Anti-Discrimination Notice: Employers must allow all employees to choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information entered in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Employees do NOT need to prove their citizenship, immigration status, or national origin when establishing their employment authorization for Form I-9 or E-Verify. Requesting such proof or any specific document from employees based on their citizenship, immigration status, or national origin, may be illegal. Similarly, discriminating against employees in hiring, firing, recruitment, or referral for a fee, based on citizenship, immigration status, or national origin may be illegal. Employers should not reject acceptable documentation due to a future expiration date. For more information on how to avoid discrimination or how to report it, contact the Immigrant and Employee Rights Section in the Department of Justice's Civil Rights Division at www.justice.gov/ier.

Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. 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 the verification of the identity and employment authorization of each new employee (both U.S. citizen and noncitizen) hired after November 27, 2011.

Definitions

Employee: A person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “employee” does not include individuals who do not receive any form of remuneration (e.g., volunteers), independent contractors, or those engaged in certain casual domestic employment.

Employer: A person or entity, including an agent or anyone acting directly or indirectly in the interest thereof, who engages the services or labor of an employee to be performed in the United States for wages or other remuneration. This includes recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Authorized Representative: Any person an employer designates to complete and sign Form I-9 on the employer's behalf. Employers are liable for any statutory and regulatory violations made in connection with the form or the verification process, including any violations committed by any individual designated to act on the employer's behalf.

Preparer and/or Translator: Any individual who helps the employee complete or translates Section 1 for the employee.

General Instructions

Form I-9 consists of:

- **Section 1**: Employee Information and Attestation
- **Section 2**: Employer Review and Verification
- Lists of Acceptable Documents
- **Supplement A**, Preparer and/or Translator Certification for Section 1
- **Supplement B**, Reverification and Rehire (formerly Section 3)
EMPLOYEES

Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment (i.e., the date the employee begins performing labor or services in the United States in return for wages or other remuneration). Employees may complete Section 1 before the first day of employment, but cannot complete the form before acceptance of an offer of employment.

EMPLOYERS


All employers must:

- Make the instructions for Form I-9 and Lists of Acceptable Documents available to the employee when completing the Form I-9 and when requesting that the employee present documentation to complete Supplement B, Reverification and Rehire. See page 5 for more information.
- Ensure that the employee completes Section 1.
- Complete Section 2 within three business days after the employee's first day of employment. If you hire an individual for less than three business days, complete Section 2 no later than the first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Leave a field blank if it does not apply and allow employees to leave fields blank in Section 1, where appropriate.
- Retain completed forms. You are not required to retain or store the page(s) containing the Lists of Acceptable Documents or the instructions for Form I-9. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Additional guidance about how to complete Form I-9 may be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274) and on I-9 Central.

Section 1: Employee Information and Attestation

Step 1: Employee completes Section 1 no later than the first day of employment.
- All employees must provide their current legal name, complete address, and date of birth. If other fields do not apply, leave them blank.
- When completing the name fields, enter your current legal name and any last names you previously used, including any hyphens or punctuation. If you only have one name, enter it in the Last Name field and then enter “Unknown” in the First Name field.
- Providing your 9-digit Social Security number in the Social Security number field is voluntary, unless your employer participates in E-Verify. See page 5 for instructions related to E-Verify. Do not enter an Individual Taxpayer Identification Number (ITIN) as your Social Security number.

Step 2: Attest to your citizenship or immigration status.

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

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.
   Conditional residents should select this status. Asylees and refugees should NOT select this status; they should instead select “A noncitizen authorized to work.” If you select “lawful permanent resident,” enter your 7- to 9-digit USCIS Number (A-Number) in the space provided.
4. **A noncitizen (other than Item Numbers 2. and 3. above) authorized to work:** An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the documentation evidencing your employment authorization. If your employment authorization documentation has been automatically extended by the issuing authority, enter the expiration date of the automatic extension in this space.

- Refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other noncitizens authorized to work whose employment authorization does not have an expiration date, should enter N/A in the Expiration Date field.

Employees who select "a noncitizen authorized to work" must enter **one** of the following to complete **Section 1**:

1. **USCIS Number/A-Number** (7 to 9 digits);
2. **Form I-94 Admission Number** (11 digits); or
3. **Foreign Passport Number and the Country of Issuance**

Your employer may not ask for documentation to verify the information you entered in **Section 1**.

**Step 3:** Sign and enter the date you signed Section 1. Do NOT back-date this field.

**Step 4:** Preparer and/or translator completes a Preparer and/or Translator Certification, if applicable.

If a preparer and/or translator assists an employee in completing Section 1, that person must complete a Certification area on Supplement A, Preparer and/or Translator Certification for Section 1, located on Page 3 of Form I-9. There is no limit to the number of preparers and/or translators an employee may use. Each preparer and/or translator must complete and sign a separate Certification area. Employers must ensure that they retain any additional pages with the employee's completed Form I-9. If the employee does not use a preparer or translator, employers are not required to provide or retain Supplement A.

**Step 5:** Present Form I-9 Documentation

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

Choose which documentation to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which documentation you may present from the Lists of Acceptable Documents. You may present either: 1.) one selection from List A or 2.) a combination of one selection from List B and one selection from List C. In certain cases, you may also present an acceptable receipt for List A, B, or C documents. For more information on receipts, refer to the M-274.

- **List A documentations** show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.
- **List B documentation** shows identity only and List C documentation shows employment authorization only. If you present acceptable List B and List C documentation, you should not be asked to present List A documentation.

Guidance is available in the M-274 if you are under the age of 18 or have a disability (special placement) and cannot provide List B documentation.

Your employer must physically examine the documentation you present to complete Form I-9, or examine them consistent with an alternative procedure authorized by the Secretary of DHS. If your documentation reasonably appears to be genuine and to relate to you, your employer must accept the documentation. If your documentation does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documentation. Your employer may choose to make copies of your documentation, but must return the original(s) to you. Your employer may not ask for documentation to verify the information you entered in **Section 1**.
Section 2: Employer Review and Verification

Before completing Section 2, you, the employer, should review Section 1. If you find any errors or missing information in Section 1, the employee must correct the error, and then initial and date the correction.

You may designate an authorized representative to act on your behalf to complete Section 2.

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

Step 1: Enter information from the documentation the employee presents.

You, the employer or authorized representative, must either physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the original, acceptable, and unexpired documentation the employee presents from the Lists of Acceptable Documents to complete the applicable document fields in Section 2. You cannot specify which documentation an employee may present from these Lists of Acceptable Documents. A document is acceptable if it reasonably appears to be genuine and to relate to the person presenting it. Photocopies, except for certified copies of birth certificates, are not acceptable for Form I-9. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

You may use common abbreviations for states, document titles, or issuing authorities, such as: “DL” for driver's license, and “SSA” for Social Security Administration. Refer to the M-274 for abbreviation suggestions.

List A documentation shows both identity and employment authorization.

- Enter the required information from the List A documentation in the first set of document entry fields in the List A column. Some List A documentation consists of a combination of documents that must be presented together to be considered acceptable List A documentation. If the employee presents a combination of documents for List A, use the second and third sets of document entry fields in the List A column. Use the Additional Information space, as necessary, for additional documents. When entering document information in this space, ensure you record all available document information, such as the document title, issuing authority, document number and expiration date.

- If an employee presents acceptable List A documentation, do not ask the employee to present List B and List C documentation.

List B documentation shows identity only, and List C documentation shows employment authorization only.

- If an employee presents acceptable List B and List C documentation, enter the required information from the documentation under each corresponding column and do not ask the employee to present List A documentation.

- If an employee under the age of 18 or with disabilities (special placement) cannot provide List B documentation, see the M-274 for guidance.

In certain cases, the employee may present an acceptable receipt for List A, B, or C documentation. For more information on receipts, refer to the Lists of Acceptable Documents and the M-274.

Photocopies

- You may make photocopies of the documentation examined but must return the original documentation to the employee.

- You must retain any photocopies you make with Form I-9 in case of an inspection by DHS, the Department of Labor, or the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

Step 2: Enter additional information, if necessary.

Use the Additional Information field to record any additional information required to complete Section 2, or any updates that are necessary once Section 2 is complete. Initial and date each additional notation. See the M-274 for more information. Such notations include, but are not limited to:
● Those required by DHS, such as extensions of employment authorization or a document's expiration date.

● Replacement document information if a receipt was previously presented.

● Additional documentation that may be presented by certain nonimmigrant employees.

You may also enter optional information, such as termination dates, form retention dates, and E-Verify case numbers, if applicable.

**Step 3: Select the box in the Additional Information area if you used an alternate procedure for document examination authorized by the Secretary of DHS.**

You must select this box if you used an alternative procedure authorized by DHS to examine the documents. You may refer to the M-274 for guidance on implementing alternative procedures for document examination approved by the Secretary of DHS.

**Step 4: Complete the employer certification.**

Employers or their authorized representatives, if applicable, must complete all applicable fields in this area, and sign and date where indicated.

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**Reverification and Rehire**

To reverify an employee's work authorization or document an employee's rehire, use Supplement B, Reverification and Rehire (formerly Section 3). Employers need only complete and retain the supplement page when employment authorization reverification is required. Employers may choose to document a rehire on the supplement as well. Enter the employee's name at the top of each supplement page you use. In the New Name field, record any change the employee reports at the time of reverification or rehire. Use a new section of the supplement for each instance of a reverification or rehire, sign and date that section when completed, and attach it to the employee's completed Form I-9. Use additional supplement pages as necessary. Use the Additional Information fields if the employee's documentation presented for reverification requires future updates.

**Reverifications**

When reverification is required, you must reverify the employee by the earlier of the employment authorization expiration date stated in Section 1 (if any), or the expiration date of the List A or List C employment authorization documentation recorded in Section 2. Employers should complete any subsequent reverifications, if required, by the expiration date of the List A or List C documentation entered during the employee's most recent reverification.

For reverification, employees must present acceptable documentation from either List A or List C showing their continuing authorization to work in the United States. You must allow employees to choose which acceptable documentation to present for reverification. Employees are not required to show the same type of document they presented previously. Enter the documentation information in the appropriate fields provided.

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card). Reverification does not apply to certain noncitizens. See the M-274 for more information about when reverification may not be required.

**Rehires**

If you rehire an employee within three years from the date the employee's Form I-9 was first completed, you may complete the supplement and attach it to the employee's previously completed Form I-9. If the employee remains employment-authorized, as indicated on the previously completed Form I-9, record the date of rehire and any name changes. If the employee's employment authorization or List A or C documents have expired, you must reverify the employee as described above.

Alternatively, you may complete a new Form I-9 for rehired employees. You must complete a new Form I-9 for any employee you rehired more than three years after you originally completed a Form I-9 for that employee.
Employee and Employer Instructions Related E-Verify

E-Verify uses Form I-9 information to confirm employees' employment eligibility. For more information, go to www.e-verify.gov or contact us at www.e-verify.gov/contact-us.

For employees of employers who participate in E-Verify:

- You must provide your Social Security number in the Social Security number field in Section 1.
  - If you have applied for, but have not yet received, your Social Security number, you should leave the field blank until you receive the number. Update this field once you receive it, and initial and date the notation.
  - If you can present acceptable identity and employment authorization documentation to complete Form I-9, you may begin working while waiting to receive your Social Security number.
- Providing your email address and telephone number in Section 1 will allow you to receive notifications associated with your E-Verify case.
- If you present a List B document to your employer, it must contain a photograph.

For E-Verify employers:

- Ensure employees enter their Social Security number in Section 1.
- You must only accept List B documentation that contains a photograph. This applies to individuals under the age of 18 and individuals with disabilities.
- You must retain photocopies of certain documentation.

What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any other 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 “DHS Privacy Notice” below.

USCIS Forms and Information

Employers may photocopy or print blank Forms I-9. To ensure you are using the latest version of this form and corresponding instructions, visit the USCIS website at www.uscis.gov/i-9. You may order paper forms at www.uscis.gov/forms/forms-by-mail or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

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

You can obtain information about Form I-9 by e-mailing USCIS at I-9Central@uscis.dhs.gov. Employers may call 1-888-464-4218 or 1-877-875-6028 (TTY). Employees may call the USCIS employee hotline at 1-888-897-7781 or 1-877-875-6028 (TTY).

Retaining Completed Forms I-9

An employer must retain Form I-9, including any supplement pages, on which the employee and employer (or authorized representative) entered data, as well as any photocopies made of the documentation the employee presented, for as long as the employee works for the employer. When employment ends, the employer must retain the individual's Form I-9 and all attachments for one year from the date employment ends, or three years after the first day of employment, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is three years after the first day of employment.

Completed Forms I-9 and all accompanying documents should be stored in a safe and secure location. Employers should ensure that the information employees provide on Form I-9 is used only as stated in the DHS Privacy Notice below.
Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR section 274a.2. Employers creating, modifying, or storing Form I-9 electronically are encouraged to review these and any other relevant standards for electronic signature, and the indexing, security, and documentation of electronic Form I-9 data.

**Penalties**

Employers may be subject to penalties if Form I-9 is not properly completed or for employment discrimination occurring during the employment eligibility verification process. See 8 U.S.C. section 1324a and section 1324b, 8 CFR section 274a.10 and 28 CFR Part 44. Individuals may also be prosecuted for knowingly and willfully entering false information, or for presenting fraudulent documentation, to complete Form I-9.

**Employees:** By signing **Section 1** of this form, employees attest under penalty of perjury (28 U.S.C. section 1746) that the information they provided, along with the citizenship or immigration status they select, and all information and documentation they provide to their employer, is true and correct, and they are aware that they may face penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties or removal proceedings, and may adversely affect an employee's ability to seek future immigration benefits.

**Employers:** By signing **Sections 2** and **3**, as applicable, employers attest under penalty of perjury (28 U.S.C. section 1746) that they have physically examined the documentation presented by the employee, that the documentation reasonably appears to be genuine and to relate to the employee named, that to the best of their knowledge the employee is authorized to work in the United States, that the information they enter in **Section 2** is complete, true, and correct to the best of their knowledge, and that they are aware that they may face civil or criminal penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing Form I-9.

**DHS Privacy Notice**

**AUTHORITIES:** The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

**PURPOSE:** The primary purpose for providing the requested information on this form is for employers to verify the identity and employment authorization of their employees. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of individuals who are not authorized to work in the United States. This form is completed by both the employer and the employee and is ultimately retained by the employer.

**DISCLOSURE:** The information employees provide is voluntary. However, failure to provide the requested information, and acceptable documentation evidencing identity and authorization to work in the United States, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized 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 individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.
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 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions):

1. A citizen of the United States
2. A noncitizen national of the United States (See Instructions.)
3. A lawful permanent resident (Enter USCIS or A-Number.)
4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

- USCIS A-Number
- Form I-94 Admission Number
- Foreign Passport Number and Country of Issuance

Signature of Employee

Today’s Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

<table>
<thead>
<tr>
<th>List A OR</th>
<th>List B AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title 1 Issuing Authority Document Number (if any) Expiration Date (if any)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title 2 (if any) Issuing Authority Document Number (if any) Expiration Date (if any)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title 3 (if any) Issuing Authority Document Number (if any) Expiration Date (if any)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

<table>
<thead>
<tr>
<th>Last Name, First Name and Title of Employer or Authorized Representative</th>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.
LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>OR</th>
<th>LIST B</th>
<th>AND</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td></td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
<td></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></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:</td>
<td>5. U.S. Military card or draft record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the individual's status or parole 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></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></td>
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<tr>
<td></td>
<td>10. School record or report card</td>
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</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
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</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
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</tbody>
</table>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

- Receipt for a replacement of a lost, stolen, or damaged List A document.
- Receipt for a replacement of a lost, stolen, or damaged List B document.
- Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on I-9 Central for more information.
Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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.

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
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<tbody>
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<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial (if any)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
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</table>
**Supplement B, Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**
**U.S. Citizenship and Immigration Services**

**Form I-9**
**Supplement B**

OMB No. 1615-0047
Expires 07/31/2026

### Instructions
This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee’s Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 (M-274)](https://www.uscis.gov/handbook).

#### Date of Rehire (if applicable) | New Name (if applicable)
---|---

Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number (if any)</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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

**Name of Employer or Authorized Representative** | **Signature of Employer or Authorized Representative** | **Today's Date (mm/dd/yyyy)**

**Additional Information (Initial and date each notation.)**

Check here if you used an alternative procedure authorized by DHS to examine documents.

#### Date of Rehire (if applicable) | New Name (if applicable)
---|---

Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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**Name of Employer or Authorized Representative** | **Signature of Employer or Authorized Representative** | **Today's Date (mm/dd/yyyy)**

**Additional Information (Initial and date each notation.)**

Check here if you used an alternative procedure authorized by DHS to examine documents.
## 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
- Academic
- Fiscal

### BENEFITS/FLEX YEAR
- Benefits Eligible
- Non-Benefits Eligible
- Flex-Year Position
(Circle # of pay periods)
- 1
- 2
- 3
- 4

### 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
- Name (Last, First M.I.): [Emplid (if avail)]
- Annualized Salary/Hourly Rate: $
- Component of Pay: $
- Start Date: 
- Expected End Date:
- Position/UA Title:
- Additional UA Title:
- Primary/Home Dept Name:
- Building #
- Room #
- PO Box:
- Primary/Home Dept Phone #

### 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
- Professional/Administrative
- Faculty
- T/TE/C/CE
- Status Credit
- Tenure/Continuing Status Review
- Year-to-year
- Tenured
- Voting
- 0 years
- 3-Year Retention Review: 20
- Yes
- No
- Continuing-Eligible
- Tenure-Eligible
- Non-Voting
- 1 year
- Mandatory Status Review: 20
- 2 years
- Administrative positions may only be Year-to-Year.

### F. POSITION/BUDGET INFORMATION
- Position #
- Budget Dept #
- HR DeptID
- Tenure Dept #
- Line #
- Account #
- Actual to be Paid
- Initial Fund Start Date
- Distr. %
- Obj Code
- Source of Funding: Budget Dept #
- Budget Line #
- Account #
- Amount: $
- Effect on Budget: Current (Temp) [Yes][No]
- Next Year (Perm) [Yes][No]
- Encumber? [Yes][No]
- Override Encumbrance Amount $ Prorate: 9 months [Yes][No]
- 12 months [Yes][No]
- Dist Roll? [Yes][No]
- Supervisor’s Position Number:
- Time Approver Position Number:

### G. DEPARTMENT INFORMATION
- Preparer: [Date:]
- Phone #
- Email:
- Dept. Name: Dept. #
- PO Box:
- Fax #

Department Approval:
- [Date:]

College/V.P. Approval:
- [Date:]

Provost Signature (If Applicable):
- [Date:]

H. Were University guidelines followed? [Yes][No]
- HR Signature:
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) took effect in 2014, there was 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 marketplaces and employment based health coverage offered by your employer.

What is the health insurance marketplace?
The marketplace is designed to help you find health insurance that meets your needs and fits your budget. The marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

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

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

1 An Employer-sponsored health plan meets the “minimum value standard” if the plans share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).
Note: If you purchase a health plan through the marketplace instead of accepting health coverage offered by your employer, you will lose any employer contribution to the State of Arizona Benefit Options Plan. Also, this employer contribution – as well as your employee contribution to the State of Arizona Benefit Options Plan – is often excluded from income for federal and State income tax purposes. Your payments overage through the marketplace are made on an after-tax basis. 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 University of Arizona HR Solutions, Division of Human Resources contact information included in the employer information chart.

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

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

- As your employer, we offer a health plan to some employees and dependents. Eligible employees and dependents are defined in the summary plan descriptions (Article 3 Eligibility and Participation) posted on the Benefit Options website benefitoptions.az.gov
- This coverage provided meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.

If you decide to complete an application for coverage in the marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov. This employer information is numbered to correspond to the marketplace application.

<table>
<thead>
<tr>
<th>Employer Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Employer Name</strong></td>
<td><strong>4. Employer Identification Number (EIN)</strong></td>
</tr>
<tr>
<td>The University of Arizona</td>
<td>74-2652689</td>
</tr>
<tr>
<td><strong>5. Employer Address</strong></td>
<td><strong>6. Employer Phone Number</strong></td>
</tr>
<tr>
<td>888 N. Euclid Ave., Room 402</td>
<td>(520) 621-3660</td>
</tr>
<tr>
<td><strong>7. City</strong></td>
<td><strong>8. State</strong></td>
</tr>
<tr>
<td>Tucson</td>
<td>AZ</td>
</tr>
<tr>
<td><strong>9. Zip Code</strong></td>
<td></td>
</tr>
<tr>
<td>85721-0158</td>
<td></td>
</tr>
<tr>
<td><strong>10. Who can we contact about employee health coverage at this job?</strong></td>
<td><strong>11. Phone Number (if different from above)</strong></td>
</tr>
<tr>
<td>HR Solutions, Division of Human Resources</td>
<td><strong>12. E-mail Address</strong></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:hrsolutions@email.arizona.edu">hrsolutions@email.arizona.edu</a></td>
</tr>
</tbody>
</table>

hr.arizona.edu

New Hire/Rehire Worksheet

Please complete sections 1 and 2

- Obtain information in section 1 from the employee or have him/her write or type the responses.
- Attach a copy of the worksheet to the MSS New Hire request (preferred but not required).

*The MSS New Hire/Rehire Quick Reference Guide includes helpful information for initiating new hire/rehire requests.
* New Hire Work Center Instructions are available for new employees completing work center activities.

**Section 1 – Employee Information**

<table>
<thead>
<tr>
<th>Person Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Legal) Last Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>EmpID (if known):</td>
<td>Last 4 digits of SSN:</td>
</tr>
<tr>
<td>Date of Birth (MM/DD/YYYY):</td>
<td>Gender: (Check one) ☐M ☐F</td>
</tr>
<tr>
<td>Personal Email:</td>
<td></td>
</tr>
</tbody>
</table>

Have you previously:

1) Worked for the UA? ☐Yes ☐No
2) Held a UA no-salary or DCC appointment? ☐Yes ☐No
3) Enrolled as a UA student? ☐Yes ☐No

Under what name if different than current (last, first):

| Citizenship |
|---|---|
| 4) Are you a US Citizen or Permanent Resident? ☐Yes ☐No |

| Visa Permit Data (complete if answer to citizenship question is "No") |
|---|---|
| 5) Citizen/Passport Country: | Visa type: |
| Visa Status Date (MM/DD/YYYY): | Visa Exp. Date (MM/DD/YYYY): |

**Section 2 – Job/Position Information**

<table>
<thead>
<tr>
<th>Hiring Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire Type: Click here for Hire Type</td>
</tr>
<tr>
<td>Position Number:</td>
</tr>
<tr>
<td>Hiring Dept #:</td>
</tr>
<tr>
<td>Job FTE:</td>
</tr>
<tr>
<td>Building #:</td>
</tr>
<tr>
<td>Supervisor (Last Name, First Name):</td>
</tr>
<tr>
<td>Supervisor (Position Number):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Classified Staff: Copy of Career Track Application Materials and fully signed Offer Letter</td>
</tr>
<tr>
<td>For Faculty/Appointed: Copy of Career Track Job Application Materials, fully signed Offer Letter and a recommendation letter for T, TE, C and CE (if applicable)</td>
</tr>
<tr>
<td>Graduate Assistants/Associates: Fully signed Offer Letter</td>
</tr>
<tr>
<td>If No to #4: Copy of Visa Documents (do not attach—Please follow current process)</td>
</tr>
</tbody>
</table>

Preparer: ____________________________ Date Completed: ________

Ver. 29 July 2014
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 E-mail)

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

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

City State

Zip Code County

Zip Code County

( ) ( )
Home Phone UA Phone (if known)

Country or other address information (if applicable)

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: ____________________________ EmplId: ____________________________

HR/Person Info Form Revised July 19, 2011
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.
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.
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 1-800-4-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?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your “major life activities.” If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson’s disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- [ ] Yes, I have a disability, or have had one in the past
- [ ] No, I do not have a disability and have not had one in the past
- [ ] I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reducation Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _______________  Date of Hire: _______________