Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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>
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<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
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</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:

OR

2. Form I-94 Admission Number:

OR

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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
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<tbody>
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Form I-9 11/14/2016 N

Employer Completes Next Page

Page 1 of 3
Section 2. Employer or Authorized Representative Review and Verification

(Do not write in this space)

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>

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

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

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

<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>
<tr>
<td>709 S Deakin St</td>
<td>Moscow</td>
<td></td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

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>
**Please Note: Your campus mailing address & office phone number will be posted in the University of Idaho Online Directory. If you would like your information excluded from the directory please contact Human Resources or your supervisor. You will need to request this information to be excluded should you change positions at the University at any time.**

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary e-mail account on file. (Not applicable to volunteers or affiliates)
- I understand that my benefit information about my plan choices, dependents enrolled, cost, and qualifying life events may be found at my benefit portal in VandalWeb.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through my VandalWeb portal.

Signature  

Date  

**Please return this form to Human Resources by fax: 208-885-3602  DO NOT EMAIL!**
The following information is collected to measure the effectiveness of the University of Idaho's affirmative action and equal employment opportunity efforts. We would appreciate your participation however you are not required to participate. Please be assured that this information is strictly voluntary and treated confidentially, it is not kept in your file, and is only used strictly in a manner consistent with state and federal affirmative action guidelines.

Name: ________________________________  ID Number: ____________________________

Sex:  □ Female   □ Male   □ Do not Identify

*Race/Ethnicity: (please refer to definitions)

*What is your ethnicity?
Are you Hispanic (Hispanic or Latino)?   □ Yes   □ No

What is your race? Select one or more races.
□ American Indian/Alaska Native*
□ Asian
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ White
□ Chose not to answer

*Race/Ethnicity Definitions:
- Hispanic/Latino Origin – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- American Indian/Alaska Native – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, India, Malaysia, Pakistan, Thailand, and Vietnam
- Black or African American – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

Disability Status:

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we ask you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we do hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

Do you have a disability as defined by the American’s with Disabilities Act (ADA)? (Please see definition below)
□ Yes   □ No   □ Choose no: to answer

The American’s with Disabilities Act of 1990 defines an individual with a disability as:
- a person with a physical or mental impairment that substantially limits a person in major life activity,
- a person with a record of such a physical or mental impairment, or a person who is regarded as having such an impairment

Disabilities may include:
- Blindness
- Deafness
- Emphysema
- Cancer
- Heart Disease
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- Major Depression
- Multiple Sclerosis (MS)
- Schizophrenia
- Muscular Dystrophy
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Impairments requiring the use of a wheelchair
- Intellectual Disability (previously called mental retardation)

Reasonable Accommodation Notice: Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

*Veterans Status: (please refer to definitions)

Veterans who served during a war or in armed forces service are relieved from the requirements of this form. This employer is a Government contractor subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

□ I am not a protected veteran
□ Disabled Veteran
□ Recently Separated Veteran
□ Active duty wartime or campaign badge veteran
□ Armed Forces Service Medal Veteran
□ Choose not to answer

Please return to: University of Idaho
Human Rights, Access & Inclusion
875 Perimeter Dr. MS 3160
Moscow, ID 83844-3160
hral@uidaho.edu
DATE: ______________________

TO: Human Resources

FROM: ______________________

CAMPUS MAIL ACTIVATION FORM

This form should be filled out by the new employee’s department and faxed or emailed back to Human Resources.

Employee name: _____________________________________________________

Vandal number: _______________________________________________________

Date of Hire: _________________________________________________________

Department: __________________________________________________________

Work address: □ On campus: 875 Perimeter Dr. MS ________________

□ Off campus: _____________________________

Work telephone #: _________________________________________

THANK YOU!
Please complete this form by the next payroll deadline following your hire date to designate the retirement plan you wish to participate in. (If you are unsure of the payroll deadline, please call Benefits and Payroll Services for clarification.) If no election is made, you will be defaulted to VALIC in odd years and TIAA in even years.

Return the completed form to Payroll and Benefit Services:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Vandal Number:</th>
</tr>
</thead>
</table>

- **☐ New Enrollment**
  - **☐ Change ORP Carrier**

**Part I - PERSI Information**

**New Employees Only:**

I am currently a member of the Public Employee Retirement System of Idaho (PERSI):

- [ ] No (cont. to Part II)
- [ ] Yes

- I am *vested* in PERSI and would like to continue my contributions to PERSI and waive enrollment to the ORP
  - (skip to Part III)
- I am *not vested* in PERSI but would like to leave my PERSI account as is and start the contributions to the ORP
  - (cont. to Part II)
- I am *not vested* in PERSI and would like to roll my PERSI contributions into the ORP
  - (cont. to Part II)

* You must have been an active member in PERSI for 60 months or more to be "vested". Please verify status with PERSI prior to selection.

**Part II - ORP Election**

Please forward my ORP election to:

- [ ] TIAA
- [ ] VALIC

**Please note:** Included in the ORP is enrollment in Group Long Term Disability Insurance through the Standard. The certificate is available at uideaho.edu/benefits/forms.

**Part III**

I understand that if and when my election is forwarded to the ORP vendor, I may subsequently move my account between fund sponsors (TIAA and VALIC) only once a year. I may, however, move my account between various investment options within the fund sponsor as often as rules of each fund sponsor and each account permit. If new enrollment election is defaulted, the employee is responsible for transferring funds between vendors.

**Employee Signature:** ___________________________ **Date:** ___________________________

**Witness’ Signature:** ___________________________ **Date:** ___________________________

**Human Resource Services Only**

| Date Received: | Date Entered: | Effective Pay Date: | Completed by: |
REQUEST TO DEPOSIT PAYROLL OR REIMBURSEMENT CHECK

I hereby grant authorization to deposit my payroll check directly to my checking or savings account. I understand that this will take effect with the next available biweekly pay period. This authorization will continue indefinitely until I give written notice to discontinue. I understand that Payroll Services must have two weeks' notice to make changes to my account.

Vandal Number or Student ID

Name (printed)

Day Time Phone Number

E-mail Address

Savings __________ OR Checking __________
(Please check one)

Please also use this bank account for (please check one or both):

☐ My payroll check
☐ My travel reimbursements and other payments from the Accounts Payable Office

Special instructions:

Signature

Date

• **STAPLE A VOIED CHECK HERE**
  ◦ **DO NOT USE DEPOSIT SLIPS**
  (BANK ROUTING INFORMATION MAY NOT BE ACCURATE)

• **DO NOT EMAIL THIS FORM WITH SENSITIVE ACCOUNT INFORMATION!**
  ◦ Mail this form to:
    - Payroll Services, 875 Perimeter Dr. MS 4345, Moscow, ID 83844-4345
  ◦ Or bring the form to:
    - Human Resources, 415 W. 6th Street, Moscow, ID 83844-4345

For questions, please call Payroll at 208-885-3868 or email payroll@uidaho.edu
HOW TO FIND YOUR ACCOUNT INFORMATION

Your bank can also print off a Direct Deposit Form if you do not have checks.

To set up your W-4:

1. Log into Vandalweb (www.vandalweb.uidaho.edu).
2. Choose “Employees.”
3. Choose “Payroll.”
4. Choose “W-4 Tax Exemptions / Allowances.”
5. Click on “Update” and follow the instructions to update your federal tax exemption and state tax exemption.

   a. **Effective Date** of change should follow the effective date of payroll periods; the most current date will auto fill.
   b. **Deduction Status**: Most employees’ status should be Active; if you choose Exempt, please verify:
      - I claim exemption from withholding for the tax year specified, and I certify that I meet both of the following conditions for exemption.
        - Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
        - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
      - If you meet both conditions, select “Exempt” in the deduction status field.
   c. Select a **Filing Status** and **Number of Allowances**.
   d. Click on **Certify Changes** to save your selections.