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

OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

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

What Is the Purpose of This Form?

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

General Instructions

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

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

Section 1. Employee Information and Attestation

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

Provide the following information to complete Section 1:

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

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

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

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

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

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
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.

   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 reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
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 rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

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

**What Is the Filing Fee?**

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

**USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).
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.)*

<table>
<thead>
<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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<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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<thead>
<tr>
<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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</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):

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

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

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

  1. Alien Registration Number/USCIS Number: ______________________

  OR

  2. Form I-94 Admission Number: ______________________

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

  Foreign Passport Number: ______________________

  Country of Issuance: ______________________

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

Signature of Employee: ______________________

Date (mm/dd/yyyy): ______________________

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

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

Signature of Preparer or Translator: ______________________

Date (mm/dd/yyyy): ______________________

Last Name (Family Name) ______________________

First Name (Given Name) ______________________

Address (Street Number and Name) ______________________

City or Town ______________________

State ______________________

Zip Code ______________________
Section 2. Employer or Authorized Representative Review and Verification

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

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

<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>Issuing Authority:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Title:</td>
<td></td>
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<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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</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.)

Signature of Employer or Authorized Representative: ___________________________  Date (mm/dd/yyyy): ___________________________

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

Employer's Business or Organization Address (Street Number and Name): ___________________________  City or Town: ___________________________

State: ___________________________  Zip Code: ___________________________

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

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

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

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

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

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

Signature of Employer or Authorized Representative: ___________________________  Date (mm/dd/yyyy): ___________________________

Print Name of Employer or Authorized Representative: ___________________________
# LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<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: (1) NOT VALID FOR EMPLOYMENT</td>
<td>1.</td>
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<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>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
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<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>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
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<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
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<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>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
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<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID 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>
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</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>5. Native American tribal document</td>
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<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
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<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>9. Driver's license issued by a Canadian government authority</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></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>For persons under age 18 who are unable to present a document listed above:</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
<td></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.
### HIRING/APPOINTMENT FORM

#### A. CLASSIFIED STAFF
- [ ] Regular (Min 6 mos. at .50FTE or greater)
- [ ] Temporary (Less than 6 months)
- [ ] ETE (6 mos. to 2 yrs @ .50 FTE or greater)
- [ ] Part-Time (.49 FTE or less)
- [ ] Seasonal, On-Call

#### APPOINTED
- [ ] Administrator
- [ ] Faculty
- [ ] Professional
- [ ] Post Doc
- [ ] UPH Member

#### STUDENT
- [ ] A
- [ ] B
- [ ] C
- [ ] D
- [ ] HS

#### CONTRACT LENGTH
- [ ] Full-Time
- [ ] Part-Time (.49 FTE or less)

#### BENEFITS/FLEX YEAR
- [ ] Benefits Eligible
- [ ] Non-Benefits Eligible
- [ ] Flex-Year Position (Circle # of pay periods)

#### B. NON-COMPETITIVE HIRE SELECTIONS (Attach supporting documentation)
- [ ] Emergency
- [ ] Project Specific
- [ ] Recognition Advancement
- [ ] Visiting Scholar (Salaried)
- [ ] Returning Employee within 1 yr.
- [ ] Individual Named in Contract or Grant
- [ ] Spousal Hire
- [ ] Other: (Refer to Policy)

#### C. EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First MI):</th>
<th>EmpID (if avail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annualized Salary/HR:</td>
<td>$</td>
</tr>
<tr>
<td>Hourly Rate:</td>
<td>$</td>
</tr>
<tr>
<td>Component of Pay:</td>
<td>$</td>
</tr>
<tr>
<td>Start Date:</td>
<td></td>
</tr>
<tr>
<td>Expected End Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position/UA Title:</th>
<th>FTE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional UA Title:</td>
<td></td>
</tr>
<tr>
<td>Additional UA Title:</td>
<td></td>
</tr>
<tr>
<td>Primary/Home Dept Name:</td>
<td></td>
</tr>
<tr>
<td>Building #</td>
<td>Room #</td>
</tr>
<tr>
<td>Primary/Home Dept Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

#### D. POSITION/ROLE INFORMATION

- Based on the position title and the employee’s FTE, what is the employee’s FLSA exemption status?
  - [ ] Exempt
  - [ ] Non Exempt
- Will this employee supervise one or more academic, professional or classified staff employees?
  - [ ] Yes
  - [ ] No
- Will this employee be a Time Coordinator?
  - [ ] Yes
  - [ ] No
- Will this employee be a Time Approver?
  - [ ] Yes
  - [ ] No
- Will this employee be working with living or deceased animals or animal by-products?
  - [ ] Yes
  - [ ] No

#### E. TENURE/CONTINUING SERVICE INFORMATION

<table>
<thead>
<tr>
<th>Professional/Administrative</th>
<th>T/TE/C/CE</th>
<th>Status Credit</th>
<th>Tenure/Continuing Status Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenured</td>
<td></td>
<td>0 years</td>
<td>3-Year Retention Review: 20 - 20</td>
</tr>
<tr>
<td>Voting</td>
<td></td>
<td>1 year</td>
<td>Mandatory Status Review: 20 - 20</td>
</tr>
<tr>
<td>Non-Voting</td>
<td></td>
<td>2 years</td>
<td></td>
</tr>
</tbody>
</table>

*Administrative positions may only be Year-to-Year.*

#### F. POSITION/BUDGET INFORMATION

<table>
<thead>
<tr>
<th>Position #</th>
<th>Budget Dept #</th>
<th>HR DeptID</th>
<th>Tenure Dept #</th>
<th>Line #</th>
<th>Account#</th>
<th>Actual to be Paid</th>
<th>Initial Fund Start Date</th>
<th>Distr. %</th>
<th>Obj Code</th>
<th>Source of Funding: Budget Dept #</th>
<th>Budget Line #</th>
<th>Account #</th>
<th>Amount: $</th>
</tr>
</thead>
</table>

*Effect on Budget: Current (Temp) [ ] or Next Year (Perm) [ ] Encumber? Yes [ ] No [ ]*

*Override Encumbrance Amount $ [ ] Prorate: 9 months [ ] 12 months [ ] Dist Roll? Yes [ ] No [ ]*

*Supervisor’s Position Number: [ ] Time Approver Position Number: [ ]*

#### G. DEPARTMENT INFORMATION

<table>
<thead>
<tr>
<th>Preparer:</th>
<th>Date:</th>
<th>Phone #</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. Name:</td>
<td>Date:</td>
<td>PO Box:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Department Approval:</td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/V.P. Approval:</td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provost Signature (If Applicable):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### H. Were University guidelines followed?
- [ ] Yes
- [ ] No

HR Signature: [ ]

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The University of Arizona – Human Resources

Revised: August 27, 2010
New Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information
When key parts of the health care reform law (the Affordable Care Act or ACA) take effect in 2014, there will be a new way to buy health insurance: through 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 can enroll for health insurance coverage through the Marketplace during an enrollment period that begins in October 2013. Coverage can begin as early as January 1, 2014.

Can I save money on my health insurance premiums in the marketplace?
If you’re eligible for coverage through your employer, you most likely will not be eligible for the subsidy through the Marketplace because the State of Arizona Benefit Options Plan meets ACA requirements for minimum value and employee-only coverage is intended to be affordable. However, if you’re not eligible for medical coverage through your employer, you may be eligible for a subsidy that lowers your monthly premium for coverage purchased through the Marketplace.

Please note: 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 subsidy.

Alternatively, if you are not eligible for coverage through your employer, you may qualify for Medicaid depending on your household income. Please visit www.HealthCare.gov for more information.

How will enrolling in the Marketplace affect health coverage through my employer?
If you purchase a health plan through the Marketplace instead of enrolling for health coverage offered by your employer, you will lose any employer contribution to the State of Arizona Benefit Options Plan. Future enrollment in the State of Arizona Benefit Options Plan will be limited to open enrollment (which typically happens in the fall).

How can I get more information?
For more information about your coverage offered by your employer, please check your summary plan description or contact the Division of Human Resources, Benefits included in employer information chart.

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

Information about health coverage offered by your employer
If you decide to complete an application for coverage in the Marketplace, you will be asked to provide the information
New Health Insurance Marketplace Coverage Options and Your Health Coverage

included in the chart below. This employer information is numbered to correspond to the Marketplace application.

If you decide to shop for coverage in the Marketplace, http://www.HealthCare.gov will guide you through the process. The employer information you can enter when you visit www.HealthCare.gov will help you determine if you can get a subsidy (in the form of a tax credit) to lower your monthly premiums for coverage purchased through the Marketplace.

<table>
<thead>
<tr>
<th>Employer Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Employer Name</td>
</tr>
<tr>
<td>The University of Arizona</td>
</tr>
<tr>
<td>4. Employer Identification Number (EIN)</td>
</tr>
<tr>
<td>74-2652689</td>
</tr>
<tr>
<td>5. Employer Address</td>
</tr>
<tr>
<td>1303 E University Boulevard, Box 4</td>
</tr>
<tr>
<td>6. Employer Phone Number</td>
</tr>
<tr>
<td>(520) 621-3662</td>
</tr>
<tr>
<td>7. City</td>
</tr>
<tr>
<td>Tucson</td>
</tr>
<tr>
<td>8. State</td>
</tr>
<tr>
<td>AZ</td>
</tr>
<tr>
<td>9. Zip Code</td>
</tr>
<tr>
<td>85719-0521</td>
</tr>
<tr>
<td>12. E-mail Address</td>
</tr>
<tr>
<td><a href="mailto:benefits@email.arizona.edu">benefits@email.arizona.edu</a></td>
</tr>
<tr>
<td>10. Who can we contact about employee health coverage at this job?</td>
</tr>
<tr>
<td>Division of Human Resources, Benefits</td>
</tr>
</tbody>
</table>
**PERSON INFORMATION FORM**  
(For all New Hires, Re-Hires, and Pre-Hire)

**Name:** ___________________________  
**Last** ______________________________________  
**First** ______________________________________  
**MI** ______________________________________

**SSN:** ________-____-________  
**Date of Birth** ________/____/____  
**Male** □  
**Female** □

*A Social Security Number and Date of Birth is required of new employees for tax withholding and federal reporting requirements and “Persons of Interest” to provide access to university services and electronic systems.*

**Email Address**  
(Requested for new employees to obtain NetID and UA email)

Indicate the highest level of education completed:  
□ Not a HS Graduate  
□ High School/GED  
□ Associate Degree  
□ Undergraduate Degree  
□ Graduate Degree  
□ Post-Graduate: ______________________

**Highest Degree Earned:** ______________________  
**Year highest degree earned:** ______________________

**Home Street Address (Arizona)**  
**City** ______________________________________  
**State** ______________________________________  
**Zip Code** ____________________________________  
**County** _____________________________________

**Home Phone** ___________________________  
**UA Phone (if known)** _______________________

**Home Street Address (Out-of-State)**  
(Complete if physical UA work location is outside Arizona)

**City** ______________________________________  
**State** ______________________________________  
**Zip Code** ____________________________________  
**County** _____________________________________

**Person to notify in emergency:** Name: ___________________________  
**Phone:** ( ) ___________________________

Have you ever worked in a paid position for the University of Arizona?  
□ Yes  
□ No

If yes, what department(s)?: ______________________________________  
**Dates:** ___________________________

Under what name if different: ___________________________

Have you ever worked for another State of Arizona agency, NAU or ASU?  
□ Yes  
□ No

If yes, what agency/university? ______________________________________  
**If yes, when were you there:** ___________________________

Have you ever contributed to the Arizona State Retirement System?  
□ Yes  
□ No

If yes, do you still have monies on account?  
□ Yes  
□ No

Are you a:  
□ US Citizen  
□ Permanent Resident  
□ Non-Resident with Temporary Visa (Attach copy of I-94)

**Visa Type/Classification (if applicable):** ___________________________

**Visa Eligibility Expiration Date:** ___________________________

Will your duties require you to drive a University of Arizona vehicle or to use your own vehicle to conduct University business?  
□ Yes  
□ No  
(Note: Individuals under the age of 18 may not drive in the course of their duties.)

Are you subject to child support withholding (Employees only)?  
□ Yes  
□ No

*Arizona Revised Statute 23-722.02 requires employers to ask each new employee if they are subject to child support wage assignments or order and if subject to child support withholding, requires you to deliver a copy of any active child support and wage withholding documents to Payroll, University Services building, Room 402.*

My Signature below indicates that all information provided on this form is accurate to the best of my knowledge and that I understand the requirements of the Child Support Wage Withholding statute outlined above.

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

**Office Use Only:** Reviewed by: ___________________________  
**EmpId:** ___________________________

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HR/Person Info Form  
Revised July 19, 2011
STATE OF ARIZONA LOYALTY OATH

§ 38-231 OFFICERS AND EMPLOYEES REQUIRED TO TAKE LOYALTY OATH; FORM; CLASSIFICATION; DEFINITION

A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency, and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district, and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employees does so take and subscribe to the form or affirmation prescribed by this section.

C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in section 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in section 13-2301 of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.

D. Any of the persons referred to in article XVIII, section 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.

E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation:

State of Arizona, County of __________________ I, __________________ do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of______________________________(name of office) according to the best of my ability, so help me God (or so I do affirm).

______________________________
(Signature of officer or employee)

F. For the purposes of this section, "officer or employee" means any person elected, appointed, or employed, either on a part-time or full-time basis, by this state, or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution, or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.

ABOR Policy 6-701 - In accordance with A.R.S. 38-231, each employee (excluding aliens) shall be required to affirm his/her allegiance to the United States and the State of Arizona by signing a loyalty oath prior to receiving any compensation. An employee who objects on religious grounds to the loyalty oath form may revise this form or submit an alternative signed loyalty oath which: (1) is acceptable to the employee's religious beliefs and (2) otherwise retains a meaning and intent to the loyalty oath's statutory requirements.
Ethnicity

The University of Arizona is subject to certain government record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the University invites employees to voluntarily self-identify their race and ethnicity. The federal government has changed the questions the University must ask to collect this information. There are now two questions instead of one.

Although the University is asking you to complete this survey to assist it in complying with federal reporting requirements, doing so is completely voluntary. You will suffer no adverse consequence if you do not provide this information. The information will be kept confidential and will be used only in accordance with applicable laws, executive orders, and regulations including those that require the University to summarize and report the information it collects to the federal government for civil rights enforcement purposes. When the University makes these reports, it will not identify any specific individual.

Please review and respond to both questions. For the federal government’s definition of race and ethnicity please see “Explain” after each question.

1) Are you Hispanic or Latino?
   - Yes
   - No

Explain: Hispanic or Latino
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2) What is your race? Select one or more.
   - American Indian or Alaska native
   - Asian
   - Black or African American
   - Native Hawaiian or Pacific Islander
   - White
Explain: Race

American Indian or Alaska Native
A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

Asian
A person having origins 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 or African American
A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Veteran Status

Definitions:

This employer is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVAA), 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. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - A veteran of the U.S. Military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.

- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air.

- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

- An “Armed Forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Services (VETS), toll-free, at 1-899-4-USA-DOL.

Reasonable Accommodation Notice:

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily
performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engage in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

The UA’s Disability Resource Center (DRC) collaborates with campus units to create accessible and inclusive work environments. Disability is an aspect of diversity that is integral to our society and the University of Arizona campus community. If you encounter barriers to access on campus, DRC staff is available to partner with you to find solutions or facilitate reasonable accommodations. For more information, visit http://drc.arizona.edu/ or call (520)621-3268.

**Self-Identification**

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the appropriate option below.

- I belong to the following classifications of protected veterans (choose all that apply):
  - [ ] Disabled Veteran
  - [ ] Recently Separated Veteran
  - [ ] Active Duty Wartime or Campaign Badge Veteran
  - [ ] Armed Forces Service Medal Veteran
- [ ] I am not a protected veteran, but I choose not to self-identify the classifications to which I belong.
- [ ] I am NOT a protected veteran
- [ ] I am NOT a veteran

Military Discharge Date: ________________________________
Voluntary Self-identification of Disability

Why are you being asked to complete this form?

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 are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we 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.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON’T HAVE A DISABILITY
☐ I DON’T WISH TO ANSWER

__________________________________________  _________________
Your Name                                              Today’s Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable 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.

The UA’s Disability Resource Center (DRC) collaborates with campus units to create accessible and inclusive work environments. Disability is an aspect of diversity that is integral to our society and the University of Arizona campus community. If you encounter barriers to access on campus, DRC staff is available to partner with you to find solutions or facilitate reasonable accommodations. For more information, visit, http://drc.arizona.edu/ or call (520) 621-3268.