRGINIA

and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.

Employee's Signature

Date

---

### Employer Completes Information Below

<table>
<thead>
<tr>
<th>Employer Name: La Salle University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address: 1900 West Olney Avenue</td>
</tr>
<tr>
<td>City: Philadelphia</td>
</tr>
</tbody>
</table>

Federal Employer Identification Number (EIN) 23-1352654

Telephone Number (215) 951-1050

State: PA

Zip Code: 19141

---

### Copy to be Sent to the Commonwealth of Pennsylvania (Employee Completes Information Below and Signs)

<table>
<thead>
<tr>
<th>Employee name: First, Middle Initial, Last</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

I hereby declare that, under penalties of perjury, I am a resident of the state checked below:

- [ ] INDIANA
- [ ] MARYLAND
- [ ] OHIO
- [ ] NEW JERSEY
- [ ] VIRGINIA
- [ ] WEST VIRGINIA

and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.

Employee's Signature

Date

---

### Employer Completes Information Below

<table>
<thead>
<tr>
<th>Employer Name: La Salle University</th>
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<tbody>
<tr>
<td>Business Address: 1900 West Olney Avenue</td>
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<tr>
<td>City: Philadelphia</td>
</tr>
</tbody>
</table>

Federal Employer Identification Number (EIN) 23-1352654

Telephone Number (215) 951-1050

State: PA

Zip Code: 19141
Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 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 do not apply to supplemental wages greater than $1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet. 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 2015. 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.

Below are the Personal Allowances Worksheet and Employee’s Withholding Allowance Certificate for 2015.
### 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 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $309,900 and you are married filing jointly or if you are qualifying widow(er); $294,050 if you are head of household. $258,250 if you are single and not

2. Enter: $12,600 if married filing jointly or qualifying widow(er)

3. Subtract line 2 from line 1. If zero or less, enter “-0-”.

4. Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2015 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter “-0-”.

8. Divide the amount on line 7 by $4,000 and enter the result here. Drop any fraction.

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

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

---

### Two-Earners/Multiple Jobs Worksheet

(See Two earners or multiple jobs on page 1.)

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

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

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

4. Enter the number from line 2 of this worksheet.

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

6. Subtract line 5 from line 4.

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

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

9. Divide line 8 by the number of pay periods remaining in 2015. 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 2015. Enter the result here, and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

---

### Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $6,000</td>
<td>0</td>
</tr>
<tr>
<td>6,001 - 12,000</td>
<td>1</td>
</tr>
<tr>
<td>13,001 - 24,000</td>
<td>2</td>
</tr>
<tr>
<td>24,001 - 34,000</td>
<td>3</td>
</tr>
<tr>
<td>34,001 - 44,000</td>
<td>4</td>
</tr>
<tr>
<td>44,001 - 50,000</td>
<td>5</td>
</tr>
<tr>
<td>50,001 - 65,000</td>
<td>6</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>7</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>8</td>
</tr>
<tr>
<td>80,001 - 100,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 - 115,000</td>
<td>10</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>11</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>12</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$600</td>
</tr>
<tr>
<td>75,001 - 135,000</td>
<td>1,000</td>
</tr>
<tr>
<td>135,001 - 205,000</td>
<td>1,120</td>
</tr>
<tr>
<td>205,001 - 360,000</td>
<td>1,320</td>
</tr>
<tr>
<td>360,001 - 405,000</td>
<td>1,400</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,580</td>
</tr>
</tbody>
</table>

---

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(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.
DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _________________________________________________________________________

La Salle ID #: ___________________________________  Contact Phone #: __________________________

PAYMENT TYPE  _____ Payroll  _____ Accounts Payable

ACTION  _____ New Enrollment

 _____ Termination — Terminations of enrollment may be processed on a temporary basis ONLY.

 _____ Change (check one)  ___ My old account is still open, please direct deposit during test cycle.

 ___ My old account is closed, please issue check during test cycle.

BANK INFORMATION

Please provide information for at least one bank. Deposits may be made to multiple banks not to exceed 100% of your net pay. Whenever possible, please attach a copy of a blank voided check to the form. Additional forms may be used. Generally, it takes a complete pay cycle for Direct Deposit to become active.

1. Bank Name: ________________________________  ABA Routing Number: ____________________
   Account Number: ____________________________  Account Type (Circle One):  Checking / Savings
   $ Amount / Percentage of Pay: __________________

2. Bank Name: ________________________________  ABA Routing Number: ____________________
   Account Number: ____________________________  Account Type (Circle One):  Checking / Savings
   $ Amount / Percentage of Pay: __________________

3. Bank Name: ________________________________  ABA Routing Number: ____________________
   Account Number: ____________________________  Account Type (Circle One):  Checking / Savings
   $ Amount / Percentage of Pay: __________________

AUTHORIZATION / RESPONSIBILITY

I hereby authorize La Salle University to initiate credit entries to my account(s) at the financial institution(s) indicated above. Charges to the same account(s) will only be made to reverse any credit amounts posted erroneously. This authorization is to remain in effect until La Salle University has received written notification from me of its termination in such time and manner as to afford LaSalle a reasonable opportunity to act on it.

I understand that La Salle University cannot guarantee that my funds will be in my account at the “Opening of Business” on payday. It is my responsibility to check with my bank(s) regarding their policy on this matter. It is also my responsibility to give the Payables Department at least 30 days notice regarding any changes to the account to which my pay is automatically deposited so that the appropriate changes can be processed. If I do not give advanced notice regarding any changes and my funds are deposited to the wrong account, it is my responsibility, not the University’s, to correct the problem with my bank.

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

What Is the Purpose of This Form?

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

General Instructions

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

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

Section 1. Employee Information and Attestation

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

Provide the following information to complete Section 1:

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

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

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

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

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

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

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

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

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

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

   If you check this box:

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

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

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

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

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

**Preparer and/or Translator Certification**

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

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

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

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

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

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

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

Employers or their authorized representative must:

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

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

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

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

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

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

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

7. Return the employee's documentation.

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

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

Receipts

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

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

There are three types of acceptable receipts:

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

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

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

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

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

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

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

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

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

3. Initial and date the change.

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

Section 3. Reverification and Rehires

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

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

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

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

Reverification does not apply to List B documents.

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

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

To complete Section 3, employers should follow these instructions:

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

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

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

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

What Is the Filing Fee?

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

USCIS Forms and Information

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

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

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

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

Photocopying and Retaining Form I-9

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

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

USCIS Privacy Act Statement

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

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

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

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

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
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I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _______________________

- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _______________. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _______________________

   OR

2. Form I-94 Admission Number: _______________________

   If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

   Foreign Passport Number: _______________________

   Country of Issuance: _______________________

   Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: _______________________

Date (mm/dd/yyyy): _______________________

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: _______________________

Date (mm/dd/yyyy): _______________________

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<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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</table>
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
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<tr>
<td>Issuing Authority:</td>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

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: ____________________________

Date (mm/dd/yyyy): ____________________________

Title of Employer or Authorized Representative: ____________________________

Last Name (Family Name): ____________________________

First Name (Given Name): ____________________________

Employer's Business or Organization Name: ____________________________

La Salle University

Employer's Business or Organization Address (Street Number and Name): ____________________________

City or Town: ____________________________

State: ____________________________

Zip Code: ____________________________

1900 West Olney Avenue

Philadelphia

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

A. New Name (if applicable) Last Name (Family Name): ____________________________

First Name (Given Name): ____________________________

Middle Initial: ____________________________

B. Date of Rehire (if applicable) (mm/dd/yyyy): ____________________________

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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: ____________________________

Date (mm/dd/yyyy): ____________________________

Print 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.

<table>
<thead>
<tr>
<th><strong>List A</strong></th>
<th><strong>List B</strong></th>
<th><strong>List C</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>

### List A

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:
   - 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.
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

### List B

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

### List C

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. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
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. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
WORKERS’ COMPENSATION
EMPLOYEE NOTIFICATION

Workers’ Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Workers’ Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer’s physician panel list for the first ninety (90) days from the date of your first treatment.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer’s panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician’s opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Workers’ Compensation Act.

Employee signature ___________________________ Date _______________________
WORKER'S COMPENSATION
EMPLOYEE NOTIFICATION

Workers' Compensation Information

(1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

(2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

(3) You should report immediately any injury or work-related illness to your employer.

(4) Your benefits could be delayed or denied if you do not notify your employer immediately.

(5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

(6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.
NOTICE TO EMPLOYEES

Your employer has provided for the payment of benefits under the Workers’ Compensation Act of this State
IN CASE OF WORK-RELATED INJURY

- If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
- In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must immediately advise your supervisor of your injury, and be treated by one of the licensed physicians or practitioners of the healing arts listed below:

DESIGNATED PHYSICIANS
(including address, telephone number, and area of medical specialty)

<table>
<thead>
<tr>
<th>CLINICS</th>
<th>PHYSICIANS/SPECIALISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentra Medical Center</td>
<td>Kravitz, Joel, MD, DO</td>
</tr>
<tr>
<td>Occupational Medicine Clinic</td>
<td>Family Practice</td>
</tr>
<tr>
<td>2010 Levick St</td>
<td>5501 Old York Rd</td>
</tr>
<tr>
<td>Philadelphia, PA 19149</td>
<td>Philadelphia, PA 19141</td>
</tr>
<tr>
<td>215-537-4755</td>
<td>215-456-6679</td>
</tr>
<tr>
<td>Industrial Health Services</td>
<td>Raphael, James S., MD</td>
</tr>
<tr>
<td>Occupational Medicine Clinic</td>
<td>Orthopedic Surgery</td>
</tr>
<tr>
<td>100 E Lehigh Ave Mab L6</td>
<td>5501 Old York Rd Willow Crest Bldg Fl 4</td>
</tr>
<tr>
<td>Philadelphia, PA 19125</td>
<td>Philadelphia, PA 19141</td>
</tr>
<tr>
<td>Worknet Occupational Medicine</td>
<td>Somers, Robert Glenn, MD</td>
</tr>
<tr>
<td>Occupational Medicine Clinic</td>
<td>Surgery: General</td>
</tr>
<tr>
<td>5800 Ridge Ave Ste 234</td>
<td>5501 Old York Rd Ground Fl</td>
</tr>
<tr>
<td>Philadelphia, PA 19128</td>
<td>Philadelphia, PA 19141</td>
</tr>
<tr>
<td></td>
<td>215-456-6696</td>
</tr>
</tbody>
</table>

Express Scripts Pharmacy Program - To contact your local Express Scripts Pharmacy, please call (800) 897-9470
The insurance company providing coverage for this business under the Workers’ Compensation Law is: PMA Insurance Group

- You must continue to visit one of these persons listed above, if you need treatment, for ninety (90) day from the date of your first visit. If you do not, your employer may not be required to pay these services.
- After this ninety (90) day period, if you still need treatment and your employer had provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. You must notify your employer of this action within five (5) days of your visit to the person of your choice, or your employer may not be required to pay for these services.
- Your bills will be paid for IF: your licensed physician or practitioner of the healing arts files reports as required. (These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)
- In the event a posted panel physician recommends invasive surgery, you may seek a second opinion with a physician of your choice. If you choose to undergo the invasive surgery, you must use a posted physician for the treatment.
- If no list is provided as above, you may go to a licensed physician of practitioner of the healing arts of your choice.
- If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.
- If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.

REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY

This material is provided for informational purposes only and is not meant to be legal advice. Any person reading or otherwise using the information contained herein acknowledges that the information is provided as a service and is not authorizing any specific treatment or course of treatment. Further, use of any provider listed does not verify or confirm coverage under the Workers’ Compensation Act and PMA is not responsible for any losses incurred as a result of any person relying on this information.