

## **New Hire Checklist- Temporary Employees**

- PPAF
- Colorado State Application (paper copy to be filled out by employee and submitted with new hire packet)
- 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 (to be submitted prior to performing the background check and any job offer)
- AHEC Temporary/Student Policies Signature Sheet
- Social Security Verification Sheet
- Form SSA-1945 (Statement Not Covered by Social Security)
- PERA Member Information Form



# Instructions for 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

**Read all instructions carefully before completing this form.**

**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](http://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.

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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.

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## 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.

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## 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](http://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](http://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.

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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 employee 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)*.

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You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto: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](http://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](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto: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.**



# 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.

|   |   |                         |                |                |                           |          |
|---|---|-------------------------|----------------|----------------|---------------------------|----------|
| <b>Section 1. Employee Information and Attestation</b> <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<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | 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):

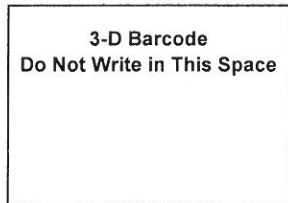
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>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:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |
| Document Title:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |

**3-D Barcode  
Do Not Write in This Space**

### 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): |
|--|---|

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.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | OR | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization   |
|--|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> | OR | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

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.**



Revision Date: 09/01/14  
Expiration Date: 10/01/17

## 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 calendar 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](http://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, 2014, Colorado employers must use the Division affirmation form with a revision date of 09/01/14.
  - a. The 09/01/14 version of the form must be used for all Colorado employees hired between October 1, 2014 and October 1, 2017.
  - b. The 09/01/14 version of the form cannot be used for Colorado employees hired prior to September 1, 2014.
4. The form must be completed within 20 calendar 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 calendar days of hiring the employee, or the employer has not made and retained copies of employee identity and employment authorization documentation within 20 calendar 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 calendar 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 calendar days of hiring the employee. Seeking such documentation after the 20 calendar 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 calendar 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.

Revision Date: 09/01/14  
Expiration Date: 10/01/17



**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 calendar 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)

\_\_\_\_\_(MM/DD/YYYY)  
Date Signed by Employer

\_\_\_\_\_  
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 (2016)

**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 2016 expires February 15, 2017. 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-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 2016. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|          |  |                |
|----------|--|----------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> _____ |
| <b>B</b> | Enter "1" if:<br>{ • You are single and have only one job; or<br>• You are married, have only one job, and your spouse does not work; or<br>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .  | <b>B</b> _____ |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .  | <b>C</b> _____ |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> _____ |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> _____ |
| <b>F</b> | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .   | <b>F</b> _____ |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.<br>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .   | <b>G</b> _____ |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> _____ |
|          | For accuracy, <b>complete all worksheets that apply.</b><br>{ • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.<br>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.<br>• If <b>neither</b> of the above situations applies, <b>stop here</b> 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 <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |   | <b>Employee's Withholding Allowance Certificate</b>  |                                 | OMB No. 1545-0074                              |  |
|   |   | ▶ <b>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.</b>   |                                 | <b>2016</b>                                    |  |
| <b>1</b> Your first name and middle initial   |   | Last name  |                                 | <b>2</b> Your social security number           |  |
| Home address (number and street or rural route)   |   | <b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |                                 |  |  |
| City or town, state, and ZIP code   |   | <b>4</b> 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"/>   |                                 |  |  |
| <b>5</b>  | Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)   | <b>5</b>   |                                 |  |  |
| <b>6</b>  | Additional amount, if any, you want withheld from each paycheck . . . . .   | <b>6</b>   | \$                              |  |  |
| <b>7</b>  | I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ |  |                                 | <b>7</b>                                       |  |
| 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. |   |  |                                 |  |  |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶   |   |  | <b>Date</b> ▶                   |  |  |
| <b>8</b>  | Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |  | <b>9</b> Office code (optional) | <b>10</b> 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.

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Enter an estimate of your 2016 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, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . . | <b>1</b>  | \$ _____ |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .   | <b>2</b>  | \$ _____ |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .  | <b>3</b>  | \$ _____ |
| <b>4</b>  | Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)   | <b>4</b>  | \$ _____ |
| <b>5</b>  | <b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .  | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .   | <b>6</b>  | \$ _____ |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .  | <b>7</b>  | \$ _____ |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .  | <b>8</b>  | _____    |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .   | <b>9</b>  | _____    |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .  | <b>10</b> | _____    |

### 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.

|  |   |          |          |
|--|---|----------|----------|
| <b>1</b>   | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )   | <b>1</b> | _____    |
| <b>2</b>   | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .   | <b>2</b> | _____    |
| <b>3</b>   | If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .   | <b>3</b> | _____    |
| <b>Note:</b> If line 1 is <b>less than</b> 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. |   |          |          |
| <b>4</b>   | Enter the number from line 2 of this worksheet . . . . .  | <b>4</b> | _____    |
| <b>5</b>   | Enter the number from line 1 of this worksheet . . . . .  | <b>5</b> | _____    |
| <b>6</b>   | <b>Subtract</b> line 5 from line 4 . . . . .  | <b>6</b> | _____    |
| <b>7</b>   | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .   | <b>7</b> | \$ _____ |
| <b>8</b>   | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .  | <b>8</b> | \$ _____ |
| <b>9</b>   | Divide line 8 by the number of pay periods remaining in 2016. 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 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . | <b>9</b> | \$ _____ |

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$6,000                               | 0                     | \$0 - \$9,000                               | 0                     | \$0 - \$75,000                               | \$610                 | \$0 - \$38,000                               | \$610                 |
| 6,001 - 14,000                              | 1                     | 9,001 - 17,000                              | 1                     | 75,001 - 135,000                             | 1,010                 | 38,001 - 85,000                              | 1,010                 |
| 14,001 - 25,000                             | 2                     | 17,001 - 26,000                             | 2                     | 135,001 - 205,000                            | 1,130                 | 85,001 - 185,000                             | 1,130                 |
| 25,001 - 27,000                             | 3                     | 26,001 - 34,000                             | 3                     | 205,001 - 360,000                            | 1,340                 | 185,001 - 400,000                            | 1,340                 |
| 27,001 - 35,000                             | 4                     | 34,001 - 44,000                             | 4                     | 360,001 - 405,000                            | 1,420                 | 400,001 and over                             | 1,600                 |
| 35,001 - 44,000                             | 5                     | 44,001 - 75,000                             | 5                     | 405,001 and over                             | 1,600                 |  |                       |
| 44,001 - 55,000                             | 6                     | 75,001 - 85,000                             | 6                     |  |                       |  |                       |
| 55,001 - 65,000                             | 7                     | 85,001 - 110,000                            | 7                     |  |                       |  |                       |
| 65,001 - 75,000                             | 8                     | 110,001 - 125,000                           | 8                     |  |                       |  |                       |
| 75,001 - 80,000                             | 9                     | 125,001 - 140,000                           | 9                     |  |                       |  |                       |
| 80,001 - 100,000                            | 10                    | 140,001 and over                            | 10                    |  |                       |  |                       |
| 100,001 - 115,000                           | 11                    |   |                       |  |                       |  |                       |
| 115,001 - 130,000                           | 12                    |   |                       |  |                       |  |                       |
| 130,001 - 140,000                           | 13                    |   |                       |  |                       |  |                       |
| 140,001 - 150,000                           | 14                    |   |                       |  |                       |  |                       |
| 150,001 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 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**

## Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 • 1-800-759-PERA (7372) • Fax: 303-863-3727 • [www.copera.org](http://www.copera.org)

### To New Colorado PERA Members:

Welcome to membership in the Colorado Public Employees' Retirement Association (PERA).

As an employee of a public employer affiliated with Colorado PERA, you may or may not pay Social Security tax depending on whether your employer contributes to both Colorado PERA and Social Security. Colorado PERA is a qualified retirement plan that can substitute for Social Security, as required by law.

Upon receipt of the form, Colorado PERA will mail you a Colorado PERA membership packet that explains your Colorado PERA benefits and establish a defined benefit (DB) plan account for you:

- You will contribute 8 percent of your salary to your DB plan account through payroll deduction. If you are a State Trooper, you will contribute 10 percent. Colorado PERA will pay interest on your DB plan account. The interest rate is determined by the Colorado PERA Board of Trustees and is subject to change annually. See the Colorado PERA Web site for the current rate or call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- Your Colorado PERA contributions are tax-deferred and are not subject to federal or state income tax until you refund your DB plan account or receive a monthly benefit. Your contributions and interest will always be returned to you, either in the form of a rollover/refund or a monthly benefit.

While our mission is to provide members with retirement benefits, we also provide the following other benefits:

- Monthly benefits to your qualified survivors if you die after earning one year of service credit. If you have a Denver Public Schools (DPS) benefit structure DB plan account, eligibility for survivor benefits is different. See the *Survivor Benefits* booklet for more information.
- Disability coverage after you have five years of earned service credit.
- A voluntary life insurance program in which you may participate immediately.
- Voluntary retirement savings plans such as the PERAPLus 401(k) Plan and the PERAPLus 457 Plan (if your employer participates). For more information about PERAPLus plans, see Colorado PERA's Web site at [www.copera.org](http://www.copera.org) or call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- The option to purchase service credit based on a refunded/rolled over DB plan account or for employment not covered by Colorado PERA or another retirement program when you have one year of earned service credit. See the *Purchasing Service Credit* booklet for more information.

When you end Colorado PERA employment, you may leave your DB plan account with Colorado PERA (it will continue to earn interest). If you return to Colorado PERA employment, your DB plan account will be ready to accept additional contributions and you will build additional service credit. If you leave your DB plan account at Colorado PERA, be sure to keep us informed of your address to prevent your DB plan account from being transferred to the State's Unclaimed Property Fund.

Again, welcome to Colorado PERA! We will strive to inform you about your Colorado PERA benefits by sending you the Colorado PERA *Member Report* newsletter three times per year, a statement of your DB plan account annually after your first year of membership, and other information.

## **Member Information Form—Defined Benefit Plan(s) Instructions**

Please read all of the following information before completing this form (pages 3 and 4):

- Type or print in black ink and sign the form. Please do not send photocopies of the form or staple, tape, or glue items to it.
- If you are a new member, give the form to your personnel office to send to Colorado PERA.
- If you are changing information already on file with Colorado PERA, send the form to Colorado PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at Colorado PERA.
- As a result of the merger between Colorado PERA and the Denver Public Schools Retirement System (DPSRS), you may have two DB plan accounts with Colorado PERA—one under the PERA benefit structure and one under the DPS benefit structure. If you have two DB plan accounts, changes under the Member Information section will be made to both DB plan accounts (if applicable).
- If you have changed your name, changed employers, or want to change your address or beneficiary(ies), complete the form and send it to Colorado PERA. Colorado PERA requires a new copy of your signed Social Security card only if you have changed your name since sending in your initial copy.
- If you need to list additional named beneficiaries, complete the Additional Named Beneficiaries section on page 4. Be sure to sign page 4 as well, or your beneficiaries will not be added/changed.  
If you complete any beneficiary information on the form and submit the form to Colorado PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on the form or on a separate list submitted with the form.
- If you would like to change your address only, go to Colorado PERA's Web site ([www.copera.org](http://www.copera.org)) and log in to your account using your PERA PIN/User ID and password. You may change your address using "Update Contact Info." You may also call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 and speak to a Customer Service Representative.
- If you need to change information on your Colorado PERA-sponsored life insurance, PERAPlus 401(k) or 457 Plan, or PERA DC Plan, see the information below.

### **Named Beneficiary Information**

If you have a DB plan account in both the PERA and DPS benefit structures, use the check boxes on the form to indicate if your requested beneficiary changes apply to one or both of your DB plan accounts. If you do not check a box, the beneficiary changes will be made to both DB plan accounts (if applicable). No law shall apply to automatically revoke a spouse's designation as a named beneficiary upon your divorce, annulment, or any dissolution or declaration of invalidity of your marriage.

#### **Beneficiary definitions:**

- Primary Beneficiary—beneficiary to receive payment. If you have more than one primary beneficiary, payment will be divided equally among all primary beneficiaries.
- Contingent Beneficiary—person to receive payment if your primary beneficiary(ies) is deceased. If you list more than one contingent beneficiary, payment will be divided equally among them.

### **Survivor Benefit Information**

If you have more than one year of service under the PERA benefit structure or more than five years under the DPS benefit structure, State law specifies who receives monthly benefits after you die. Survivor benefits are different under the PERA and DPS benefit structure DB plan accounts; see the *Survivor Benefits* booklet for detailed information.

### **Changing Colorado PERA Life Insurance, PERAPlus 401(k) and 457 Plans, or PERA DC Plan Information**

- If you are enrolled in Colorado PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or go to Colorado PERA's Web site ([www.copera.org](http://www.copera.org)) and log in to your account using your PERA PIN/User ID and password and select "Life Insurance" under the "Inquiry" menu.
- If you have a PERAPlus 401(k) or 457 Plan, or PERA DC Plan, and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make beneficiary changes to your PERAPlus 401(k) or 457 Plan, or PERA DC Plan, complete the respective *401(k)*, *457*, or *PERA DC Plan Beneficiary Designation Form*. You can obtain the forms online at [www.copera.org](http://www.copera.org) or by calling 1-800-759-7372 and selecting the PERAPlus or DC Plan option.
- If you have a PERAPlus 401(k) Plan account and are transferring from or are currently employed by another Colorado PERA employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer. If you have a PERAPlus 457 Plan and need to add or change employers, log on to the PERA Web site and select the 457 Plan option.



# Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 • 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



## Member SSN

\_\_\_\_

Read the instructions on page 2 before completing this form. Be sure to sign and date this form as well as any enclosures.

### Member Information

I am:  A New Member  Changing Colorado PERA Information (Complete any information you are changing and sign.)

Member \_\_\_\_\_  
Last Name First Name Middle Name Former Name

Birthdate \_\_\_\_\_ Sex:  Male  Female Home Telephone ( ) Work Telephone ( )  
Month/Day/Year

Mailing Address \_\_\_\_\_  
Street, Route, or Box Number, and Apt. Number City State ZIP Code

E-mail Address \_\_\_\_\_

Sign up for electronic delivery of PERA information?  Yes  No

Spouse \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_  
Last Name First Name Middle Name Month/Day/Year

### Named Beneficiary(ies)

#### Primary and Contingent Named Beneficiary(ies) of Your Colorado PERA DB Plan Account(s)

If you have additional Named Beneficiaries, complete the Additional Named Beneficiaries section on page 4.

Changes apply to:  PERA Benefit Structure DB Plan Account  DPS Benefit Structure DB Plan Account  
 Apply to Both DB Plan Accounts

Note: If you do not check a box, the beneficiary changes will be made to both DB plan accounts, if applicable.

#### Primary Beneficiary(ies):

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

#### Contingent Beneficiary(ies):

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed by Employer

Employer No. \_\_\_\_\_ Employer Name \_\_\_\_\_

Date \_\_\_\_\_ Starting Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

For new employees only



# Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association  
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## Additional Named Beneficiaries

**Complete this section only if you have additional Primary and Contingent Named Beneficiaries.**

### Primary Beneficiary(ies):

*See page 2 for primary and contingent named beneficiary definitions*

|   |              |       |           |
|---|--------------|-------|-----------|
| Name  | Relationship | SSN   | Birthdate |
| Street, Route, or Box Number, and Apt. Number | City         | State | ZIP Code  |

|   |              |       |           |
|---|--------------|-------|-----------|
| Name  | Relationship | SSN   | Birthdate |
| Street, Route, or Box Number, and Apt. Number | City         | State | ZIP Code  |

|   |              |       |           |
|---|--------------|-------|-----------|
| Name  | Relationship | SSN   | Birthdate |
| Street, Route, or Box Number, and Apt. Number | City         | State | ZIP Code  |

### Contingent Beneficiary(ies):

|   |              |       |           |
|---|--------------|-------|-----------|
| Name  | Relationship | SSN   | Birthdate |
| Street, Route, or Box Number, and Apt. Number | City         | State | ZIP Code  |

|   |              |       |           |
|---|--------------|-------|-----------|
| Name  | Relationship | SSN   | Birthdate |
| Street, Route, or Box Number, and Apt. Number | City         | State | ZIP Code  |

|   |              |       |           |
|---|--------------|-------|-----------|
| Name  | Relationship | SSN   | Birthdate |
| Street, Route, or Box Number, and Apt. Number | City         | State | ZIP Code  |

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_