Day O.N.E. @ UTSA

The mission of the Day O.N.E department is to provide high quality services to meet department and employee needs. We are here to assist and guide you in the hiring and on-boarding process of staff, faculty, and students both benefits and non-benefits eligible. Please contact us by phone or by email at dayone@utsa.edu.

The Day O.N.E. office is located in the Human Resources department at 1604 Main Campus.

UTSA Human Resources
1604 Main Campus
North Paseo Building
4th Floor - 4.102
San Antonio, TX 78249
p: (210) 458-4648
f: (210) 458-4647

Our office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Updated: May 2014
Day O.N.E. @ UTSA

Employee's Guide
Welcome to UTSA! The Day O.N.E. staff is here to assist and guide you during your on-boarding process. Please use the buttons below to guide you through the employment process and to ensure that your onboarding is successful.

The mission of the Day O.N.E department is to provide high quality services to meet department and employee needs. Please contact us by phone or by email at dayone@utsa.edu. The Day O.N.E. staff is located in the Human Resources department at the at the North Paseo Building - 4th Floor - 4.102 on main campus.

Employee Processing for:

| Benefits Eligible | Non-Benefits Eligible |

Benefits Eligible Employee

- A benefits eligible employee is assigned to work at least 30 hours per week for 4 ½ months or longer.

Non-Benefits Eligible Employee

- A non-benefits eligible employee is assigned less than 30 hours per week OR who's assignment is for less than 4 ½ months.

Updated: November 2014
New Benefits Eligible Employees

Human Resources hosts Day O.N.E. @ UTSA, (Orientation for New Employees), for benefits eligible staff employees three times monthly. During the program employees are acquainted with the University, provided information about employment and benefits, and complete required documents.

Staff members will also receive:

- UTSA ID Card
- Employee Self Service (ESS) Instructions
- myUTSA ID Account Setup
- Parking Pass

Updated: May 2014
Day O.N.E. @ UTSA

New Benefits Eligible Employee Orientation

Pre-Orientation
• You will receive an Offer Letter, Welcome Packet, Benefits information, and Parking instructions from the Day O.N.E. team via email.

Orientation
• While attending Day O.N.E., you will receive valuable information regarding UTSA employment, access to resources, and benefits.

Post Orientation
• When orientation is completed, you will receive information on who and where to report to on your second day of work. Please contact us with any questions or concerns.

Updated: May 2014
New Benefits Eligible Employee Packet

Employees are required to complete the following hardcopy forms:

- Benefits Eligible Employee Acknowledgement Form
  All employees (Faculty, Staff and Students)

- Worker’s Compensation Agreement
  All employees (Faculty, Staff and Students)

- Selective Service Registration Form - Males Age 18 – 26

- Prior State Service

- Political Aid - All employees (Faculty, Staff and Students)

Please fill-out, sign and bring the complete packet to HR for processing.

UTSA Human Resources
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San Antonio, TX 78249
p: (210) 458-4648
f: (210) 458-4647
Our office is open from 8:00 a.m. to 5:00 p.m.
Monday through Friday.
I HEREBY AGREE AND ACKNOWLEDGE:
1. That my employment is undertaken subject to all state and federal laws, Regent's Rules and Regulations, and local institutional rules, as amended.
   a. The state of Texas requires all males who are 18 through 25 years of age be registered with the Federal Selective Service System or present proof of exemption prior to employment.
   b. I understand that any offer of employment is contingent upon my completing the US Citizenship and Immigration Services Employment Eligibility Verification (Form I-9) within three (3) business days of the date my employment begins and providing original documents to verify my identity and employment eligibility as required by law.
   c. Participation in the University's Occupational Health Program (OHP) is a condition of employment for employees who work in designated "hazardous" areas or who perform certain work functions. If hired for such a position, I understand that I will be required to provide my medical history, and to submit to screening/testing, and such other activities as mandated by the OHP.

2. That I have reviewed the following:
   a. Excerpts from Current Appropriations Bill, "Political Aid and Legislative Influence Prohibited."
   c. House Bill 1673, 66th Legislature of Texas, Regular Session, Article 8, "Property Accounting."
   d. The General Policy statement as established in Part II, Chapter 5, Subsection 2.7 of the Regents' Rules and Regulations.

POLICIES
1. I understand that the Grievance Procedures, Regents' Rules and Regulations and UTSA Policies and Procedures are available online.

2. I have been notified of the Policy on Drugs, Alcohol, Smoking, HIV, AIDS and the workplace, Discrimination; understanding Harassment, conflict of interest policy, computer usage.
   All reading materials can be found online at http://www.utsa.edu/hr/Employment/NewEmployeeReadingDocuments.html.

3. I have been advised on the benefits and requirements of FMLA.

4. I understand that if I am a TRS return to work (RTW) retiree, I will be financially responsible for a portion of the TRS surcharges.

My UT Benefits Information
I hereby certify that I have been informed about the group insurance and retirement programs. I am aware that it is my responsibility to read all of the material and should I have questions concerning any information, I will contact Human Resources Benefits for clarification. I have been informed that I have 31 days from my initial period of benefits-eligibility to make any changes. If I have a change in status, I have 31 days to complete the necessary paperwork with Human Resources. I also understand the information provided about Premium Sharing and the Title 1 of the Health Insurance Portability and Accountability Act of 1996.

If I am a full-time employee, I understand that I will be automatically enrolled in the employee only Basic Coverage Package that includes UT Select Medical Plan with prescription drug coverage, $20,000 Life and $20,000 Accident Death & Dismemberment Insurance, unless I elect additional coverage within the first 31 days of eligibility.

If I am a part-time employee, I understand that my insurance will be waived, unless I elect coverage within the first 31 days of eligibility. I understand that I will remain in the same coverage (Basic or Waive) until next annual enrollment.

I acknowledge that my employer, UTSA, provided me the notification on the new Health Insurance Marketplace Coverage. I can also visit http://www.utsystem.edu/offices/employee-benefits/affordable-care-act-notices for more information.
I hereby certify that The University's policies concerning vacation, floating holidays and sick leave have been explained to me. If I have a faculty title, I understand that I will not accrue vacation. If I have a staff title, I am aware that I am not entitled to use or receive payment for my vacation leave during the first 6 months of accrual. "HCP 4.20, Texas Government Code, §661.
If I have a student title, I am aware that I am not entitled to any holiday, vacation, and sick leave time.

Signature
Date

Staff Members Only:

I HEREBY AGREE AND ACKNOWLEDGE:

That I was the individual who completed, signed, and submitted my electronic application for employment.

a. I certify that all statements made by me and all supporting documents submitted by me in my application and throughout the selection process are true, complete, and correct to the best of my knowledge and were made in good faith. I understand that any omission of facts or false statements shall be sufficient cause for termination of employment. I also understand that this information will become a part of my official personnel record.

b. I recognize that both Administrative and Professional and Classified positions are employed at will and serve without tenure. No employment practices of the University and no provision of any policy adopted by the University or U.T. System Administration shall confer rights to employees that are contrary to the employment at will doctrine.

c. I further understand that any offer of employment tendered me is contingent upon my agreement to abide by the Rules and Regulations of the Board of Regents of The University of Texas System, and state, and federal laws.

POLICIES

1. I hereby certify that I have been informed of and understand that the first six (6) months of my employment is probationary and that my performance will be closely observed during this time. (Classification Employees Only)

2. I recognize that both Administrative and Professional and Classified positions are employed at will and serve without tenure. No employment practices of the University and no provision of any policy adopted by the University or U.T. System Administration shall confer rights to employees that are contrary to the employment at will doctrine.

Signature
Date

Faculty Members Only:

Effective September 1, 2014, I understand that if I enrolled in insurance coverage that the summer premiums will be deducted from my March, April, and May paychecks (double deduction each month). If I have elected to have my salary spread over 12 months by signing a Salary Allocation Agreement, there will be one month's premium deducted from each month's paycheck.

Signature
Date

PRIVACY NOTICE: With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.150 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.
THE UNIVERSITY OF TEXAS AT SAN ANTONIO

Workers' Compensation Network Acknowledgement

I have received information (Employee Welcome Letter, Notice of Network Requirements and Employee Handbook Material) which informs me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of physicians in the IMO Med-Select Network*. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I may have to pay the bill if I get health care from someone other than a network doctor without Network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement form, I am still required to use the network.

Please fill out the following information before signing and submitting this completed acknowledgement form:

Name of Carrier: The University of Texas System

Employee ID #: __________________________ Name of Network: IMO Med-Select Network*

Hire Date: __________________________ Department: __________________________

Home Address: __________________________________________________________________________

Street Address – No P.O. Box or Work Address

________________________________________________________________________________________

City __________________________ State __________________________ Zip Code __________________________ County __________________________

________________________________________________________________________________________

Employee Signature __________________________ Date __________________________

Printed Name __________________________ Employee Phone Number __________________________

FORWARD COMPLETED FORM TO WCI OFFICE, ENVIRONMENTAL HEALTH, SAFETY & RISK MANAGEMENT, PH # 458-8178, FAX 458-7450

UTSA WORKERS COMPENSATION INSURANCE OFFICE – 458-8178
Only males between the ages of 18 and less than 26 are required to complete this form.

All males from eighteen (18) and less than twenty-six (26) years of age must provide proof that they have either registered with the selective services system or have been exempted from such registration prior to beginning state employment. This requirement pertains to all categories of potential employees, student employees, faculty, classified, administrative & professional, temporary and casual. This procedure is in compliance with Section 651.005 of the Texas Government Code.

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<th>Last Name: (Please Print)</th>
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1. _______ I am registered with Selective Service. Obtain verification from the following web site and attach it to this form. [https://www.sss.gov/RegVer/wfVerification.aspx](https://www.sss.gov/RegVer/wfVerification.aspx)

2. _______ I am not required to register with the Selective Service because I am a non-immigrant alien on a student, visitor tourist or diplomatic visa.

3. _______ I am not registered with the Selective Service.

Signature ___________________________ Date ___________________
Employee Name

UTSA Hire Date

Note: Prior State Service could impact your Longevity Pay and Vacation Leave.

Previously employed by a Texas State agency?: ☐ YES ☐ NO

(If yes, include any previous Last Names used; Provide exact dates and agency or agencies employed by.)

Service with Independent School Districts, Junior Colleges, and/or Community Colleges does not qualify for State Service.

Are you or have you contributed to Teacher Retirement System (TRS) within the past 4 1/2 months?

☐ YES ☐ NO
Political Aid, Legislative Influence, and Standards of Conduct Provisions of the 1997-98 Appropriations Act

Employment provisions in Article IX. Sections 5 and 6 of the Current Appropriations Act require that the following provisions be furnished to each employee. These sections also require that each employee acknowledge receipt of this information.

Sec. 5 Political Aid and Legislative Influence Prohibited. None of the moneys appropriated by this Act, regardless of their source or character, shall be used for influencing the outcome of any election, or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the state from furnishing to any Member of the Legislature or committee upon request, or to any other state official or employee or to any citizen information in the hands of the employee or official not considered under law to be confidential information. Any action taken against an employee or official for supplying such information shall subject the person initiating the action to immediate dismissal from State employment.

No funds under the control of any state agency or institution, including but not limited to state appropriated funds, may be used directly or indirectly to hire employees or in any other way fund or support candidates for the legislative, executive, or judicial branches of government of the State of Texas or the government of the United States.

None of the funds appropriated by this Act shall be expended in payment of the salary for full-time employment of any State employee who is also the paid lobbyist of any individual, firm, association or corporation. None of the funds appropriated by this Act shall be expended in payment of the partial salary of a part-time employee who is required to register as a lobbyist by virtue of the employee’s activities for compensation by or on behalf of industry, a profession or association related to operation of the agency or institution for which the person is employed. A part-time employee may serve as a lobbyist on behalf of industry, a profession or association so long as such entity is not related to the agency with which he or she is employed.

Except as authorized by law, none of the funds appropriated by this Act shall be expended in payment of membership dues to an organization on behalf of the agency or an employee of an agency if the organization pays all or part of the salary of a person required to register under Chapter 305, Government Code.

No employee of any state agency shall use any state-owned automobile except on official business of the state, and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provisions of this section.

Sec. 6 Standards of Conduct for State Employees. None of the funds appropriated by this Act shall be expended to pay the salary of a state employee:

1. accepts or solicits any gift, favor, or service that might reasonably tend to influence the employee in the discharge of official duties or that the employee knows or should know is being offered with the intent to influence the employee’s official conduct;

2. accepts other employment or engages in a business or professional activity that the employee might reasonably expect would require or induce the employee to disclose confidential information acquired by reason of the official position;

3. accepts other employment or compensation that could reasonably be expected to impair the employee’s independence of judgment in the performance of the employee’s official duties; or

4. makes personal investments that could reasonably be expected to create a substantial conflict between the employee’s private interest and the public interest; or

5. intentionally or knowingly solicits, accepts, or agrees to accept any benefit for having exercised the employee’s official powers or performed the employee’s official duties in favor of another.

Receipt of the foregoing provisions of the Appropriations Act is acknowledged this _____ day of ______________., 20__.

______________________________
Signature of employee

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.
New Non-Benefits Eligible Employees

Welcome to UTSA! We are pleased you have joined the UTSA team. There are several steps to ensure that your onboarding process is successful and you complete all of the necessary steps to receive everything you need to be successful in your new job. **Please make sure the following is completed prior to hire date:**

- Please visit the [Employee Self Service](#) instructions page to give you a step by step guide to completing the necessary requirements for ESS. You will have received an email with a link to the ESS portal page. Please use your MyUTSA ID and default passphrase that is provided to you in the email to successfully log in.
- Please bring your 1-9 documents to the Human Resources offices within 3 days of completing your I-9 on the ESS portal.
- Please use the button to the right to print out the [Forms Requiring Signatures](#) packet and bring these with you to Human Resources.

Updated: May 2014
Log In to Set Up Your Passphrase-Reset Contact Information

myUTSA ID

Passphrase

Forgot/reset passphrase?
Log In

Acceptable Use Policy
This computer application is the property of the University of Texas at San Antonio. Improper or unauthorized use of this application may lead to criminal prosecution or other disciplinary action. Use of this application, authorized or unauthorized, constitutes consent to monitoring of the system and the user's acknowledgement of accountability and responsibility.
New Non-Benefits Eligible Employee Packet

Employees are required to complete the following hardcopy forms:

- Non-Benefits Eligible Employee Acknowledgement Form
  All employees (Faculty, Staff and Students)

- Selective Service Registration Form - Males Age 18 – 26

- Political Aid - All employees (Faculty, Staff and Students)

Please fill-out, sign and bring the complete packet to HR for processing.

UTSA Human Resources
1604 Main Campus
North Paseo Building
4th floor - 4.102
San Antonio, TX 78249
p: (210) 458-4648
f: (210) 458-4647

Our office is open from 8:00 a.m. to 5:00 p.m.
Monday through Friday.
The University of Texas at San Antonio
Non-Benefits Eligible Employee Acknowledgement Form

I HEREBY AGREE AND ACKNOWLEDGE:

1. That my employment is undertaken subject to all state and federal laws, Regent’s Rules and Regulations, and local institutional rules, as amended.
2. That my employment is considered Non-Regular, meeting one of the following criteria:
   - Less than 4½ months regardless of the hours appointed to work per week. This type of position is temporary in nature. While an expected end date may have been communicated, the actual end date may occur sooner based on business need, budgetary constraints, or other considerations.
   OR
   - 4½ months or longer and hours appointed to work is 19 hours or less per week
3. That my employer, UTSA, provided me the notification on the new Health Insurance Marketplace Coverage. I can also visit http://www.utsystem.edu/offices/employee-benefits/affordable-care-act-notices for more information.

POLICIES

1. I understand that the Grievance Procedures, Regents’ Rules and Regulations and UTSA Policies and Procedures are available online.
2. I have been furnished a reference to the following documents at http://www.utsa.edu/hr/docs/NewEmployeeReadingDocuments.html and instructed to read and reference them as necessary: (In the event you do not have access to a computer or have difficulty obtaining these documents, contact HR at 210-458-4250 for assistance).

| Excerpts from Current Appropriations Bill, "Political Aid and Legislative Influence Prohibited" |
| House Bill 1673, 68th Legislature of Texas, Regular Session, Article 8, "Property Accounting" |
| The General Policy statement as established in Part II, Chapter 7, section 2 of the Regents Rules and Regulations |

Signature ____________________________ Date ____________

Have you contributed to the Teacher Retirement System of Texas (TRS) this fiscal year?  
☐ Yes  If yes, from where and enrollment date?  ☐ No

Are you a service or disabled retiree of either the TRS or ORP (Optional Retirement Plan)?  
☐ Yes  If yes, from where and date of retirement?  ☐ No

Check one:  ☐ TRS  ☐ ORP

If you are a TRS retiree, answer the following questions:

☐ Yes  ☐ No

Are you aware of TRS’ Provisions for “Employment after Retirement”?

Are you enrolled in TRS care?  
☐ Yes  ☐ No

I understand that if I am a TRS return to work (RTW) retiree, I will be financially responsible for a portion of the TRS surcharges.  
☐ Yes

PRIVACY NOTICE: With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Rev. Aug 1, 2014 /hr/docs/DayONE/Employee/NBE-EmployeeAcknowledgementForm.doc
EMPLOYMENT RECORD

Have you ever been employed by UTSA, the UT System, or any Texas State Agency?  YES □  NO □

WHERE?  WHEN?  POSITION HELD?


Are you related by blood or marriage to any member of the Board of Regents, Faculty, or Staff of UTSA or any other component of the University of Texas system?  YES □  NO □

If yes, give relative's name, relationship to you and the name of the affiliated institution:

Have you ever been convicted of violating any law, other than minor traffic violations?  YES □  NO □

List your work experience and make sure you include all employment at any Texas State Agency:

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READ CAREFULLY BEFORE SIGNING

I certify that statements made by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any omission of facts, inaccurate statements or false statements made herein may be sufficient cause for dismissal. I further agree that any offer of employment tendered me is contingent upon my agreement to abide by the Rules and Regulations of the Board of Regents of The University of Texas System. I hereby authorize The University of Texas at San Antonio to conduct employment history and police record inquiries to determine my acceptability for employment. I understand that if I will be a classified employee in a benefits eligible position, the first 6 months of employment at UTSA will be probationary.

DATE (mm/dd/yyyy): ___________________ SIGNATURE OF APPLICANT: ___________________

Rev. Aug 1, 2014 /hr/docs/DayONE/Employee/NBE-EmployeeAcknowledgementForm.doc
Only males between the ages of 18 and less than 26 are required to complete this form.

All males from eighteen (18) and less than twenty-six (26) years of age must provide proof that they have either registered with the selective services system or have been exempted from such registration prior to beginning state employment. This requirement pertains to all categories of potential employees, student employees, faculty, classified, administrative & professional, temporary and casual. This procedure is in compliance with Section 651.005 of the Texas Government Code.

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1. ______ I am registered with Selective Service. Obtain verification from the following web site and attach it to this form. [https://www.sss.gov/RegVer/wfVerification.aspx](https://www.sss.gov/RegVer/wfVerification.aspx)

2. ______ I am not required to register with the Selective Service because I am a non-immigrant alien on a student, visitor tourist or diplomatic visa.

3. ______ I am not registered with the Selective Service.

Signature _____________________________ Date _____________________________
Political Aid, Legislative Influence, and Standards of Conduct Provisions of the 1997-98 Appropriations Act

Employment provisions in Article IX. Sections 5 and 6 of the Current Appropriations Act require that the following provisions be furnished to each employee. These sections also require that each employee acknowledge receipt of this information.

Sec. 5 Political Aid and Legislative Influence Prohibited. None of the moneys appropriated by this Act, regardless of their source or character, shall be used for influencing the outcome of any election, or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the state from furnishing to any Member of the Legislature or committee upon request, or to any other state official or employee or to any citizen information in the hands of the employee or official not considered under law to be confidential information. Any action taken against an employee or official for supplying such information shall subject the person initiating the action to immediate dismissal from State employment.

No funds under the control of any state agency or institution, including but not limited to state appropriated funds, may be used directly or indirectly to hire employees or in any other way fund or support candidates for the legislative, executive, or judicial branches of government of the State of Texas or the government of the United States.

None of the funds appropriated by this Act shall be expended in payment of the salary for full-time employment of any State employee who is also the paid lobbyist of any individual, firm, association or corporation. None of the funds appropriated by this Act shall be expended in payment of the partial salary of a part-time employee who is required to register as a lobbyist by virtue of the employee’s activities for compensation by or on behalf of industry, a profession or association related to operation of the agency or institution for which the person is employed. A part-time employee may serve as a lobbyist on behalf of industry, a profession or association so long as such entity is not related to the agency with which he or she is employed.

Except as authorized by law, none of the funds appropriated by this Act shall be expended in payment of membership dues to an organization on behalf of the agency or an employee of an agency if the organization pays all or part of the salary of a person required to register under Chapter 305, Government Code.

No employee of any state agency shall use any state-owned automobile except on official business of the state, and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provisions of this section.

Sec. 6 Standards of Conduct for State Employees. None of the funds appropriated by this Act shall be expended to pay the salary of a state employee if:

(1) accepts or solicits any gift, favor, or service that might reasonably tend to influence the employee in the discharge of official duties or that the employee knows or should know is being offered with the intent to influence the employee’s official conduct;

(2) accepts other employment or engages in a business or professional activity that the employee might reasonably expect would require or induce the employee to disclose confidential information acquired by reason of the official position;

(3) accepts other employment or compensation that could reasonably be expected to impair the employee’s independence of judgment in the performance of the employee’s official duties; or

(4) makes personal investments that could reasonably be expected to create a substantial conflict between the employee’s private interest and the public interest; or

(5) intentionally or knowingly solicits, accepts, or agrees to accept any benefit for having exercised the employee’s official powers or performed the employee’s official duties in favor of another.

Receipt of the foregoing provisions of the Appropriations Act is acknowledged this ____ day of ____________, 20__.

________________________________________
Signature of employee

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 82. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention (Section 441.180 et seq, of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

06/2006
/hr/docs/PoliticalAid.doc
Employee Self Service for New Hires

Welcome to UTSA! Please access the Employee Self-Service portal and follow the instructions below to ensure all new employment actions are completed. Please keep in mind that you will have a limited 30 day access to the New Employee Tools after your start date to complete these actions. All sections are required and must be completed.

Click here to access the Employee Self-Service portal

Click on New Employee Tools

Steps:
Complete and Submit I-9 Form
(Left hand side of portal, under Employee Self Service)
1. Some information will auto populate such as your name, Date of Birth, and Address.
2. You may use the link to I-9 instructions to guide you through the form if needed.
3. Please enter email address and telephone number in spaces provided (this is optional).
4. If you have other names used (i.e. maiden name), please enter these.
5. Under the Citizenship and Employment Authorization, please attest to one of the four categories that apply to you and enter the information beside or below if applicable.
6. Once all application information is completed, please click Accept.

Please review the List of Acceptable Documents and bring these to Human Resources within 3 business days of submitting your I-9.

Update Personal Information Summary
(Left hand side of portal, under Employee Self Service)
1. Review and verify the information that currently exists in this section and make changes/edits as necessary.
2. Please complete any missing information including phone number, emergency contacts, and email address. Instant Message IDs and Marital Status cannot be changed or updated at this time.
3. Ethnic Groups-Please click on the button to choose the applicable category or categories.
4. Employee Information-Please review and verify the information that is populated that includes gender, date of birth, social security number, and start date.

Direct Deposit
(Left hand side of portal, under Payroll and Compensation)
1. Currently, this function is not available. If you would like to have Direct Deposit, please fill out the Direct Deposit Form found on the Payroll website http://uta.edu/payroll/forms.cfm

W-4
(Choose the Employee Self Service Tab on the top left and find the W-4 section under Payroll and Compensation)
1. Please review and verify the home address.
2. Enter the total number of allowances you are claiming. It will default to 0 if nothing is entered.
3. Please choose the applicable Marriage Status. It will default to Single if nothing is chosen.
4. Please use the Claim Exemption section ONLY if applicable; otherwise do not alter this section.
5. Please submit the form when you have completed all of the necessary sections.

My Current Profile
(Choose Employee Self Service Tab on the left and choose My Current Profile under Personal Information)
1. Under the General Tab, please select Add New Data Privacy Elections. Click the magnifying glass and choose Restrictions. Please select the options you wish to remain confidential and click OK.
2. Please select Add New Relative Employed by UT. Please select the UT Family, Institution, Department, and look up by name to fill in Employee ID.
3. Scroll down and click Add New Veteran Identification (Required). Click the magnifying glass and choose UTVESTAT. Click the drop down menu to select the status that applies to you. If applicable, check off the box below that applies to you. For further explanation of these categories click here.

Other Categories: Please fill in the other categories and sections to include Education and Accomplishments.
Please ensure all sections are completed including your:
- I-9
- W-4
- Personal Information
- UT Relatives

If you have any questions regarding your new hire Portal or the Employee Self Service Tools, please contact Human Resources (210) 458-4250.
Updated: November 2014

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

What Is the Purpose of This Form?

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

General Instructions

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

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

Section 1. Employee Information and Attestation

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

Provide the following information to complete Section 1:

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

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

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

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

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

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

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

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

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

4. **An alien authorized to work**: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.
   
   If you check this box:
   
   a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

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

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

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

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

**Preparer and/or Translator Certification**

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

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

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

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

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

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

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

Employers or their authorized representative must:

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

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

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

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

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

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

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

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or re-verifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents
Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

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

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

There are three types of acceptable receipts:

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

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

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

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

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

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

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

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

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

3. Initial and date the change.

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

Section 3. Reverification and Rehires

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

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

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

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

Reverification does not apply to List B documents.

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

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

To complete Section 3, employers should follow these instructions:

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

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

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

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

What Is the Filing Fee?

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

USCIS Forms and Information

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

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

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at I-9Central@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

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

### Photocopying and Retaining Form I-9

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

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

### USCIS Privacy Act Statement

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

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

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

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

### Paperwork Reduction Act

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

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

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

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

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

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

1. Alien Registration Number/USCIS Number: __________________________________________

   3-D Barcode
   Do Not Write in This Space

OR

2. Form I-94 Admission Number: __________________________________________

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

   Foreign Passport Number: __________________________________________________________________________

   Country of Issuance: __________________________________________________________________________

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

Signature of Employee: ____________________________ Date (mm/dd/yyyy): __________

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

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

Signature of Preparer or Translator: ____________________________ Date (mm/dd/yyyy): __________

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<th>State</th>
<th>Zip Code</th>
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Employer Completes Next Page

Form I-9 03/08/13 N
### Section 2. Employer or Authorized Representative Review and Verification

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

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3-D Barcode
Do Not Write in This Space

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</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 Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form 1-9 03/08/13  N
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>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong> OR</td>
<td><strong>Documents that Establish Identity</strong> AND</td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</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>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>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>
</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>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter’s registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. Native American tribal document</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>9. Driver’s license issued by a Canadian government authority</td>
<td>6. U.S. Citizen ID Card (Form I-197)</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>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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

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