Henrico County Public Schools  
Orientation Instruction Sheet  
Temporary Employees

This packet provides instruction and orientation forms required for your employment with Henrico County Public Schools. You are to print, fill-out and bring the completed forms to your scheduled orientation session. Supplemental information available for a specific form is identified in the Additional Information Links column below. This information can be accessed under the Additional Information Links section located at [http://www.henrico.k12.va.us/employees/neon.html](http://www.henrico.k12.va.us/employees/neon.html). If you have questions or need additional assistance, please contact the Department of Human Resources at (804) 852-3664.

<table>
<thead>
<tr>
<th>Form</th>
<th>Special Instructions</th>
<th>Additional Information Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Application</td>
<td>Complete and bring to orientation.</td>
<td></td>
</tr>
<tr>
<td>W-4 Federal Tax</td>
<td>Submit only W-4 Employee's Withholding Allowance Certificate section (worksheet is not required).</td>
<td></td>
</tr>
<tr>
<td>VA-4 State Tax</td>
<td>Submit only VA-4 Employee’s Virginia Income Tax Withholding Exemption Certificate section (worksheet is not required).</td>
<td></td>
</tr>
<tr>
<td>Direct Deposit Authorization Agreement</td>
<td>Bring voided check and/or savings deposit slip to orientation.</td>
<td></td>
</tr>
<tr>
<td>I-9 Employment Eligibility Verification</td>
<td>Complete Section I only and bring acceptable documents to orientation.</td>
<td></td>
</tr>
<tr>
<td>Tuberculin (TB) Risk Assessment Form</td>
<td>Complete Section I of the form. Registered nurse will be present at orientation.</td>
<td></td>
</tr>
<tr>
<td>Personal Information Update Form</td>
<td>Complete and bring to orientation.</td>
<td></td>
</tr>
<tr>
<td>Child Protective Services Form</td>
<td>Do not mail form and no fee is required. Form will be notarized at orientation.</td>
<td></td>
</tr>
<tr>
<td>Child Support Withholding Order Form</td>
<td>Bring withholding order to orientation.</td>
<td></td>
</tr>
<tr>
<td>Notice of Workers’ Compensation, Receipt of Personnel Policies and Regulations (Chapter 4) and Documentation on Preventing Sexual Harassment</td>
<td>Complete and bring to orientation.</td>
<td>Sexual Harassment</td>
</tr>
<tr>
<td>Licensure</td>
<td>Must be completed by positions requiring licensure (Prime, SOL, and Second Helping.) Please contact Human Resources at 852-3820 if additional information is needed.</td>
<td></td>
</tr>
</tbody>
</table>
Application for Temporary Employment/Employee Information
Must be submitted prior to employee attending Orientation

Indicate Type of Position ______________________________ Date ________________

Name ____________________________________________________________

                        First                          Middle                        Last
________________________________________________________________________

Email Address ____________________________ ( H ) ____________________________ ( C )

Phone ________________ ( )

Address ______________________________________________________________

Date of Birth ________________________________ (Required if under 18 year old, otherwise optional)

Month ______ Day ______ Year ______

Please provide location and position if currently employed by Henrico County Public Schools in another position:

Location ______________________________ Position ______________________________

Please list any relatives employed by the County ______________________________

Are you eligible for employment in the United States?  Yes No

Have you ever been:

1. Convicted of violation of law other than minor traffic violations?  Yes No

(This includes but is not limited to misdemeanors, felonies, driving while intoxicated even if no time was served.)

2. Discharged or requested to resign from a former position?  Yes No

3. Refused renewal of contract?  Yes No

4. Convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child?  Yes No

5. Investigated by the Department of Social Service (Child Protective Services Unit) for abuse or neglect with a result of “founded” or “reason to suspect?” Yes No

If “Yes,” please explain ______________________________

EDUCATIONAL AND PROFESSIONAL TRAINING:

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Name of School or University</th>
<th>State</th>
<th>Type of Diploma/Degree</th>
<th>Year of Graduation</th>
<th>Dates of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>College/University</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WORK EXPERIENCE:

<table>
<thead>
<tr>
<th>Employer</th>
<th>City/State</th>
<th>Position Held</th>
<th>Dates of Employment</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

Signature of Temporary Hire ______________________________ Date ________________

Signature of Location Administrator ______________________________ Date ________________

January 2013
Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can’t claim exemption from withholding if your total income exceeds $1,050 and includes more than $300 of unearned income (for example, interest and dividends).

Exceptions: An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don’t apply to supplemental wages greater than $1,000,000.

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

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

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 25% 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 you file your W-4, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 ($260,000 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/w-4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.
- You’re single and have only one job; or
- You’re married, have only one job, and your spouse doesn’t work; or
- Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.

B Enter "1" if:
- Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.

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.

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

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

F Enter "1" if you have at least $2,000 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.)

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

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.)

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

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

Employee’s Withholding Allowance Certificate

OMB No. 1545-0074

2017

W-4

Department of the Treasury
Internal Revenue Service

Form W-4 2017

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.

1 Your first name and middle initial

Last name

3 □ Single □ Married □ Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the “Single” box.

4 □ If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

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

6 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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2017)
Deductions and Adjustments Worksheet

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

1. Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $131,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details.

2. Enter: $12,700 if married filing jointly or qualifying widow(er)
   $6,350 if single or married filing separately

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

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

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Form W-4's Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.)

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

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

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

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

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

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

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).

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 "-0-".

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

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

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

6. Subtract line 5 from line 4.

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

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

9. Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

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(g)(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 non-tax 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.
FORM VA-4
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION
PERSONAL EXEMPTION WORKSHEET
(See back for instructions)

1. If you wish to claim yourself, write "1" .................................................................

2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .................................................................

3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) .................................................................

4. Subtotal Personal Exemptions (add lines 1 through 3) .................................................................

5. Exemptions for age
   (a) If you will be 65 or older on January 1, write "1" .................................................................
   (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .................................................................

6. Exemptions for blindness
   (a) If you are legally blind, write "1" .................................................................
   (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .................................................................

7. Subtotal exemptions for age and blindness (add lines 5 through 6) .................................................................

8. Total of Exemptions - add line 4 and line 7 .................................................................

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Detach here and give the certificate to your employer. Keep the top portion for your records.

FORM VA-4 EMPLOYEE’S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number          Name

Street Address

City          State          Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
   (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet .................................................................
   (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .................................................................
   (c) Total Exemptions - line 8 of the Personal Exemption Worksheet .................................................................

2. Enter the amount of additional withholding requested (see instructions) .................................................................

3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ................................................................. (check here) ☐

4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ................................................................. (check here) ☐

Signature                                      Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23219-1115, telephone (804) 367-8037.
FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.
Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.
Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:
   (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
   (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
   (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

   (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
   (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

<table>
<thead>
<tr>
<th>Filing Status</th>
<th>Taxable Years 2005, 2006 and 2007</th>
<th>Taxable Years 2008 and 2009</th>
<th>Taxable Years 2010 and 2011</th>
<th>Taxable Years 2012 and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$7,000</td>
<td>$11,250</td>
<td>$11,650</td>
<td>$11,950</td>
</tr>
<tr>
<td>Married</td>
<td>$14,000</td>
<td>$22,500</td>
<td>$23,300</td>
<td>$23,900</td>
</tr>
<tr>
<td>Married, filing a separate return</td>
<td>$7,000</td>
<td>$11,250</td>
<td>$11,650</td>
<td>$11,950</td>
</tr>
</tbody>
</table>

   (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
   (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employer Name: HENRICO COUNTY PUBLIC SCHOOLS
Employer ID #: 54-6001344G

I hereby authorize Henrico County Public Schools to initiate credit entries to my account and the Financial Institution named below. I also authorize Henrico County Public Schools to draw drafts on my account or to initiate debit entries to my account, for the purpose of withdrawing money from my account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The financial institution shall not be liable for honoring any draft, debit entry, or withdrawal initiated Henrico County Public Schools. This authority is to remain in effect until Henrico County Public Schools has received written notification from me of a change in such time and in such manner as to afford Henrico County Public Schools a reasonable opportunity to act on it.

A voided check or a statement on your bank’s letterhead stating the account holder name, account number and routing number (you must verify the account & routing numbers are correct before attaching) for each account must be attached. If using more than 1 account the percentages, to be deposited between all accounts, must total 100%. Submit completed form to Payroll for processing for the next available payroll. If you need space for more accounts (total of 5 max), please use a second page. Wrong or missing information may delay setup.

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Employee ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime Phone</td>
<td>Dept</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Checking</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

$ _________

% _________

To Be Deposited

☐ Add
☐ Change
☐ Stop/Delete
☐ No Change

Attach a voided check or a statement on your bank’s letterhead stating the account holder name, account number, and routing number. You must verify the account & routing numbers are correct before attaching.

<table>
<thead>
<tr>
<th>Checking</th>
<th>Savings</th>
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</thead>
<tbody>
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$ _________

% _________

To Be Deposited

☐ Add
☐ Change
☐ Stop/Delete
☐ No Change

Attach a voided check or a statement on your bank’s letterhead stating the account holder name, account number, and routing number. You must verify the account & routing numbers are correct before attaching.

Percentage Totals MUST = 100%

Revised 10/9/2015 ecs
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-Discrimination Notice: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States *(See instructions)*
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ________________________________
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ________________________________

Some aliens may write "N/A" in the expiration date field. *(See instructions)*

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

1. Alien Registration Number/USCIS Number: ________________________________
2. Form I-94 Admission Number: ________________________________
3. Foreign Passport Number: ________________________________
   - Country of Issuance: ________________________________

Signature of Employee: ________________________________

Today's Date (mm/dd/yyyy): ________________________________

Preparer and/or Translator Certification (check one):

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

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

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

Signature of Preparer or Translator: ________________________________

Today's Date (mm/dd/yyyy): ________________________________

Last Name (Family Name): ________________________________
First Name (Given Name): ________________________________

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

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

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Document Title                              |    | Document Title |    |                               |
| Issuing Authority                           |    | Issuing Authority |    |                               |
| Document Number                             |    | Document Number |    |                               |
| Expiration Date (if any) (mm/dd/yyyy)       |    | 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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name (If applicable)</th>
<th>B. Date of Rehire (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>OR</th>
<th>LIST B</th>
<th>AND</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td></td>
<td>Documents that Establish Identity</td>
<td></td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>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</td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>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</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td>6. Military dependent's ID card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. School record or report card</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit www.justice.gov/crt/about/osc.

What is the Purpose of This Form?

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

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term “employer” means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An “employee” is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “Employee” does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

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

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

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

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.
The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

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

Completing Section I: Employee Information and Attestation

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

Entering Your Employee Information

Last Name (Family Name): Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. Examples of correctly entered last names include De La Cruz, O’Neill, Garcia Lopez, Smith-Johnson,Nguyen. If you only have one name, enter it in this field, then enter “Unknown” in the First Name field. You may not enter “Unknown” in both the Last Name field and the First Name field.

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

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

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

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

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

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

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

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

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

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

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

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

**Attesting to Your Citizenship or Immigration Status**

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

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

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

3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

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

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

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

   Aliens authorized to work must enter one of the following to complete Section 1:
   1. Alien Registration Number (A-Number)/USCIS Number; or
   2. Form I-94 Admission Number; or
   3. Foreign Passport Number and the Country of Issuance

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

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

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

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

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

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

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for Completing the Preparer and/or Translator Certification below.

- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter “minor under age 18” in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.

- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter “Special Placement” in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for certain employees with disabilities.

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

Completing the Preparer and/or Translator Certification

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

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked “A preparer(s) and/or translator(s) assisted the employee in completing Section 1”, then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. Form I-9 Supplement, Section 1 Preparer and/or Translator Certification can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.
Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.

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

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

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

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

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

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

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

**Presenting Form I-9 Documents**

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

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

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.
Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

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

**Receipts**

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

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

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

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

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

**Completing Section 2: Employer or Authorized Representative Review and Verification**

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

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee’s first day of employment. For example, if an employee begins employment on Monday, you must review the employee’s documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the end of the first day of employment.

**Entering Employee Information from Section 1**

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

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

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

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

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

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

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

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

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

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

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee’s document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.
**List A - Identity and Employment Authorization:** If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

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

<table>
<thead>
<tr>
<th>Full name of List A Document</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Passport</td>
<td>U.S. Passport</td>
</tr>
<tr>
<td>U.S. Passport Card</td>
<td>U.S. Passport Card</td>
</tr>
<tr>
<td>Permanent Resident Card (Form I-551)</td>
<td>Perm. Resident Card (Form I-551)</td>
</tr>
<tr>
<td>Alien Registration Receipt Card (Form I-551)</td>
<td>Alien Reg. Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>Foreign passport containing a temporary I-551 stamp</td>
<td>1. Foreign Passport&lt;br&gt;2. Temporary I-551 Stamp</td>
</tr>
<tr>
<td>Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)</td>
<td>1. Foreign Passport&lt;br&gt;2. Machine-readable immigrant visa (MRIV)</td>
</tr>
</tbody>
</table>
| For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/1-94A that contains an endorsement of the alien's nonimmigrant status | 1. Foreign Passport, work-authorized nonimmigrant<br>2. Form I-94/I-94A<br>3. "Form I-20" or "Form DS-2019"

Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.

| Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A | 1. FSM Passport with Form I-94<br>2. Form I-94/I-94A                          |
| Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I-94A | 1. RMI Passport with Form I-94<br>2. Form I-94/I-94A                         |
| Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph | Receipt: Form I-94/I-94A w/I-551 stamp, photo                                 |
| Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp | Receipt: Form I-94/I-94A w/refugee stamp                                      |
| Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551) | Receipt replacement Perm. Res. Card (Form I-551)                             |
| Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766) | Receipt replacement EAD (Form I-766)                                          |
| Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status | 1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant<br>2. Receipt: Replacement Form I-94/I-94A<br>3. Form I-20 or Form DS-2019, if presented |
| Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A | 1. Receipt: Replacement FSM Passport with Form I-94<br>2. Receipt: Replacement Form I-94/I-94A |
| Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A | 1. Receipt: Replacement RMI Passport with Form I-94<br>2. Receipt: Replacement Form I-94/I-94A |

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

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

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

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

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

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

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

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

**Expiration Date (if any) (mm/dd/yyyy)**: Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.
**List C - Employment Authorization:** If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. No entries should be made in the List A column.

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

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

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

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

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

**Additional Information:** Use this space to notate any additional information required for Form I-9 such as:
- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must note when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process.
- Any other comments or notations necessary for the employer’s business process

You may leave this field blank if the employee’s circumstances do not require additional notations.
**Entering Information in the Employer Certification**

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

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

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

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

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

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

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

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

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

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

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

---

**Completing Section 3: Reverification and Rehires**

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

**Reverification**

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

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

Some employees may have entered “N/A” in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.
For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

**Rehires**

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

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

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee’s rehire date, any name changes if applicable, and sign and date the form.

- If the previously executed Form I-9 indicates that the employee’s employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.

- If you already used Section 3 of the employee’s previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

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

Complete each block in Section 3 as follows:

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

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

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

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

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

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

**Signature of Employer or Authorized Representative:** The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.
Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

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

What is the Filing Fee?

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

USCIS Forms and Information

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

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

You may download and obtain the English and Spanish versions of Form I-9, the Handbook for Employers, or the instructions to Form I-9 from the USCIS website at https://www.uscis.gov/i-9. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at http://get.adobe.com/reader/. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

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

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

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

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

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

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

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

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

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

DISCLOSURE: Providing the information collected by this form is voluntary. However an employer should not continue to employ an individual without a completed form. Failure of the employer to prepare and/or ensure proper completion of this form for each employee hired in the United States after November 6, 1986 or in the Commonwealth of the Mariana Islands after November 27, 2011, may subject the employer to civil and/or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

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

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
TB Risk Assessment Form

Employee name (L,F,M):______________________________________________________________
Address:________________________________________________________________________
Home Telephone #:____________________ Work#:____________________ Cell#:_________________
D.O.B.:___/___/___ Sex:_________________ Social Security Number:________________________
Country of birth:________________________________________ Year of arrival to U.S.___________
History of Prior BCG Vaccine? ___ No ___ Yes ⇒ Specify year:____________________
Is patient pregnant? ___ No ___ Yes

I. Screen for TB Symptoms
   (Check all that apply) YES NO
   1. Cough for > 3 weeks:
      □ No □ YES ⇒ Date:___/___/___ Induration____mm
      □ Productive? □ No □ YES
      □ Bloody? □ No □ YES
   2. Fever, unexplained
   3. Coughing blood
   4. Unexplained weight loss
   5. Poor appetite
   6. Night sweats
   7. Fatigue

Above symptoms will be evaluated by RN

II. Screen for TB Infection Risk (Check all that apply)

A. Assess Risk for Acquiring TB Infection

   YES NO
   1. Person is currently a close contact of a person known or suspected to have TB disease?
      □ No □ YES
   2. Person has lived in a country other than the U.S., Canada, Western Europe, Australia, or
      New Zealand for 3 months or more where TB is common, and has been in the US for
      less than 5 years?
      □ No □ YES
   3. Person is a resident or an employee of a high TB risk group setting such as a
      nursing home, shelter, prison, or jail?
      □ No □ YES
   4. Person is a health care worker who serves high-risk clients?
      □ No □ YES
   5. Person is medically underserved? (no personal doctor or doctor visit within 2 years)
      □ No □ YES
   6. Person has been homeless within the last two years?
      □ No □ YES
   7. Person is an infant, child or adolescent exposed to an adult(s) in high-risk category?
      □ No □ YES
   8. Person injects illicit drugs or uses crack cocaine?
      □ No □ YES

B. Assess Risk for Developing TB Disease if Infected

   YES NO
   1. Person is HIV positive?
   2. Person has risk for HIV infection, but HIV status is unknown?
   3. Person was recently infected with Mycobacterium tuberculosis (within the past
      two years TB skin test changed from negative to positive)?
   4. Person has certain clinical conditions such as diabetes, cancer, etc., placing them
      at a higher risk for TB disease?
   5. Person injects illicit drugs? (determine HIV status)
   6. Person has a history of inadequately treated TB?
   7. Person is > 10% below ideal body weight?
   8. Person is on immunosuppressive therapy, (this includes treatment for rheumatoid
      arthritis with drugs such as Humira), chemotherapy, or taking prednisone > 15 mg
      per day for more than a month?

I attest that the information I have provided is accurate to the best of my knowledge.

___________________________________________
Employee Signature / Date

Page 1 of 2
TB Risk Assessment Form
Page 2 of 2

Nursing Evaluation

III. Finding(s) (Check all that apply)

___ No risk factors for TB infection (All “No” in sections I & II)
   Issue Certificate

___ Previous positive TST, no prior treatment or treatment history unknown
   Review Risk assess → CXR

___ Previous Treatment for LTBI and/or TB disease and no symptoms in Section I.
   Review Risk assess → CXR OR
   Review Risk assess → Obtain documentation of treatment → Issue Certificate

___ Possible TB suspect of active disease (Any unexplained “Yes” in Section I)
   Administer skin test
   Call Health Department

___ Risk(s) for infection and/or progression to disease (All “No” in Section I and any “Yes” in Section II)
   Administer skin test

Screener’s Signature/Title: __________________________________________
Screener’s Name (print): ____________________________________________ Date: ____________________

IV. PPD Skin test – if indicated

Mantoux Tuberculin Skin Test Site: right/left

Test placed by:________________________
Date placed __________________ Time: ______________
Date read __________________ Time: ______________
Results __________________ millimeters induration
Expiration date __________________

Positive/Negative Test read by:________________________

V. Action(s) (Check all that apply)

___ Issued screening certificate

A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

A PPD was administered based on the findings of the risk assessment. The PPD was negative and the individual does not have symptoms suggestive of active tuberculosis disease.

The individual is either currently receiving or has provided documentation of having completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

The individual had a chest x-ray on ______ that showed no evidence of active tuberculosis.
As a result of this chest x-ray & the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature __________________________________________ Date __________________________
(Registered Nurse)

___ Administered the Mantoux TB Skin Test
___ Release faxed to Health Department or private provider ____________________________
___ Referred to private medical doctor or Health Department for evaluation and chest x-ray
PERSONAL INFORMATION UPDATE FORM

This information is needed to assure compliance with Federal Equal Employment Opportunity laws and to meet the reporting requirements of these laws as well as for human resources purposes.

Title: [ ] Mr.  [ ] Ms.  [ ] Miss  [ ] Mrs.  [ ] Dr.

Full Legal Name: ___________________________ ___________________________ ___________________________
Last Name, Suffix  First Name  Middle Name

Gender: [ ] Male  [ ] Female  Social Security Number: ___________________________

Preferred First Name (if different from First Name): ___________________________

Birth Date: _________/_________/_________
Month  Day  Year

Marital Status: [ ] Divorced  [ ] Married  [ ] Single  [ ] Widowed

Ethnicity (select one):

☐ American Indian or Alaskan Native – All persons having origin in any of the original people of North American and who maintains cultural identification through tribal affiliation or community recognition.

☐ Asian – All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black – All persons having origins in any of the black racial groups of Africa.

☐ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ Pacific Islander – All persons having origin in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands.

☐ White – All persons having origins in any of the original people of Europe, North Africa or the Middle East.

Henrico County Public School Graduate: [ ] Yes  [ ] No
If yes, which school: ___________________________

Military Status: [ ] Active Reserve  [ ] Retired Active Duty  [ ] Inactive Reserve
[ ] Retired Reserve  [ ] Active Military  [ ] Not Applicable  [ ] Veteran
PERSONAL INFORMATION UPDATE FORM
(PAGE 2)

Mailing Address:
Line 1: ____________________________________________________________
City: ______________________ State: _________ Zip Code: ____________
County: ____________________________

Residential Address (if different from Mailing Address)
Line 1: ____________________________________________________________
City: ______________________ State: _________ Zip Code: ____________
County: ____________________________

Employee Phone Numbers
Number #1: (_____) ____________________________
Type: [ ] Home [ ] Personal Cell [ ] Work (Henrico County) [ ] Work Cell (Henrico County)
**I would like this number to be listed in the Employee Directory? Yes [ ] No [ ]

Number #2: (_____) ____________________________
Type: [ ] Home [ ] Personal Cell [ ] Work (Henrico County) [ ] Work Cell (Henrico County)
**I would like this number to be listed in the Employee Directory? Yes [ ] No [ ]

Emergency Contact(s)
Name: ____________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship: [ ] Brother [ ] Child [ ] Father [ ] Friend [ ] Mother [ ] Sister [ ] Spouse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone #: ____________________________
Is your contact a Henrico County Government or Schools Employee: Yes [ ] No [ ]

Name: ____________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship: [ ] Brother [ ] Child [ ] Father [ ] Friend [ ] Mother [ ] Sister [ ] Spouse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone #: ____________________________
Is your contact a Henrico County Government or Schools Employee: Yes [ ] No [ ]

Employee Signature ____________________________
Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the Office of Background Investigations shall not accept forms that have been altered in any fashion. Forms that contain strike outs, correction tape or white-out will be returned.

2. If a middle name is an initial, indicate “initial only” otherwise, enter a full middle name given at birth.

3. For “other names used” list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.

4. If the answer to any question is none, write “N/A”.

5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.

6. A $10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on one money order, company/business check, or cashier’s check. (ex. 4 requests at $10.00 each will total $40.00). A $50 fee will be charged for all returned checks.)

   All money orders, company/business checks, or cashier checks should be made payable to:
   Virginia Department of Social Services.

   Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.

8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.

9. Search results are not transferable and are not considered official beyond the requesting agency or individual.

10. Mail your completed form and additional sheets (if used) to:

    Virginia Department of Social Services
    Office of Background Investigations - Search Unit
    801 East Main Street, 6th Floor
    Richmond, VA 23219-2901
VA Department of Social Services  
Office of Background Investigations – Search Unit  
801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

Search Fee $10.00

<table>
<thead>
<tr>
<th>Purpose of Search, Check one:</th>
<th>□ Adam Walsh Law</th>
<th>□ Adoptive Parent</th>
<th>□ Babysitter/Family Day Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ CASA</td>
<td>□ Children’s Residential Facility</td>
<td>□ Custody Evaluation</td>
<td>□ Day Care Center</td>
</tr>
<tr>
<td>□ Institutional Employee</td>
<td>□ Other Employment</td>
<td>□ School Personnel</td>
<td>□ Volunteer</td>
</tr>
</tbody>
</table>

MAIL SEARCH RESULTS TO:  Agency, Individual or Authorized Agent Requesting Search

Name: Henrico County Public Schools
Address: 3820 Nine Mile Road
City: Henrico  
State: VA  
Zip: 23223

Contact Name: Nancy Jones-Oltjenbruns  
Tel #: 804-652-3672 Ext
Contact E-Mail: nejoltjenbru@henrico.k12.va.us

Payment/FIPS Code
(Use only if assigned by OBI-CRU)

B10079

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Full Middle Name (given at birth) - No initials (if middle name is an initial, indicate &quot;Initial Only&quot;)</th>
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<tbody>
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</table>

Maiden Name (last name before marriage):  
Sex: □ Male □ Female

Date of Birth (MM/DD/YYYY):  
Race:

Driver's License Number or ID #:
Social Security Number:
Other names used; nicknames, legal names (refer to instruction page):

Current Address (Include Street # and Apt #):
City:  
State:  
Zip:  

Applicant's Prior Addresses

<table>
<thead>
<tr>
<th>Include Street # and Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Start Date (MM/YY)</th>
<th>End Date (MM/YY)</th>
</tr>
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Marital Status  □ Single □ Married □ Divorced □ Widowed □ Partner
If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Full Middle Name (given at birth)</th>
<th>Maiden Name</th>
<th>Race</th>
<th>Sex</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Full Middle Name (given at birth)</th>
<th>Relationship</th>
<th>Sex</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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032-02-0151-12-eng (08/15)
VA Department of Social Services
Office of Background Investigations – Search Unit
801 East Main Street, 8th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form
Search Fee $10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

______________________________
Signature of person whose name is being searched
(Sign in presence of Notary)

______________________________
Parent or Guardian signature required for minor children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of __________________________
Commonwealth/State of __________________________
Acknowledged before me this _____ day of _____________, year ______

______________________________
Notary Public Signature

My Commission Expires: __________________________

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Worker: __________________________ Date: __________________________

2. _____ Based on information provided by the Local Department of Social Services, we have determined that __________________________ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the __________________________ Dept. of Social Services in reference to referral __________________________ phone#____________

________________________________________________________________________

________________________________________________________________________

3. _____ As of this date, based on the information provided, the individual whose name was being searched is NOT identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: __________________________ Date: __________________________

OBI Staff Only

032-02-0151-12-eng (08/15)
DISCLOSURE OF CHILD SUPPORT WITHHOLDING ORDER

TO: All New Employees

FROM: Human Resources Division

Section 60.2114.1 of the Code of Virginia, requires that when an individual is hired for employment, the employer shall, at the time of the initial hiring, request that the employee disclose whether he or she has an income withholding order pursuant to Section 2079.1 or Section 63.1250.3.

☐ I do not have a child support withholding order.

☐ I do have a child support withholding order. I understand and authorize my employer (Henrico County Public Schools) to immediately withhold a portion of my wages according to the order which is attached.

If the child support withholding order is not available today, I will provide the order no later than twentyfour (24) hours from today.

_________________________  ________________________
Employee                       Date

Effective January 1, 2001, the County of Henrico will begin collecting a processing fee of $5.00 per transaction for Child Support Orders.
Personnel Policies Notices and Information

Notice-1: Chapter 4 Personnel Policies and Regulations.
It is the responsibility of all School Board system employees to review Chapter 4 of the HCPS Policies and Regulations located at http://webapps.henrico.k12.va.us/policy/#

Notice-2: Guidelines for Acceptable use of Technology and Software on HCPS computers. (R 4-06-013)
School Board employees are granted the privilege of using technology only in an authorized and acceptable manner. Generally, a use is unacceptable if it conflicts with the purpose, goal or mission of HCPS or an individual department or interferes with an employee's authorized job duties or responsibilities as determined by their immediate supervisor. For purposes of this regulation, employees include permanent and temporary personnel, substitutes, contract personnel, student teachers, and volunteers. The School Board reserves the right to monitor, review and audit an employee's use of technology at any time. By using technology, the employee consents to this monitoring. The failure of any employee to follow the terms of this regulation may result in discipline up to and including termination. For additional information please consult Regulation R4-06-013.

Notice-3: Sexual Harassment (P4-01-001)
It is prohibited for any employee, male or female, to harass another employee or student by making unwelcome sexual advances or requests for sexual favors, or engaging in other verbal or physical conduct of a sexual nature. For additional information, please consult Policy P4-01-001.

Notice-4: Workers' Compensation Procedures (P4-09-009)
HCPS provides workers' compensation coverage. All work should be performed in a safe manner so injuries can be avoided. However, in the event of a work related injury, you must proceed as follows:

1. If the injury is serious or life threatening, seek immediate emergency assistance. Inform your supervisor as soon as possible.
2. In case of other non-emergency injuries, inform your supervisor immediately. If your supervisor is not available, notify someone in the office at your work location.
3. If non-emergency medical attention is needed, then you must receive the treatment from a physician who is approved by the School Board or Henrico County. The listing is available from your supervisor. Failure to use one of the physicians on the list could result in your responsibility for the medical charges. You must take the Physical Capabilities Form (WC2) to the treating physician for completion. You will not be permitted to return to work without the completed form with the doctor’s release.
4. All workers' compensation forms and reports must be completed within 72 hours, as required by law and School Board Policy.

Notice-5: Smoking and the use of any type of tobacco product has been prohibited on all HCPS property.

My signature below indicates that I accept the responsibility to review the complete Chapter 4 document of the on-line Personnel Polices and Regulations manual found on the school system's website. http://webapps.henrico.k12.va.us/policy/#. I also recognize the requirement to review changes and updates as created by the School Board. Any questions may be addressed to my supervisor, principal or a member of the Human Resources Department.

Last Four Digits of Your Social Security Number _________
Employee’s Signature ___________________________ Date _____________ ver. 9.0 Updated 2/18/2014
**Personnel Policies Notices and Information**

**Employee Copy**

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**Notice-5:** *Smoking and the use of any type of tobacco product has been prohibited on all HCPS property.*

**Employee Copy**

ver. 9.0 Updated 12/03/13
Dear Employee of Henrico County Public Schools:

The enclosed notice describes the online Health Insurance Marketplace, also called an exchange, available at www.healthcare.gov since October 1, 2013. The Marketplace describes options you may have available for health insurance (other than employer-based plans) and is designed for easy cost and coverage comparisons. The notice also includes information about coverage you may be eligible for through the County of Henrico.

Effective as of 2014, if you do not have medical coverage, you will have to pay a penalty (in the form of a tax). If you do not qualify for coverage through the County of Henrico or you do not enroll yourself or a dependent, you will have to obtain coverage or pay the penalty. This penalty is known as the individual mandate penalty.

If you are an employee in a full-time or permanent part-time position working a minimum of 20 hours per week, you are eligible and may be enrolled in the health plan offered by the County of Henrico. For full-time or part-time employees working 30 or more hours per week, coverage on the County’s health plan qualifies as affordable and exceeds the minimum essential coverage standards set by the Affordable Care Act. Because of this, you and your family won’t qualify to receive any credits or subsidies if you purchase coverage from the Marketplace, regardless of your income or family size. Without a credit or subsidy, you likely will pay more for less coverage on the marketplace.

If you are a temporary or variable hour employee, you are not eligible to enroll in the health plan offered by the County of Henrico. If you are a part-time employee working 20-29 hours per week, you are eligible for the County’s health plan but you would not receive the County contribution for coverage and your coverage might not be considered “affordable”. If you do not have access to other coverage, you may qualify for reduced premiums through a Marketplace plan. You can visit www.healthcare.gov to determine if you and/or your family qualify for subsidies under the Health Insurance Marketplace.

What do I do next?

Review the Henrico County Compliance with the ACA notice on the other side of this letter as well as the information provided in the Marketplace notice. You can learn more about the Marketplace at www.healthcare.gov. Eligible employees of Henrico County Public Schools can enroll for coverage in the County of Henrico Health Plan during the annual open enrollment period and the coverage will become effective the first of January of the following year. Open Enrollment information will be sent to you in October prior to the start of the open enrollment period each year. For more information about enrollment and health care coverage for eligible employees of Henrico County Public Schools, please visit http://henricoschools.us/benefits.

Sincerely,

Benefits Office
Henrico County Public Schools
804-652-3624

(over)
Henrico County Compliance with the ACA

The Affordable Care Act (ACA) is the health reform law to enable more people across the nation to have health care coverage. Signed into law in March of 2010 and consisting of sweeping changes to the U.S. health care system, some provisions are already in place, such as dependent coverage for children up to age 26. Most provisions of this legislation were set to have been phased in by January 2014. The remaining provisions will be phased in by 2020. The ACA will have a lasting effect on U.S. citizens, businesses, and organizations, including Henrico County.

To comply, the County must offer health coverage to employees - including part-time and temporary employees - who average 30 or more hours per week over a defined period. As the County is not able to absorb the cost of providing health care to these part-time and temporary employees, HCPS must limit their hours worked to 29 or fewer hours per week (or 116 or fewer hours per month for classroom substitutes). Please note that part-time employees who are already eligible for health care with the County subsidy will not be affected.

If you are a part-time or temporary employee, you play a critical role in the County’s ACA Compliance:
- Monitor your work schedule and stay within your limit. This limit includes the total combined hours worked in all job assignments with General Government and Schools.
- Report all hours worked for all assignments accurately and within the pay period worked.
- Tell your principal or supervisor if you have any additional job assignments with General Government or Schools.
- Contact HCPS Benefits if you have questions about your eligibility for health coverage.

As the ACA has such a broad range of provisions to be implemented, changes will continue to be rolled out in compliance with the law over time. As information becomes available on how future provisions will impact the County and its employees, we will continue to share that information with you. For more information about the ACA, including the full text of the law, highlights, timeline and information relevant to different interest groups, visit www.healthcare.gov/law.

HCPS Benefits Office
hcpsbenefits@henrico.k12.va.us
(804)652-3624

Rev. 12.15.2015
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace will be between November 1, 2015 and January 31, 2016 for coverage starting as early as January 1, 2016.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as any employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Henrico County Public Schools Benefits Office by calling (804) 652-3624 or email hcpsbenefits@henrico.k12.va.us.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
**PART B: Information About Health Coverage Offered by Your Employer**

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

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henrico County Public Schools</td>
<td>54-6001344</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3820 Nine Mile Road</td>
<td>804-652-3624</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henrico</td>
<td>VA</td>
<td>23223-0420</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henrico County Public Schools - Benefits Office</td>
<td><a href="mailto:hcpsbenefits@henrico.k12.va.us">hcpsbenefits@henrico.k12.va.us</a></td>
</tr>
</tbody>
</table>

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

- As your employer, we offer a health plan to:
  
  - All employees. Eligible employees are:

  - Some employees. Eligible employees are:
    
    Full time employees and permanent part-time employees (20 hours or more per week). Part-time employees 30-39 hours per week receive a County subsidy which qualifies as "affordable" as defined by the Affordable Care Act. Part-time employees 20-29 hours per week do not receive a County subsidy and coverage may be "unaffordable", which may qualify them for reduced premiums through a Marketplace plan.

  - With respect to dependents:
    
    - We do offer coverage. Eligible dependents are:
      
      - Spouse, which is a person recognized as the covered employee's husband or wife under the laws of the Commonwealth of Virginia.
      
      - Children up to age 26. For definition of eligible children, please refer to the Plan Document.

    - We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.
Henrico County Public Schools
LICENSURE

New Hire Orientation Date: __________________________  SSN: __________________________

Full Name: ______________________________________  Daytime Telephone: ______________________

Address: ________________________________________  Evening Telephone: ______________________

________________________________________________  E-mail Address: __________________________

HCPS School/Location: _____________________________  Undergraduate Major: ______________________

Circle One: Regular Ed. or Special Ed.  Graduate Major (if applicable): ______________________


Secondary Reg. Ed. Subject: ________________________

Please check the statement that applies to you:
(one of these statements must apply to those who have accepted a position requiring a professional license)

_____ I have a valid and current Virginia Collegiate, Postgraduate, Technical or Pupil Personnel License.

_____ I have submitted a copy to HCPS Human Resources

_____ I will submit a copy to HCPS Human Resources immediately

_____ I have an expired Virginia Collegiate, Postgraduate, Technical or Pupil Personnel License.

_____ I have submitted a copy to HCPS Human Resources

_____ I will submit a copy to HCPS Human Resources immediately

_____ I have a Provisional License issued by the Virginia Department of Education. This license expires on ____________.

_____ I have submitted a copy of the license and supporting documentation to HCPS Human Resources

_____ I will submit a copy to HCPS Human Resources immediately
I have secured a "Statement of Eligibility" issued by the Virginia Department of Education which indicates that I am eligible for a provisional license in the endorsement area(s) of:

I have submitted a copy to HCPS Human Resources
I will submit a copy to HCPS Human Resources immediately

I have an out-of-state professional license.
I have submitted a copy to HCPS Human Resources
I will submit a copy to HCPS Human Resources immediately

I have just completed my degree/program and have applied for a Virginia license through

(Name of university/college)

I have applied for a Virginia license on my own behalf.

I do not have a Virginia professional license; therefore, need assistance in obtaining one.
BEFORE YOU HAVE YOUR FINGERPRINTS TAKEN:

If your background report reveals that you have been arrested and convicted (paid a fine and/or served time) for anything at any time that you have not told us about, you can be fired for falsifying your application. Notify the H.R. Specialist of any felony or a misdemeanor, regardless of whether or not you served time.

IF YOU HAVE BEEN CONVICTED OF A VIOLATION OF CRIME
YOU NEED TO TELL US!

If there is any question about what or how you should have answered the application questions about previous convictions, please ask to see a Human Resources Specialist now.

Name (print)  
Signature

Social Security Number  
Date

You will need to present a Government Issued ID to have your prints taken

Last Name (print)  First Name (print)  Middle Name (print)

Work Location: __________________________

Job Title: ________________________________

Gender: M  F  (circle one)

*Race: A - Asian   B - Black   I - Native American   W - Caucasian / Latino / Middle Eastern
*Note: These have been standardized by the Federal Bureau of Investigation. You MUST select one.

Height: ___________________ (feet / inches)  Weight: ___________________ (pounds)

Eye Color: Brown  Green  Gray  Hazel  Black  Blue  (circle one)

Hair Color: Brown  Blonde  Black  Gray  Red or Strawberry Blonde  Bald  (circle one)

Birth Date: ____________________

State of Birth: ______________________

Birth Country: ________________________ (if not the United States)
Recognize and Respond to Common Medical Emergencies in School

A. SIGNS OF ALLERGIC REACTIONS

*Prevention: Handwashing, monitoring supplies and food used in classroom, only allow approved items in classroom. Wipe down surfaces if suspect contamination.

Symptoms (If student’s have asthma too, the likelihood of anaphylaxis is increased.)

✦ MOUTH-itching & swelling of the lips, tongue, or mouth
✦ THROAT*-itching and/or a sense of tightness in the throat, hoarseness, and cough
✦ SKIN-hives, itchy rash, and/or swelling about the face or extremities
✦ GUT-nausea, abdominal cramps, vomiting, and/or diarrhea
✦ LUNG*- shortness of breath, repetitive coughing, and/or wheezing
✦ HEART*- “thready” pulse, “passing-out”

The severity of symptoms can quickly change.

1. Designate someone to call 911 while notifying clinic of student’s name and symptoms.
2. Follow student’s Emergency Action Plan, if available.
3. Designated person gives epipen per protocol.
4. Stay with person until rescue arrives- a second dose of epipen may be needed. CPR may be needed.

Trained to administer stock Epi-pens:

B. SEIZURE

Signs and Symptoms of Seizure:

✦ Loss of consciousness followed by stiffening of entire body for a few seconds followed by a period of jerking
✦ Aura- unusual sensation, such as: hallucination, bright lights, strange sound, strange smell, strange behavior, daydreaming

Treatment:

1. Designate someone to Call 911 and notify the clinic of the student and symptoms, unless student has an Emergency Action Plan that specifies otherwise (refer to plan if available).
2. Keep calm and reassure others, noting time (minute and second).
3. Clear the area and protect the person’s head (with soft item or gently lower to the ground). Do not restrain.
4. Loosen clothing that may restrict breathing.
5. Turn gently to side to open airway (do not put anything in mouth).
6. Stay with person, noting time, movements, color, sounds, and characteristics on observation sheet.
7. Give medications or treatments if ordered.

C. ASTHMA

Signs of Asthma: breathing problems, wheezing/whistling sound, coughing, tightness in chest, shortness of breath. Asthma can quickly become life threatening.

Treatment:

1. Have student to remain calm
2. Encourage student use inhaler if available
3. Encourage student to use pursed lip breathing (in through the nose and blow out through puckered lips (*smell the rose, blow out the candle). Do this slowly.
4. Call the clinic stating child’s name and symptoms.
5. Call 911 if any of the following conditions exist:
   a. Using neck and chest muscles to breath or not moving air
   b. Shortness of breath or inability to speak more than 3-5 word sentences
   c. Breathing rate of less than 12 or more than 30
   d. Decreased level of consciousness
   e. Bluish lips or nail beds
D. HEAD INJURY

HEAD INJURY NOTE: All head injuries are potentially life threatening and may need to be referred for immediate medical care. Suspect neck injury with all serious head injuries and treat head and neck as one unit.

SIGNS AND SYMPTOMS: Projectile vomiting, Personality changes, Drowsiness, Disorientation, confusion, memory loss, Dizziness, Severe headache, Loss of consciousness at any time, Bleeding from ears and/or nose, Clear fluids from ears and/or nose, Irregular breathing, Increasing pain, Slurring of speech, Marked swelling, Blurred or double vision, Unequal pupils, Numbness or tingling in extremities, Seizure

TREATMENT
1. Determine cause of injury.
2. If individual has any of the symptoms listed above, call 911.
3. Keep individual lying down and quiet.
4. If individual is unconscious and neck injury is not suspected, support head and gently turn entire body to one side (log roll) so secretions drain from mouth. Do not turn head if neck injury is suspected.
5. Loosen clothing around neck.
6. Check for airway obstruction. If necessary, certified personnel start CPR (see CPR).
7. Do not insert anything into the individual’s mouth.
9. Control extensive bleeding by applying direct pressure to injury site.
10. Do not wash head wounds if suspect skull fracture.
11. Small cuts on face or scalp may bleed extensively. Control bleeding of this kind by applying clean dressings (preferably sterile) directly on the wound.
12. If dressings become blood soaked, add more dressings. Do not remove original dressing.
13. For blows to the head not accompanied by any of the above symptoms, treat for headache (see Headache).
14. If any of the above signs and symptoms occur at a later time, call 911 and parent.

E. DIABETES (High and Low Blood Sugar)

Signs of High Blood Sugar: Extreme thirst, frequent urination, hunger, dry and flushed skin, blurred vision, drowsiness, fruity breath odor, heavy rapid breathing. This can be life threatening condition over time if not treated.

Treatment:
1. Help student remain calm and, have student check blood sugar level, if available.
   Refer to Emergency Health Plan if available.
2. If high, call the clinic or have an adult escort student to the clinic.
3. Personnel trained in diabetes management: ________________________
4. Call 911 if student becomes unconscious or rapidly worsens.

Signs of Low Blood Sugar: Usually sudden shaking, sweating, clammy, dizziness, confusion, hunger, tired, headache, irritability, fast heartbeat, unconsciousness or stupor. This condition can quickly become a life threatening condition.

Treatment:
1. Call 911 and notify clinic of student and symptoms.
2. Maintain open airway, place individual on side
3. Follow Emergency Health Plan, if available
4. Act fast: If able to swallow, error on the side of caution and give the child sugar (candy, 2-4 glucose tabs, 4-6 oz. orange juice, 6-8 oz non-diet soda)
5. If unable to swallow safety or if unconscious:
   i. massage cake gel between cheek and gum OR
   ii. glucagon must be given by trained personnel: ________________________
6. Call the clinic, stating child’s name and symptoms

**THIS INFORMATION IS A GUIDE AND SHOULD NOT REPLACE GUIDANCE AND ATTENTION FROM THE CLINIC STAFF**
D. DIABETES AND SIGNS OF HIGH AND LOW BLOOD SUGAR

Hypoglycemia (Low Blood Sugar)

- Symptoms
- Shaking
- Sweating
- Anxious
- Dizziness
- Hunger
- Fast heartbeat
- Impaired vision
- Weakness, fatigue
- Headache
- Irritable

Hyperglycemia (High Blood Sugar)

- Symptoms
- Extreme thirst
- Frequent urination
- Dry skin
- Hunger
- Blurred vision
- Drowsiness
- Nausea