

## Pre-Hire Information Packet for NEW EMPLOYEE



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## WELCOME

Welcome to yo	ur new assignment!	We are looking	forward to	working with	you and havir	ng you be part o	of
our team as a			in the				
-	Job Tit	e			Department Name		

Here at the University we are proud of the services we provide to the community in terms of education, health and research. The positive contribution of every employee is welcomed and valued in our journey to achieving excellence in every thing that we do. Working at the University is not just about having a job; it is an opportunity to play an active part in our achievements and celebrate in our successes.

In your new assignment you are encouraged to learn all you can about the things that will help you to be successful in your job. Orientation is designed to help you learn what you need to know in your job. During orientation there are many ways to learn – talking to your Supervisor and co-workers, completing the on line modules which have been identified for you and accessing the main websites that provide additional information.

You are scheduled to start your assignment by attending in Person Orientation on \_\_\_\_\_\_ at

\_\_\_\_\_

\_in the ITS Computer Lab at 650 Komas Drive (see page 3 for directions).

time

If you have any questions or concerns, please feel free to contact me,

Supervisor Name

At \_\_\_\_\_\_ Phone number

We hope your time with us is happy and successful!



# DIRECTIONS to NEW EMPLOYEE ORIENTATION held at the ITS TRAINING CENTER (650 KOMAS DRIVE)

ITS Computer Training Center Information Technology Services Department 650 Komas Drive Salt Lake City, Utah 84108 <u>Itstraining-dist@hsc.utah.edu</u>

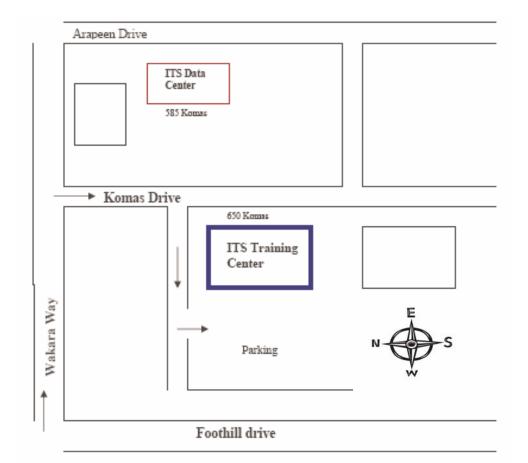
Orientation is held in the Board Room which is located in the lobby of the West entrance. Parking and the entrance to the ITS Training Center are on the west side of the building

As part of the in-person orientation session, ITS will provide all new employees with a brief training on how to access their network accounts and on-line training. All new employees are encouraged to stay at the training center to complete their on-line orientation requirements following the in-person session (**Lunch will be served**). Computers will be available from immediately following the in-person orientation training until 5pm. To contact the Computer Training Center for directions to the location, please call 587-6005 or visit the following website - <u>http://uuhsc.utah.edu/its/training/</u>

## Directions to 650 Komas Drive

- 1. Turn East onto Wakara from Foothill Drive
- 2. Take your first right and turn onto Komas Drive
- Go just past 585 Komas (on the left) and turn right into the 650 Komas Parking area
- Please do not park in the first two rows. These parking stalls are reserved for patient parking.

Parking and the entrance to the Training Center are on the west side of the building





## ACKNOWLEDGMENTS

- □ I understand that if I am regularly scheduled 20 hours or more a week and am benefited, I will serve a period of no less than six months of employment or reinstatement as a probationary employee during which my employment is "at will" which means I can be terminated for a legitimate business reason and do not have access to the Staff Employment Grievance process.
- I understand that if I am regularly scheduled less than 20 hours per week or hired on a temporary basis I am an "at will" employee and can be terminated for a legitimate business reason and do not have access to the Staff Employment Grievance process.
- □ I understand that as a benefited University transfer I do not have a probationary period but must complete the required sections of Orientation in the new assignment
- □ I understand I am required to establish my identity and eligibility to work in the United States by completing INS Form 1-9 not later than the third day after beginning work. Failure to meet this requirement within the time specified will result in termination of employment as this is a mandated federal requirement.
- □ I understand that my offer of employment is contingent upon meeting the pre-employment requirements of a criminal background check and/or a drug screen.
- I understand that, if I am being hired by the University of Utah Hospitals and Clinics (UUHC) I need to provide proof of required immunizations, or obtain needed immunizations from the Employee Health Clinic.
- I understand that, if my position requires a license, registration or other credential evidence, I am required to renew in a timely manner and update my Human Resources file when renewal documentation is provided to me. If I do not follow through with updating my credentials, I understand that termination of my employment will result

Signature of Employee

Signature of Hiring Supervisor



## UNIVERSITY OF UTAH EMPLOYEE RESOURCES

Congratulations on your new position here at the University of Utah. We would like to welcome and invite you to become part of the University community. This is a brief introduction to some of our non-traditional benefits and avenues for becoming involved with the rest of the University. As a member of our community, you also have access to nutrition and fitness centers, educational and professional training, museums and cultural events, and many other opportunities and services. For more information on specific programs, go to www.hr.utah.edu/ben/worklife/

### **Convenience Services:**

University Credit Union University Libraries UCard UTA

### **Employee Stores:**

University Bookstore	www.ubs.utah.edu
Health Sciences Bookstore	
Olpin Union Building	www.union.utah.edu
Hospital Gift Shop	
Positively U	uuhsc.utah.edu/rewards

### **Dependent Care:**

Bright Horizons	www.brighthorizons.com/Site/
KinderCare	www.kindercare.com/home.ph
BioKids	www.biology.utah.edu/biokids
The Child Care Coordinating Office	www.childcare.utah.edu
Elder Care Information & Referral	uuhsc.utah.edu/eldercare

### Staff Development and Educational Opportunities:

**Tuition Reduction** Training and Development Information Technology Services Academic Outreach and Continuing Education Intermountain Academy for Leadership

### Health, Wellness and Fitness/Recreation Services:

**Counseling Center** EAP Ergonomics Fitness Club Memberships/Recreational Facilities **Campus Recreation** Peak Academy Salt Lake Sports Complex Fitness Classes/Wellness Services Nutrition Madsen Preventive Cardiology Weight Watchers **Rehabilitation Services** 

www.ucreditu.com/index.htm www.lib.utah.edu/ www.ucard.utah.edu/ www.rideuta.com/Default.aspx

index.aspx np3

www.hr.utah.edu/ben/summ www.hr.utah.edu/ods uuhsc.utah.edu/ITS continue.utah.edu/index.html continue.utah.edu/proed/index.html

www.saff.utah.edu/counsel uuhsc.utah.edu/eap www.utahehs.org/pdf/ergofactsheet2.pdf

www.utah.edu/campusrec uuhsc.utah.edu/peak www.sportscomplex.slco.org

www.health.utah.edu/nutr uuhsc.utah.edu/cardio/prevent2.html www.weightwatchersofsaltlakecityinc.com uuhsc.utah.edu/REHABSVC/rsc/RSC\_mn.htm



## UNIVERSITY OF UTAH EMPLOYEE RESOURCES

### **Cultural Opportunities**

Babcock Theatre Gardner Hall Kingsbury Hall Pioneer Memorial Theatre Utah Museum of Fine Arts Red Butte Gardens and Arboretum Utah Ballet Company Utah Museum of Natural History

### **Travel Services**

### Communication

FYI Newsletter Pulse Newsletter

Committees

### **Employee Recognition**

Employee Services Presidential Staff Services Awards Staff Service Awards Luncheon

### **Human Resources**

420 Wakara Way, Suite 105	<b>Telephone</b>		FAX
Administration	585-9144		581-8481
Benefits	581-7447		585-7375
Compensation Administration	581-6206		581-6466
Employee Relations	581-5469		581-4286
Employment Office	581-2169		581-4579
HR Information Systems (HRIS)	See Web Dire	ectory	581-5571
Payroll (www.hr.utah.edu/payroll/)	581-7873		585-3030
Service Teams	See Web Directory		581-5571
Training and Development	585-2300		581-8481
Workforce Planning	585-9911		581-8481
Park Building	<b>Telephone</b>	Address	FAX
Equal Opportunity and Affirmative Action	581-8365	135 Park	585-5746
Vice President for Human Resources	585-0928	208 Park	581-5674
Employee Service Centers (HR Satellite Offices)			
UHOSP A024	585-5074	7:30 a.m3:00 p.m.	585-5144
135 Park	581-8365	8:00 a.m5:00 p.m.	585-5746

www.theatre.utah.edu/calendar\_current/babcock.htm

www.kingsburyhall.org www.pioneertheatre.org www.umfa.utah.edu www.redbuttegarden.org

www.umnh.utah.edu

www.travel.utah.edu

www.utah.edu/fyi/ uuhsc.utah.edu/pubaffairs/pulse.cfm Ad hoc committees are utilized as needed to hear staff concerns and propose solutions.

uuhsc.utah.edu/rewards/ www.hr.utah.edu/etc/psa/index.php www.hr.utah.edu/etc/ssa/index.php

www.hr.utah.edu



## EMPLOYEE ASSISTANCE PROGRAM (EAP) HOSPITAL EMPLOYEES ONLY

The Employee Assistance Program is a confidential counseling service purchased by the University of Utah for you and your immediate family members.

Your Employee Assistance Program provides:

- Short term, solution focused counseling
- No Employee cost
- Covers all family members in household
- Provides help with a variety of personal concerns including
  - Family and relationship issues
  - o Stress
  - o Grief
  - o Depression
  - o Anxiety
  - o Alcohol/Drugs
  - o Workplace Issues
- Is available 24/7 to address emergency situations

To contact the Employee Assistance Program you should call 801-587-9319.



## NEW EMPLOYEE CHECKLIST

### Before you start (Employees new to the University of Utah

- Determine if your employment verification and visa (if applicable) documents are current.
- □ Complete the employee documentation on or before your start date and return it to your department no later than the first day of employment
- □ Identify your transportation options.
- Gather documentation necessary for direct deposit. (Must have an item with your account number pre-printed on it. For example, voided check, bank statement, or bank receipt.)
- □ Gather your Immunization and TB skin testing records. Complete New Hire Immunization Form and have ready to give to your Supervisor on your first day. If you need any shots or a TB test or your blood drawn for antibody testing, go to the Employee Testing Clinic located in AA217 School of Medicine.
- □ Review welcome packet information

### During your first 2 weeks

- □ Confirm with your departmental payroll representative that your hiring or transfer documents have been processed through Human Resources.
- □ Obtain your University Identification Card from the ID Bureau located in the Student Union. If you are an employee at the hospital, go to the Hospital Cafeteria on Level A.
- Memorize and retain the University Identification Number you will receive from your department's hiring representative. The ID will be used as your personal identifier for University business systems and transactions. You will receive written notification of your ID Number through your home department on your first day of employment. Your ID Number will also appear on your paycheck. If you are an existing Campus employee transferring to University of Utah Hospitals and Clinics (UUHC) you will need to obtain a new UUHC ID card.
- □ Obtain building keys or access cards you need for your work area.
- Find out how and when your computer login and e-mail accounts will be assigned to you.
- □ Log into online orientation and complete the necessary modules in the time specified. You can only access the online orientation system on or after your hire or transfer date.
- □ Obtain parking permit as needed.
- □ If you are required to drive or repair a University-issued vehicle or drive your own vehicle as part of your duties, make sure you have a valid driver's license. Your driver's license record may be screened and you may be required to attend training classes including a defensive driving course. The defensive driving course may decrease your insurance premiums. Check with your Insurance Carrier for more information.



### After your first three months, you should know...\*

### About your job

- $\hfill\square$  How the department is organized
- □ Your department's goals and mission
- □ The specific functions of your section/unit
- □ Who you report to
- □ Your duties and responsibilities
- □ Your specific work week and scheduled hours
- □ The performance standards for your position
- □ What is the length of your probation period
- □ How your performance is evaluated, by whom, and how often
- □ Your supervisor's expectations regarding attendance and tardiness
- □ The procedure for requesting time off
- □ The procedure for reporting absences
- □ When staff meetings are held
- □ How you will be trained and by whom
- □ Career development opportunities available to you

### About your work environment

- □ Your colleagues and their job functions
- □ Your assigned work area and the office furniture and supplies you will be issues
- $\hfill\square$  Who to call for service or assistance
- $\hfill\square$  The dress code for your area or unit
- □ The rules regarding food in your area
- □ The proper operation and care of computers and office equipment
- □ How to use the phone systems and e-mail
- □ The policies for making personal and long-distance phone calls
- □ How to access the internet for University information and services
- Where the restrooms, fire exits and break room are located
- How to obtain/order office supplies or other tools or resources
- □ The rules for after hour access to your work area
- □ You are expected to become familiar with the University's Ethical Standards and Code of Conduct (www.hr.utah.edu/ethicalstandards/index.php)

## About your pay

- □ Your rate of pay
- □ If overtime is ever required and how it is managed
- □ The time recording procedure for your area
- □ The paydays and how paychecks are distributed in your department
- □ Travel and reimbursement procedures
- $\hfill\square$  When your lunch period is and if it is flexible
- □ If break periods are permitted, and if so, how many
- □ Your accrual rate for sick days
- □ Your accrual rate for vacation days
- □ When you are eligible to use sick or vacation days
- □ The University's holiday schedule
- □ The University's paid leave policies
- □ The University's unpaid leave policies
- □ How jury duty, voting, bereavement, and military paid leaves are administered

## About your rights and responsibilities

- □ The safety requirements of the job
- □ What formal training courses are required
- How to access the information on the University policies and procedures that govern your employment
- □ The benefits, services and resources available to you and your family
- □ Rules for use of University resources
- □ The appropriate use of confidential information
- □ The University's policies on equal opportunity, sexual harassment, drugs or firearms in the workplace, e-mail use, and other safety and security policies
- What to do if you are injured or suffer a workrelated illness on the job
- □ Campus resources available to you if you are experiencing problems at work
- □ The University's progressive discipline processes

\* For existing employees some of the items listed maybe considered "For Review". If this is the case you should take the time to make sure that you understand them as operational requirements may vary between departments.



## PARKING PERMIT SALES TO EMPLOYEES OF THE UNIVERSITY

To be eligible for payroll deduction and/or "A" eligibility, an employee must be at least 75% FTE and be paid by the University. Per Diem employees are not eligible.

Part time and Per Diem employees can only purchase a "U" or "E" permit, and must pay in full with cash, check, or credit card (Visa, Master Card, American Express, or Discover) at the time of purchase.

The State of Utah requires all individuals purchasing parking permits at any college on the Wasatch front to prove that their car passes the I/m Emissions Clean Air Test. If your vehicle is registered in Salt Lake, Davis, Weber or Utah Counties, we know that you have already complied with the Emissions law by looking at your vehicle registration. If the county you live in does not require an emissions test as part of your vehicle registration, you may be required to obtain an Emissions Certificate.

PAYROLL DEDUCTION PURCHASE	EMPLOYEES UNDER 75% FTE OR PER DIEM			
Employee ID Number	Employee ID Number			
% FTE	Form of Payment (cash, check or credit card)			
Vehicle Registration	Vehicle Registration			

Part-time employees are not eligible for the A permit, nor payroll deduction. Part-time employees may purchase the U or the E permit only, by paying cash, check, or credit card.

## **KEY TELEPHONE NUMBERS / WEBSITES**

	581-6415
Commuter Services Office	New location: 1901 E. South Campus Dr. 101 Annex
Commuter Services Website	WWW.PARKING.UTAH.EDU
Shuttle Customer Service	581-4189
Jump Starts (Parking Services – Dispatch)	581-3204
Keys Locked Vehicle(U.P.D.)	585-COPS (585-2677)
Public Safety Escort (dark hours)	585-2677
UTA Information / Ride Share	RIDE UTA (743-3882)
UTA Emergency Ride Home	BUS HOME (287-4663)
UTA Customer Service	267-2667
UTA Bus Schedules	BUS INFO (287-4636)
UTA Flextrans	287-7433
V.A. Shuttle	581-2666
UTA Website	WWW.UTABUS.COM
Bike Lockers	581-2242



## PARKING SERVICES – ENFORCEMENT

In general, parking regulations are enforced year round, even when classes are not in session. Parking lots are subject to change from month to month. To inquire about a specific parking area, call Commuter Services at 581-6415, or see our website at <u>www.parking.utah.edu</u>.

- 24 / 7 : Disabled, firelanes, redcurbs, maintenance stalls
- 6 a.m. to 6 p.m.: Reserves, terrace parking, and most "A" permit areas.
- 6 a.m. to 6 p.m. : "U" and "E" lots
- 8 a.m. to 6 p.m. : Meters
- **Hospital Patient Parking**: The North Terrace, Lot 50, is reserved for patients and visitors of patients only from 8 a.m. to 3 p.m. After 3:00 p.m., if you have a "A", "T", or "O -Zone" permit, you may park in levels 1 or 2 of this terrace, as long as you are leaving before 6 a.m. the next day.

## HOURS FOR COMMUTER SERVICES

Monday through Thursday 7:30 a.m. to 6 p.m.

Friday 7:30 a.m. to 5 p.m.

Commuter Services is located in the D Wing of the Annex, which is on the east side of the Huntsman Center. We are on the northwest corner of the intersection of Wasatch Drive and South Campus Drive, the same corner that the Trax turns north to go to the Hospital.

## Form W-4 (2008)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances. **Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

	Personal Allowances Worksh	eet (Keep for	your records.)						
Α	Enter "1" for yourself if no one else can claim you as a depender	ıt			Α				
	• You are single and have only one job; or			J					
в	Enter "1" if: { • You are married, have only one job, and your spouse does not work; or }								
	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.								
С	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or								
	more than one job. (Entering "-0-" may help you avoid having too				С				
D	Enter number of <b>dependents</b> (other than your spouse or yourself)				D				
Е	Enter "1" if you will file as head of household on your tax return		-	usehold above)	Е				
F	Enter "1" if you have at least \$1,500 of child or dependent care	expenses for wh	nich you plan to c	laim a credit	F				
	(Note. Do not include child support payments. See Pub. 503, Chi	-	• •						
G	Child Tax Credit (including additional child tax credit). See Pub. 9	72, Child Tax C	redit, for more inf	ormation.					
	• If your total income will be less than \$58,000 (\$86,000 if married	d), enter "2" for e	each eligible child	l.					
	• If your total income will be between \$58,000 and \$84,000 (\$86,00	00 and \$119,000	if married), enter	"1" for each eligibl	е				
	child plus "1" additional if you have 4 or more eligible children.				G				
н	Add lines A through G and enter total here. (Note. This may be different from			,	<b>к</b> Н				
	For accuracy, • If you plan to itemize or claim adjustments to and Adjustments Worksheet on page 2.	income and war	it to reduce your	withholding, see the	e Dedu	ctions			
	worksheets ( If you have more than one job or are married and you	and vour spouse b	oth work and the co	mbined earnings from	all iobs	exceed			
	that apply. \$40,000 (\$25,000 if married), see the Two-Earners/Mu			0	,				
	<ul> <li>If neither of the above situations applies, stop h</li> </ul>	ere and enter the	e number from lin	e H on line 5 of For	m W-4	below.			
	Cut here and give Form W-4 to your emplo	oyer. Keep the to	op part for your re	ecords.					
					OMB No. 1	545-0074			
Forr	W-4 Employee's Withholdin	g Allowan	ce Certific	ate					
	artment of the Treasury Whether you are entitled to claim a certain num				20	υð			
Inter	nal Revenue Service subject to review by the IRS. Your employer may	be required to ser	id a copy of this for						
1	Type or print your first name and middle initial.			2 Your social secu	rity numb	ber			
	Home address (number and street or rural route)			ed, but withhold at hig					
	City or town, state, and ZID code		0 7 1 7 1	se is a nonresident alien, ch		0			
	City or town, state, and ZIP code	-		at shown on your soc 772-1213 for a replace					
5	Total number of allowances you are claiming (from line H above		icable worksheet		\$				
6	Additional amount, if any, you want withheld from each payched			6	Э				
7	I claim exemption from withholding for 2008, and I certify that I n		-						
	Last year I had a right to a refund of all federal income tax with a last year I available to a second of all federal income tax withheld I								
	• This year I expect a refund of <b>all</b> federal income tax withheld I		t to have <b>no</b> tax i						
	If you meet both conditions, write "Exempt" here								
	ployee's signature	Dest of Thy Knowledg	ye anu bener, it is tru	e, correct, and comple	le.				
	m is not valid								
	ess you sign it.)  Employer's name and address (Employer: Complete lines 8 and 10 only if ear	ding to the IPS \	Date	10 Employer identifie		mbor (EIN)			
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sen	ung to the IRS.)	9 Office code (optional)	10 Employer identific	auon nun	inder (EIIV)			

Form W-4 (2008)

-		•
Pag	e	4

			Deductio	ns and Ad	justments Worksh	eet			
Not 1	Enter an estir charitable cor miscellaneous	nate of your ntributions, st deductions.	2008 itemized deduc ate and local taxes, r (For 2008, you may	ctions. These nedical expe have to redu	certain credits, or claim include qualifying hor nses in excess of 7.5% ice your itemized dedu /orksheet 2 in Pub. 919	me mortgag 6 of your ind actions if yo	e interest, come, and ur income	our 200	08 tax return.
	( \$10	,900 if marrie	d filing jointly or qual	ifying widow	(er)				
2		,000 if head o		, ,			2	\$	
			or married filing sepa	arately					
3	•	-	If zero or less, enter				3	\$	
4					eductible IRA contributions,			\$	
I		•		•	r credits from Workshe			\$	
				•			,	\$	
		-	-		idends or interest) .			\$	
			If zero or less, enter					Ψ	
			•		ere. Drop any fraction				
9					, line H, page 1				
10					e <b>Two-Earners/Multipl</b> enter this total on Form				
	T\	wo-Earners	s/Multiple Jobs V	Vorksheet	(See Two earners o	or multiple	jobs on page	e 1.)	
No	<b>te.</b> Use this work	ksheet <i>only</i> if	the instructions unde	er line H on p	age 1 direct you here.				
1	Enter the number	from line H, pa	age 1 (or from line 10 ab	ove if you used	the Deductions and Adj	ustments W	orksheet) 1		
2	Find the numbe	er in <b>Table 1</b>	below that applies to	the LOWES	<b>r</b> paying job and enter	it here. Hov	vever, if		
	you are married	l filing jointly a	and wages from the h	ighest paying	j job are \$50,000 or les	s, do not er	iter more		
	than "3."						2		
3	If line 1 is more	e than or eq	ual to line 2, subtrac	t line 2 from	line 1. Enter the result	t here (if ze	ro, enter		
		-	e 5, page 1. <b>Do not</b> u			· · · ·			
No			2, enter "-0-" on Forr sary to avoid a year-		, page 1. Complete lir	nes 4–9 belo	ow to calculate	the ad	ditional
4	-		2 of this worksheet		4				
5			1 of this worksheet						
6	Subtract line 5						6		
7					<b>T</b> paying job and ente	r it here		\$	
8					additional annual with			\$	
9		•			. For example, divide b	-	• •		
9					7. Enter the result here				
					om each paycheck .			\$	
	10	Tab					ole 2		
	Married Filing		All Other	s	Married Filing			Others	
	ages from LOWEST	Enter on	If wages from LOWEST	Enter on	If wages from HIGHEST	Enter on	If wages from <b>HI</b>		Enter on
pay	ving job are-	line 2 above	paying job are-	line 2 above	paying job are-	line 7 above	paying job are-		line 7 above
	\$0 - \$4,500 4,501 - 10,000	0 1	\$0 - \$6,500 6,501 - 12,000	0 1	\$0 - \$65,000 65,001 - 120,000	\$530 880	\$0 - \$35 35,001 - 80	5,000 5,000	\$530 880
1 10	0,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150	,000	980
	3,001 - 22,000 2,001 - 27,000	3 4	20,001 - 27,000 27,001 - 35,000	3 4	180,001 - 310,000 310,001 and over	1,160	150,001 - 340 340,001 and ov		1,160 1,230
	7,001 - 33,000	5	35,001 - 50,000	5		1,230	040,001 and 0		1,200
33	3.001 - 40.000	6	50.001 - 65.000	6					

7

8

9

10

100.001 - 110.000 13 14 110,001 - 120,000 120,001 and over 15 Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to

65,001 -

80,001 -

95,001 - 120,000

120,001 and over

80,000

95,000

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11

12

federal and state agencies to enforce federal nontax criminal laws, or to federal

law enforcement and intelligence agencies to combat terrorism.

40,001 -

50,001 -

55,001 -

60.001 -

65.001 -

75,001 -

50,000

55,000

60,000

65.000

75.000

100,000

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## **INSTRUCTIONS FOR COMPLETING FORM I-9**

### When an employer must complete the Form I-9.

Every time you hire any person to perform labor or services in return for wages or other remuneration, you must complete the Form I-9. This requirement applies to everyone hired after November 6, 1986. After you have completed the Form I-9 for your new hire, please send the form and the attached documents with the PAN form.

All I-9s can be completed by the hiring department with the assistance of their Service Team when needed.

- You should not complete the Form I-9 before an offer of employment has been accepted. After an offer of employment has been accepted and pre-employment tests have been cleared, you may complete the form before the start date as long as you complete the form at the same point in the employment process for all employees.
- The Form I-9 must be completed within the first three business days from the date employment begins. If the Form I-9 cannot be completed contact your generalist.
- You may not specify which documents an employee must present. The employee can choose which document(s) he/she wants to present from the list of acceptable documents. You must provide the employee with all three page of the Form I-9, which lists the documents that the employee can present to verify identity and employment eligibility.

### **Completing the Form I-9**

### Section 1 – Employee Information and Verification

Employee must complete Section 1 in person. If the employee cannot complete Section 1 by themselves or if they need the form translated, someone may assist. The preparer or translator must complete the Preparer/Translator Certification block on the Form I-9.

The employee must check one of the three boxes (citizen, lawful permanent resident, or alien authorized to work) and sign the form.

No one, except the employee can alter any of the information in Section 1. Changes cannot be made using correction fluid. Changes on the form will need to be made on a new Form I-9.

If the employee has not yet received a Social Security Number, the department should instruct the employee to write "applied for" or "pending."

### Section 2 – Employer Review and Verification

This section is to be completed and signed by the department. Examine one document from List A or examine one document from List B and one document from List C. These are listed on the back of the Form I-9. Please make copies of the documents and include them with the Form I-9.

### **Certification Section**

This section must be completed by the person who examined the original documents. Be sure to date the Certification using the date you verified the documents. This date is important because it becomes the employees Eligibility Date. This Eligibility Date is the same Eligibility Date that is documented on the Pan form. Also, remember to record the employees start date.

### Section 3 – Updating and Reverification

### **Rehires**

Whenever an employee is separated from the University, a new, updated, or reverified Form I-9 must be completed when the employee returns. If the hiring department has a copy of the Form I-9 less than three years old, this form can be used to update or reverify. If the original Form I-9 is more than three years old, or you do not have a copy of the original Form I-9, a new one must be completed.

### <u>Updates</u>

Departments will be notified by their Service Team 90 days before an employee's work authorization expires. They will also receive a copy of the employee's Form I-9. When the hiring department receives an updated work authorization from the employee, the hiring department will complete Section 3 of the Form I-9. When completed, the hiring department will send the Form I-9 and a copy of the document(s) to their Service Team.

### Be sure to contact your Service Team if you have questions when filling out the Form I-9.

## Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

## What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

## When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

## Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer:** 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.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:** 

- 1. Document title;
- 2. Issuing authority;
- 3. Document number;
- 4. Expiration date, if any; and
- 5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9**.

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- **A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- **B.** If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- **C.** If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
  - **2.** Record the document title, document number and expiration date (if any) in Block C, and
  - **3.** Complete the signature block.

## What Is the Filing Fee?

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

## **USCIS Forms and Information**

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

## Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

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

## **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals 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.

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 form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices. Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

## **Paperwork Reduction Act**

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1**) learning about this form, and completing the form, 9 minutes; **2**) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047. Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.	To be completed and signed by employ	yee at the time employment begins.			
Print Name: Last First	Middle Initial	Maiden Name			
Address (Street Name and Number)	Apt. #	Date of Birth (month/day/year)			
City State	Zip Code	Social Security #			
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 or national of the United States         A lawful permanent resident (Alien #) A         An alien authorized to work until         (Alien # or Admission #)				
Employee's Signature		Date (month/day/year)			
Preparer and/or Translator Certification. (To be compendity of perjury, that I have assisted in the completion of this form Preparer's/Translator's Signature Address (Street Name and Number, City, State, Zip Code	n and that to the best of my knowledge the inform Print Name	person other than the employee.) I attest, under nation is true and correct.			
Section 2. Employer Review and Verification. To bexamine one document from List B and one from Listexpiration date, if any, of the document(s).List AOR	C, as listed on the reverse of this form	Examine one document from List A OR a, and record the title, number and <u>ND</u> List C			
Document title:					
Issuing authority:					
Document #:					
Expiration Date ( <i>if any</i> ):					
Expiration Date ( <i>if any</i> ):					
employment agencies may omit the date the employee be	o relate to the employee named, that the f my knowledge the employee is eligible egan employment.)	employee began employment on to work in the United States. (State			
Signature of Employer or Authorized Representative Pr	int Name	Title			
Business or Organization Name and Address (Street Name and Nur	nber, City, State, Zip Code)	Date (month/day/year)			
Section 3. Updating and Reverification. To be com	pleted and signed by employer.				
A. New Name ( <i>if applicable</i> )	B. Date	of Rehire (month/day/year) (if applicable)			
C. If employee's previous grant of work authorization has expired,	provide the information below for the document	that establishes current employment eligibility.			
Document Title:	Document #:	Expiration Date (if any):			
l attest, under penalty of perjury, that to the best of my knowled document(s), the document(s) l have examined appear to be gen		nited States, and if the employee presented			
Signature of Employer or Authorized Representative		Date (month/day/year)			

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A			LIST B		LIST C
	Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1.	U.S. Passport (unexpired or expired)	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	1.	U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2.	Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3.	An unexpired foreign passport with a temporary I-551 stamp	3.	School ID card with a photograph	3.	Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4.	An unexpired Employment Authorization Document that contains		Voter's registration card	4.	Native American tribal document
	a photograph (Form I-766, I-688, I-688A, I-688B)	5.	U.S. Military card or draft record	5.	U.S. Citizen ID Card (Form I-197)
5.	An unexpired foreign passport with an unexpired Arrival-Departure	6.	Military dependent's ID card	6.	ID Card for use of Resident Citizen in the United States (Form
	Record, Form I-94, bearing the same name as the passport and containing	7.	U.S. Coast Guard Merchant Mariner Card		<i>I-179</i> )
	an endorsement of the alien's nonimmigrant status, if that status	8.	Native American tribal document	7.	Unexpired employment authorization document issued by
	authorizes the alien to work for the employer	9.	Driver's license issued by a Canadian government authority		DHS (other than those listed under List A)
			For persons under age 18 who are unable to present a document listed above:		
		10	School record or report card		
		11	. Clinic, doctor or hospital record		
		12	Day-care or nursery school record		

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



## INVITATION TO IDENTIFY

The University of Utah is required to implement affirmative action procedures in its employment practices. Federal contractors also are required to report annually on the inclusion of veterans from the three groups, as listed below, in their current workforce and in their new hires. Current and prospective employees are requested to provide this information so that the employing organization can comply with these important federal mandates. Provision of the information requested below is voluntary and will be kept confidential by the University of Utah. Disclosure or refusal to provide the information will not subject the employee or applicant to any adverse treatment and the information will be used only to support federal reporting requirements.

Please return this form, using campus mail, to the address noted on the reverse side. If you do not wish to disclose your information, please print your name, sign the form, and return to our office. Thank you.

Name:		Employee ID #	
	Last/First		
I choose r	not to disclose my gender, race and/or ethnicity.		
		Signature of Employee	
Gender:	Female Male		
Race:	Caucasian/White	Black/African American	Asian
	Pacific Islander/Native Hawaiian	American Indian/Alaskan Native	
	Multi-racial (specify):		
	Other:		
Ethnicity:	Hispanic/Latino(a)		
	Non-Hispanic (specify)		

() Special Disabled Veteran (Please check if either or both categories apply to you.)

- (A) a veteran 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 Department of Veteran Affairs for a disability (a) rated at 30 percent or more, or (b) rate at 10 or 20 percent in the ease of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap; or
- (B) a veteran who was discharged or released from active duty because of a service-connected disability.
- () Veteran of the Vietnam Era (Please check if either or both categories apply to you.)
  - (A) a veteran who served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred:
     (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or
     (ii) between August 5, 1964 and May 7, 1975 in all other cases; or
  - (B) a veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed; (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975 in all other cases.
- () Other Veterans (Please check if either or both categories apply to you.)
  - (A) a veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or
  - (B) a veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. The campaigns or expeditions that meet this criterion as of March 23, 2005 are identified on the back of this document. New campaigns and expeditions can be added from time to time. A veteran qualifies under this criterion ONLY based upon military serve IN the identified campaign or expedition and NOT based on any military service during the time of the campaign or expedition. The campaign badges, service medals and expeditionary medals that qualify under this criterion will be listed on the veteran's Armed Forces of the U.S. Report of Transfer or Discharge, commonly known as the "DD-214 Form," if the veteran meets this criteria.



## CAMPAIGNS AND EXPEDITIONS WHICH QUALIFY FOR VETERANS' PREFERENCE

### **Campaign or Expedition and Inclusive Dates**

Armed Forces Expeditionary Medal (AFEM)-A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD Form 214 does not have to show the name of the theater or country of service for which that medal was awarded.

### Berlin (8/14/61-6/1/63) Bosnia (Opr. Joint Endeavor, Joint Guard, and Joint Forge) (11/20/95-12/20/96; 12/20/96-6/20/98; 6/21/98-present) Cambodia (3/26/73-8/15/73) Cambodia Evacuation (Opr. Eagle Pull) (3/11-13/75) Congo (7/14/60-9/1/62; 11/23-27/64) Cuba (10/24/62-6/1/63) Dominican Republic (4/28/65-9/21/62) El Salvador (1/1/81-2/1/92) Grenada (Opr. Urgent Fury) (10/23/83-11/21/83) Haiti (Opr. Uphold Democracy) (9/16/94-3/13/95) Iraq (Opr. Northern Watch) (1/1/97-present) (Opr. Desert Spring) (12/31/98-12/31/02) Korea (10/1/66-6/30/74) Kosovo (3/24/99-present)

Laos (4/19/61-10/7/62)

#### Navy Expeditionary Medal and Marine Corps Medal for these Operations

Cuba (1/3/61-10/23/62) Indian Ocean/Iran (11/21/79-10/20/81) Iranian/Yemen/Indian Ocean (12/8/78-6/6/79) Lebanon (8/20/82-5/31/83) Liberia (Opr. Sharp Edge) (8/5/90-2/21/91)

### Other Campaign and Service Medals Qualifying for Preference

Army Occupation of Austria (5/9/45-7/27/55) Army Occupation of Berlin (5/9/45-10/2/90) Army Occupation of Germany (Exclusive of Berlin) (5/9/45-5/5/55) Army Occupation of Japan (9/3/45-3/27/52) Chinese Service Medal (Extended) (9/2/45-4/1/57) Korean Service (6/27/50-7/27/54) Kosovo Campaign Medal (KCM) Opr. Allied Force (3/24/99-6/10/99) Kosovo Campaign Medal (KCM) Opr. Joint Guardian (6/11/99-TBD) Kosovo Campaign Medal (KCM) Opr. Allied Harbor (4/4/99-9/1/99) Kosovo Campaign Medal (KCM) Opr. Sustain Hope/Shining Hope) (4/4/99-7/10/99) Kosovo Campaign Medal (KCM) Opr. Noble Anvil (3/24/99-7/20/99) Kosovo Campaign Medal (KCM) Opr. Task Force Hawk (4/5/99-6/24/99) Kosovo Campaign Medal (KCM) Opr. Task Force Saber (3/31/99-7/8/99) Kosovo Campaign Medal (KCM) Opr. Task Force Falcon (6/11/99-TBD)

Return through Campus Mail to:

Lebanon (7/1/58-11/1/58; 6/1/83-12/1/87) Mayaguez Opr. (5/15/75) Oprs, in the Libvan Area (Opr. Eldorado Canvon) (4/12-17/86) Panama (Opr. Just Cause) (12/20/89-1/31/90) Persian Gulf Opr. (Opr. Earnest Will) (7/24/87-8/1/90) Persian Gulf Opr. (Opr. Southern Watch) (12/1/95-present) Persian Gulf Opr. (Opr. Vigilant Sentinel) (12/1/95-2/1/97) Persian Gulf Opr. (Opr. Desert Thunder) (11/11/98-12/22/98) Persian Gulf Opr. (Opr. Desert Fox) (12/16/98-12/22/98) Persian Gulf Intercept Opr. (12/1/95-present) Quemoy and Matsu Islands (8/23/58-6/1/63) Somalia (Oprs. Restore Hope and United Shield) (12/5/92-3/31/95) Taiwan Straits (8/23/58-1/1/59) Thailand (5/16/62-8/10/62) Vietnam Evacuation (Opr. Frequent Wind) (4/29-30/75) Vietnam (including Thailand) (7/1/58-7/3/65)

Libyan Area (1/20/86-6/27/86) Panama (4/1/80-12/19/86; 2/1/90-6/13/90) Persian Gulf (2/1/87-7/23/87) Rwanda (Opr. Distant Runner) (4/7-18/94) Thailand (5/16/62-8/10/62)

Kosovo Campaign Medal (KCM) Opr. Task Force Hunter (4/1/99-11/1/99) Navy Occupation of Austria (5/8/45-10/25/55) Navy Occupation of Trieste (5/8/45-10/25/54) Southwest Asia Service Meal (SWASM) (8/2/901/30/95) (Opr. Desert Shield/Desert Storm) Units of the Sixth Fleet (Navy) (5/9/45-10/25/55) Vietnam Service Medal (VSM) 7/4/66-3/28/73) Rwanda (Opr. Distant Runner) 4/7-18/94) Thailand (5/15/62-8/10/62)

### Office of Equal Opportunity & Affirmative Action 135 Park Building