

Student Employee New Hire Checklist

- PPAF
- Student Employee Application
- I-9 Form (with correct copies of documentation)
- Employment Verification Affirmation Form
- Copy of Social Security Card (if not already included as I-9 documentation)
- W-4 Form (for the current calendar year)
- Direct Deposit Form (with voided check or direct deposit form issued by the financial institution attached)
- Background Disclosure and Authorization Form
- Background Check (to be completed and added to packet by HR)
- AHEC Policies Signature Sheet
- Social Security Verification Sheet
- Form SSA-1945 (Statement Not Covered by Social Security)
- Student Verification Form with Class Schedule Attached
- TIAA-CREF Form (For students enrolled in less than 6 credit hours or attending a Non-AHEC school)



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(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.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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 [][] - [][] - [][][][]		E-mail Address		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):

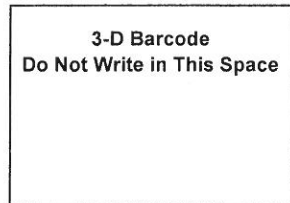
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this 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):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

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

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

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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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):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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 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

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.



Colorado Affirmation Form Instructions Employment Verification Law, § 8-2-122, C.R.S.

Overview of the Colorado Employment Verification Law

The employment verification law applies to all public and private employers in Colorado, and is in addition to separate federal Form I-9 requirements. Employers must comply with the provisions of the law for all Colorado employees hired on or after January 1, 2007. There are two main requirements, both of which must occur within 20 days of hire: (1) an affirmation requirement, and (2) a requirement to make and retain copies of employee identity and employment authorization documentation (copies of the employee's identity and employment authorization documents which were presented for completion of the [Form I-9](#)). Visit www.colorado.gov/cdle/evr for more information.

Completion of the Affirmation Form

1. The attached affirmation form is designed for use by Colorado employers. By signing the form, the employer affirms to all four of the employment eligibility components for the employee listed.
2. The employer must have completed an affirmation form for all Colorado employees hired on or after January 1, 2007.
3. Effective October 1, 2012, Colorado employers must use the Division affirmation form with a revision date of 09/06/12.
 - a. The 09/06/12 version of the form must be used for all Colorado employees hired between October 1, 2012, and October 1, 2014.
 - b. The 09/06/12 version of the form cannot be used for Colorado employees hired prior to September 6, 2012.
4. The form must be completed within 20 days after hiring each employee. Review the information below if you have not adhered to this requirement.
5. The employer, not the employee, is responsible for filling out and completing the form in a timely fashion. The form may be completed by the employer's designee or representative.
6. The following items on the form must be legibly completed by the employer. The employer may not leave any of these items blank or incomplete:
 - a. Employee name and date of hire (Month/Day/Year).
 - b. Employer name, signature, and date of employer signature (Month/Day/Year).

Retention of the Affirmation Form

Forms must be retained by the employer for the duration of the employee's employment. The employer must produce copies of the form to the Colorado Division of Labor upon request, but does not have to submit forms absent a request.

Failure to Properly Complete the Affirmation Form or Work Eligibility Documentation Requirements

The employer must provide accurate and complete information on the form. Provision of false or fraudulent information on the form may subject the employer to a significant fine and/or additional penalties.

If the employer has not properly completed the affirmation form within 20 days of hiring the employee, or the employer has not made and retained copies of employee identity and employment authorization documentation within 20 days of hiring the employee:

1. **DO NOT** complete an affirmation form for the affected employee(s). The employer cannot complete a valid form once the 20 days have elapsed since hire.
2. **DO NOT** backdate or otherwise enter incorrect information onto the form for the affected employee(s). The employer must not enter false or fraudulent information onto the form.
3. **DO NOT** attempt to make and retain copies of employee identity and employment authorization documentation if you did not comply with this requirement within 20 days of hiring the employee. Seeking such documentation after the 20 days have elapsed does not comply with Colorado law, and may also violate separate federal immigration laws.

DO comply with the employment verification law for all new hires going forward. The employer must: (1) properly complete affirmations, and (2) make and retain copies of employee identity and employment authorization documentation, within 20 days of hire for all employees hired after the discovery of the historical noncompliance.

Following the steps above, and engaging in other appropriate compliance actions, may reduce the likelihood of a fine, or may mitigate the value of a fine, depending upon the circumstances. Consult with an attorney for legal advice.

This form cannot be used for employees hired prior to September 6, 2012.



Revision Date: 09/06/12
Expiration Date: 10/01/14

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: _____
Last First Middle Date of Birth

Social Security Number: _____ - _____ - _____ Date of Hire: _____ (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

Form W-4 (2013)

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 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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-earners/multiple jobs situations.

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>		
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>		
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>		
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>		
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>		
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; vertical-align: top;">For accuracy, complete all worksheets that apply.</td> <td style="width: 85%; vertical-align: top;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> </tr> </table>				For accuracy, complete all worksheets that apply.	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.
For accuracy, complete all worksheets that apply.	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 				

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2013
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 <u> </u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2013 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, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2013. 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 2013. 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 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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.



AURARIA HIGHER EDUCATION CENTER EMPLOYEE AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Effective Date: ____ / ____ / ____

Employee Name: _____ Phone Number: (____) ____ - ____

Financial Institution Name: _____ Phone Number: (____) ____ - ____

Routing Number: _____ Account Number: _____

ATTACH VOIDED CHECK HERE

- **PLEASE NOTE:** There is not a pre-note process and that the submission of any incorrect information can/ will delay the EFT of the employee's pay. For this reason, please attach a voided check or direct deposit authorization form issued by your financial institution to ensure that the correct information is submitted.
- If providing a direct deposit authorization form, in lieu of a voided check, please attach said form to the back of the AHEC Employee Authorization for EFT.
- **DO NOT ATTACH DEPOSIT SLIPS** as the routing number will be incorrect.

Type of Change

- Cancel
- New
- Change

Account Type

- Savings Account
- Checking Account

Additional Direct Deposit Deduction (optional)*

This deposit will be the FIRST deduction from EVERY payroll.

Financial Institution Name: _____ Phone Number: (____) ____ - ____

Routing Number: _____ Account Number: _____

ATTACH VOIDED CHECK HERE

- **PLEASE NOTE:** There is not a pre-note process and that the submission of any incorrect information can/ will delay the EFT of the employee's pay. For this reason, please attach a voided check or direct deposit authorization form issued by your financial institution to ensure that the correct information is submitted.
- If providing a direct deposit authorization form, in lieu of a voided check, please attach said form to the back of the AHEC Employee Authorization for EFT.
- **DO NOT ATTACH DEPOSIT SLIPS** as the routing number will be incorrect.

***Payroll is able to accommodate several additional direct deposits. To set up more than one additional direct deposit, please fill out another AHEC Employee Authorization for EFT deduction.**

Type of Change

- Cancel
- New
- Change

Account Type

- Savings Account
- Checking Account

Deposit Amount

- \$ _____ / check
- _____ % /check

I hereby authorize the Auraria Higher Education Center to initiate electronic funds transfer (EFT) deposit and/or any other change listed on this form, and if necessary, to reverse any incorrect EFT deposit made in error to my bank account indicated above.

Signature: _____ Date: ____ / ____ / ____



Background Disclosure and Authorization Form

In connection with my application for employment with the Auraria Higher Education Center, I understand that, as a condition of employment, applicants must consent to and authorize a pre-employment Background Check Report.

I understand that the Background Check Report will be obtained by the Auraria Higher Education Center from **HireRight, Inc.**, a consumer reporting agency that is located at 5151 California, Irvine, CA 92617. HireRight can be contacted at 800-400-2761. Any such background check may contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications, credit reports(for certain employment positions only), criminal records checks, public court records checks, driving records checks, educational records checks, employment verifications, personal and professional references checks, licensing and certification records checks, drug testing results, etc. The information contained in the Background Report will be obtained by HireRight from private and/or public record sources, including sources identified by me in my job application or through interviews or correspondence with my past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. I may request more information about the nature and scope of any investigative consumer reports by contacting the AHEC Human Resources Office

I acknowledge that AHEC has, with this form, provided me a summary of my rights under the Fair Credit Reporting Act in a form issued by the Federal Trade Commission and entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I expressly authorize and instruct HireRight to perform and release to the Auraria Higher Education Center a Background Check Report on me at the request of the AHEC in conjunction with my job application. I understand that if the AHEC hires me, my consent will apply throughout my employment to the extent permitted by law. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be utilized for the purpose of obtaining Background Check Reports.



Name: _____ Maiden Name: _____
(Last) (First) (MI)

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Department (if applicable): _____

PLEASE READ CAREFULLY

- ❖ A person is deemed to have been convicted of committing a felony or misdemeanor if such person has been convicted under the laws of any state, the United States, or any Territory subject to the jurisdiction of the United States of an unlawful act, which, if committed within the state, would be a felony or misdemeanor.
- ❖ “Convicted” means a conviction by a jury or by a Court shall also include the forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed felony or misdemeanor, the payment of a fine, a pleas of nolo contendere, and the imposition of a deferred or suspended sentence by the Court.

I have read the above, I am the above listed applicant, and I do hereby certify under penalty of perjury, either:

- 1. **I have never been** convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction).
- 2. **I have been** convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction) and I have attached documentation which specified the felony or misdemeanor for which I was convicted, the date of the conviction(s) and the name and address of the Court which entered the judgment or conviction. Information specifying the felony or misdemeanor for which I was convicted is as listed on the next page.

I hereby affirm that all information on and with this form is true and complete to the best of my knowledge. I understand that any intentional misrepresentation of facts or falsification of statements on and with this attestation shall result in my termination and may be punishable by law.

Applicant Signature: _____ Date: _____



Name: _____ Social Security Number: _____
(Last) (First)

Please Specify All Convictions Below:

Date of Conviction: ____ / ____ / ____ **Type of Conviction** (*check one*): Misdemeanor Felony

Location/ Law Enforcement Agency: _____

Description of Original Charges, Your Plea, Disposition & Sentence:

Date of Conviction: ____ / ____ / ____ **Type of Conviction** (*check one*): Misdemeanor Felony

Location/ Law Enforcement Agency: _____

Description of Original Charges, Your Plea, Disposition & Sentence:

Date of Conviction: ____ / ____ / ____ **Type of Conviction** (*check one*): Misdemeanor Felony

Location/ Law Enforcement Agency: _____

Description of Original Charges, Your Plea, Disposition & Sentence:

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

You can find out what is in your file. At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.

You have a right to know your credit score. Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.

You can dispute inaccurate information with the consumer reporting agency. If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.

Inaccurate information must be corrected or deleted. A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

Outdated negative information may not be reported. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file “active duty” alerts to help prevent identity theft. For more information, visit www.ftc.gov/credit.

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



AURARIA HIGHER EDUCATION CENTER POLICY INFORMATION FOR TEMPORARY/ STUDENT EMPLOYMENT

NON-SMOKING POLICY

In accordance with the Governor's Executive Order established January 1, 1991, AHEC prohibits smoking in all campus buildings. This policy also prohibits smoking in campus vehicles including automobiles, shuttles, trucks, vans and golf carts and within 25 feet from building entries, outdoor air intakes and operable windows to minimize exposure to environmental tobacco smoke. Willful violation of this order may subject an employee to corrective and/or disciplinary action.

DISCRIMINATION

Equal Opportunity-

It is the policy of the AHEC not to discriminate against any employee or applicant on the basis of race, creed, color, gender, sexual orientation, national origin, age, religion, political affiliation, organizational membership, veteran's status, disability or other non-job related factors. This policy extends to all terms and conditions of employment. Discrimination violates both AHEC Policy and Title VII of the Civil Rights Act. It is neither permitted nor condoned.

Sexual Harassment-

Sexual harassment is defined as any unwelcome interaction between individuals of the same or opposite sex such as sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when such conduct: a) Is made as an explicit or implicit condition of employment; b) Is used as the basis for employment decisions; or such conduct has the purpose or effect of (i) unreasonably interfering with an individual's work performance, or (ii) creating an intimidating, hostile or offensive work environment.

Limited English-

Discrimination against persons with limited English proficiency is prohibited. No state agency, authority or employee shall deny or deprive any person of any benefit, privilege or right on the basis of a person's limited English proficiency or the person's language minority background.

AIDS-

Executive Order 104-89, state in part, that persons infected with the AIDS virus or perceived to be at risk for the infection are protected in all employment practices. No human rights violations against people infected with AIDS virus shall be tolerated. Persons diagnosed with HIV infection shall not be discriminated against or be subject to any form of harassment within the workplace. Further, strictest principles of confidentiality will be maintained in management of personal medical information.

AHEC prohibits any retaliatory action against an employee for opposing a practice which he/she believes to be discriminatory. AHEC's Equal Opportunity Director is the designated person to receive complaints in this area.

NEPOTISM POLICY

It is the policy of the Auraria Higher Education Center that no AHEC employee shall make or participate in the making of personnel decisions or recommendations related to employment conditions which affect a member of their own immediate family or any individual with whom one has a close personal or consensual relationship. This policy applies to all employees (e.g. Classified, Non-Classified, Temporary, and Student). If any questions arise, the AHEC Human Resources Department should be consulted to ensure consistency with the spirit and intent of this policy.

WORKPLACE VIOLENCE POLICY

Violent behavior or threats of violent behavior directed at a co-worker, supervisor, subordinate, client or any other employee, state property or public facilities will not be tolerated. Violent behavior is defined as any threat or act of verbal, psychological or physical aggression, or the destruction or abuse of property by any individual. Threats can include veiled, conditional or direct verbal or written threats intended to harass, endanger or harm the safety of another. Possession of a weapon or firearm as defined by Colorado Revised Statute (C.R.S.) Title 18, Article 12 is prohibited at work, including in a state vehicle. Employees who believe they have been subject to or observed behavior prohibited by this policy should notify their supervisor or another appropriate authority immediately. The appropriate authority or supervisor will investigate and take action when deemed necessary.

DRUG-FREE WORKPLACE POLICY

The unlawful manufacture, distribution, dispensation, possession or use of controlled substances, alcohol, or other drugs in the workplace or a state-owned vehicle by employees of the Auraria Higher Education Center (AHEC) is prohibited. The term "controlled substance" means any drug listed in 21 U.S.C.812 and other federal regulations. Generally these drugs which have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, "crack" and amphetamines. They also include "legal drugs" which are not prescribed by a licensed physician, or "legal drugs" which are prescribed but used abusively. The term "Alcohol or Alcoholic Beverage" means beer, wine, and all forms of distilled liquor containing ethyl alcohol. The term "Drug" means any substance (other than alcohol) that has known mind or function altering effects on a person. These include, but are not limited to, substances prohibited or controlled by Colorado and federal laws. Any employee who violates the provisions of this policy statement shall be subject to the appropriate disciplinary action which may include termination. Appropriate action will be determined on a case-by-case basis.

I have read the AHEC Drug-Free Workplace Policy statement and for the term of my employment, I agree to:

- 1) Abide by the terms of this policy statement; and
- 2) Notify my supervisor of any federal or state criminal drug conviction for a violation occurring in the workplace or a state-owned vehicle no later than five days after such conviction.

WORKER'S COMPENSATION DESIGNATED PROVIDER

I have been notified by my employer of the procedures to follow in the event I incur a work-related injury or illness. I understand that my employer has designated HEALTH ONE CLINICS and MIDTOWN OCCUPATIONAL HEALTH SERVICES as the providers for all work-related injuries and illnesses. I understand that if I do not receive my medical care for work-related and illnesses from the designated provider, I will be financially responsible for that care. I have been informed that written or verbal authorization is required from my employer before I access medical care for non-emergency, work-related injuries and illnesses. Please contact your supervisor or the Auraria Human Resources office at (303) 566-3384 for a list of providers and their contact information.

PLEASE KEEP THIS COPY FOR YOUR RECORDS

**AHEC Policy Information for
Temporary/ Student Employment**

PLEASE RETURN THIS PORTION TO AURARIA HUMAN RESOURCES

I, the undersigned have read and received a copy of the AHEC Policy Information for Temporary/ Student Employment. As a Temporary/Student employee of the Auraria Higher Education Center, I understand it is my responsibility to follow the referenced policies.

Employee Name: _____
(Please Print)

Signature: _____ Date: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name

Employee ID#

Employer Name

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee

Date

Information about Social Security Form SSA-1945

Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



Student Employment Verification Form

Auraria Higher Education Center (AHEC) Student Hourly Employees are required to be enrolled in a minimum of six (6) credit hours per semester in order to maintain their student employment status. AHEC Student Hourly Employees are allowed to take off or be enrolled in less than six (6) credit hours during the Summer semester only. It is the student's responsibility to provide a new " Student Employment Verification Form within the first week of each semester to verify their student status, otherwise their employment will be terminated.

Employee Name (Print) _____ Social Security Number _____

Division _____ Department _____ Supervisor's Name _____

School: UC Denver MSU of Denver CCD Other: _____

Current Semester: Fall Spring Summer Total Credit Hours*: _____ *Attach a current class schedule

I certify that the above information is accurate and complete. Further, I understand that eligibility for employment as a Student Hourly with the Auraria Higher Education Center is contingent on verification of my enrollment in a minimum of six (6) credit hours per semester (with the exception of summer) with an accredited institution. I hereby authorize the Auraria Higher Education Center to verify my enrollment status with the school indicated above. I authorize the release of information regarding my enrollment for the current semester and the number of credit hours for which I am enrolled.

Employee's Signature _____ Date _____

FOR THE USE OF SCHOOL OFFICIALS

Is the student enrolled? Yes No

Number of credit hours: _____

Name and Title of School Official _____ Signature _____ Date _____