

Student Hourly & Work-Study Employment Packet

The attached packet of materials contains the necessary forms needed for your Human Resources and Payroll files. The following is a brief explanation of these forms and some other issues that employees should be aware of. **Failure to complete all information included in this packet in full, will result in a delay of your paycheck.** If you have any questions or need further information, please contact the Human Resources Department at (303) 360-4823 or the Payroll Department at (303) 361-7390.

1. The first form is the *Applicant Authorization & Consent for Release and Disclosure of Information*. This form must be completed in its entirety before employment can begin and your continued employment is contingent upon the results of your background check.
2. The second form is the *Applicant's Oath*. If you have been convicted of a felony or a misdemeanor (not including a traffic offense), the second part of this form **must** be completed.
3. The third form is the *Personal Data Form*. If you are not a U.S. citizen or are in the U.S. on a VISA, please include a copy of the official documents declaring you thus. Payroll confirmation will be emailed to a college assigned email address. Please also include an alternate email.
4. The fourth form is the *W-4 Employee's Withholding Allowance Certificate*. The total number of allowances that you claim on your W-4 will determine your tax withholding. You **cannot** claim exempt if you are claiming dependents. If you are not a U.S. Citizen or are in the U.S. on a VISA, please contact the Payroll Department regarding your tax exemptions.
5. The fifth form is a *Direct Deposit Authorization Form*. **Direct Deposit is Mandatory and a condition of employment!** Direct deposit will take effect immediately. Your payroll confirmation will be e-mailed to the address on file with the Payroll Department.
6. The sixth form is the *Employment Eligibility Verification Form (I-9)*. Employers are required to have this form on file for all employees. Proper identification is required. A representative from the Human Resources Department or the Payroll Department **must** examine and copy your documents, and complete and sign the employer section of the I-9 form. See the backside of the I-9 form for a list of acceptable documents.
7. The seventh form is the *Work Related Injuries or Illness Form*. This form concerns injuries sustained in the workplace. The designated treatment facilities for worker's compensation related injuries are Concentra Medical Center and HealthONE Occupational Medicine and Rehabilitation Clinics. Please contact the Human Resources Department at (303) 360-4823 if any medical treatment is needed.
8. The eighth form is the *Employee at Will Statement*. If you have any questions regarding this form, please contact the Human Resources Department at (303) 360-4823.

9. The ninth form is the *Drug-Free Workplace Policy Statement Employee Acknowledgement Form* concerning the College Drug Free Awareness Program. Please read the included information and complete the last page. Return only the last page with your employment packet.

NOTE: Employers in the City of Aurora are required to deduct a \$2 per month Occupational Privilege Tax from each employee who will earn over \$250.00 per month. Your principal employer should be the one to take the \$2 Occupational Privilege Tax. The principal employer is that employer for whom one works the most hours. If your principal employer is that other than the Community College of Aurora, please obtain a withholding certificate from your principal employer and forward it to the Human Resources or Payroll Department so that the \$2 tax will not be deducted from your check. Your principal employer must be in the City of Aurora in order for you to be exempt from this tax.

Human Resources/Payroll

Attention!!!

When completing your employment packet, please make sure that it is complete and submitted to the Human Resources Department (A201) or the Payroll Department (A204) before beginning employment. If anything is missing, this will delay your first paycheck.

Make sure the following items are included:

- Your Applicant Authorization & Applicant's Oath (background check authorization);
- The Loyalty Oath that must be notarized (for faculty only);
- A copy of your Driver's license and social security card (other acceptable forms of identification can be found on the back of the I-9 form). **These must be examined and copied by a CCA Representative. Please bring them with you.**



Date: _____

Applicant Authorization & Consent for Release and Disclosure of Information

We truly welcome your application for employment at the Community College of Aurora (hereinafter referred to as “CCA”). We require, as a condition of employment, that all applicants must consent to and authorize a pre-employment verification of the background information submitted on their application and attached forms.

I authorize CCA and Background Information Services, Inc. (hereinafter referred to as “BIS”), a consumer reporting agency, to retrieve information from all educational institutions, government agencies, law enforcement agencies at the federal, state or county level, any agencies or individuals, relating to past activities, to supply information concerning my background, and release the same from liability resulting in providing such information. The information received may include, but not limited to previous education, motor vehicle, social security, credit and a criminal background check. I understand that the consumer report may be prepared summarizing this information.

I authorize BIS and any of its agents/designated representatives, to disclose orally, electronically, and in writing the results of its verification process and/or interview to the designated authorized representatives of CCA.

I do hereby discharge CCA, its agents, BIS, and its associates, to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by CCA and to receive orally, written or electronically, a copy of the consumer report and a description of the rights of a consumer.

I hereby certify that all of the statements and answers set forth on the application and attachment forms are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of employment.

Applicant's Signature

Printed Name

Other names you have used

Date of Birth

List any cities and states, including the county, where you have lived in the past 7 years

List your current address with zip code



Applicant's Oath

Name: _____ Maiden _____
Last First

Social Security # _____ Date of Birth _____

PLEASE READ CAREFULLY

- ❖ A person is deemed to have been convicted of committing a felony or misdemeanor if such person has been convicted under the laws of any state, the United States, or any Territory subject to the jurisdiction of the United States of an unlawful act, which, if committed within this state, would be a felony or misdemeanor.
- ❖ "Convicted" means a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed felony or misdemeanor, the payment of a fine, a plea of nolo contendere, and the imposition of a deferred or suspended sentence by the Court.

I have read the above, I am the above listed applicant, and I do hereby certify under penalty of perjury, either:

- 1. **I have never been** convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction).
- 2. **I have been** convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction) and I have attached documentation which specified the felony or misdemeanor for which I was convicted, the date of the conviction(s) and the name and address of the Court which entered the judgment or conviction. Information specifying the felony or misdemeanor for which I was convicted is as listed on the next page.

I hereby affirm that all information on and with this oath is true and complete to the best of my knowledge. I understand that any intentional misrepresentation of facts or falsification of statements on and with this attestation shall result in my termination and may be punishable by law.

Applicant's Signature

Date

NEXT PAGE MUST BE COMPLETED IF NUMBER 2 ABOVE IS CHECKED



Name: _____ Social Security # _____
Last First

Please Specify All Convictions Below:

(1) _____
Felony or Misdemeanor Charge Date of Conviction

Name & Address of Court:

(2) _____
Felony or Misdemeanor Charge Date of Conviction

Name & Address of Court:

(3) _____
Felony or Misdemeanor Charge Date of Conviction

Name & Address of Court:

(4) _____
Felony or Misdemeanor Charge Date of Conviction

Name & Address of Court:



Personal Data Form

Name Last First (as it appears on social security card) Middle Social Security #

Current Street Address

City State Zip County

Home Phone (include area code) Work Phone (include area code) Cell Phone (include area code)

Sex: Male Female

Date of Birth:

Citizenship—Check One:

- AS—Asylee/Refugee N—Non U.S. Citizen OT—Other VISA Type
 RA—Resident Alien PR—Permanent Resident Y—U.S. Citizen

Citizenship Information—if other than a U.S. Citizen, you must include copies of your official documents.

VISA #:

Country:

VISA Expiration Date:

Ethnicity—Check One:

- 1—White Non-Hispanic 2—Black Non-Hispanic 3—Hispanic Other
 4—Asian or Pacific Islander 5—American Indian/Alaskan Native 7—Other

Email Address

Additional Email Address

Emergency Contact: Name Relationship Phone # (include area code)

Emergency Contact: Name Relationship Phone # (include area code)

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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 Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • 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. 	}	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • 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. 	}			
C	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 little tax withheld.)	C _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.	G _____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}	
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2010
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 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, the District of Columbia, and U.S. commonwealths and possessions 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 federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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.



Direct Deposit Authorization

Mandatory

Employee Name _____ S# _____

Bank Name (City, State) _____

Routing # (if known) _____ Account # _____

Account Type: Savings Account Checking Account

Attach a VOIDED Check No Deposit Slips

ATTENTION:

Note: This information will remain in effect until you initiate a change. Be aware that if you have a break in service, a new form must be completed to ensure that your payments are sent to the correct bank and account. If a new form is not completed immediately upon re-hire, payments may be sent to an account that is no longer valid.

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account as indicated by the above information and the depositories named above, each hereinafter called depository, to credit and/or debit the same to such account(s). I understand that if the information provided is incorrect, CCA will not be responsible for incorrect deposits.

Signature

Date

Instructions**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 United States) 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-authorized 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. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

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

When Should Form I-9 Be Used?

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

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than 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.**

Noncitizen Nationals of the United States

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

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

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 or 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 authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

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 in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverifiy employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). 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 years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three 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 the employee is authorized to work in the United States (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.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

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

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining 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 Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

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 authorized officials of the Department of Homeland Security, 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

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 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

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-authorized 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 employee 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 of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Community College of Aurora, 16000 E. CentreTech Pkwy., Aurora, CO 80011		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ 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 authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	OR	AND
1. U.S. Passport or U.S. Passport Card	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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)



EMPLOYMENT VERIFICATION AFFIRMATION FORM

Employee Name: _____

Date of Hire: _____

On behalf of the State of Colorado, I affirm the following, with respect to the above-named individual:

1. I have examined the employee's work authorization documents as required by the Immigration Reform Control Act of 1986;
2. I have retained file copies of the documents which the employee has presented as required by 8 U.S.C. § 1324a;
3. I have not altered or falsified the employee's identification documents; and
4. The State of Colorado has not knowingly hired an unauthorized alien.

This affirmation will be retained for the term of the above-named individual's employment.

Name of Employer Representative

Date

Attach this form to Form I-9 and supporting documentation for filing.



Employee At Will Statement

I understand that I am employed on an “at will” basis and that this appointment may be terminated with or without cause by either party at anytime.

Employee Name (Printed or Typed)

Employee Signature

Social Security #

Date



Drug-Free Awareness Program

Information Sheet

Pursuant to the Drug-Free Workplace Act of 1988, any organization that is desirous of contracting with any Federal agency must take the following steps to ensure the existence of a drug-free environment for its employees:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specify the actions that will be taken against employees for violation of such prohibition.
2. Establish a drug-free awareness program to inform employees about:
 - the dangers of drug abuse in the workplace,
 - the organization's policy of maintaining a drug-free workplace,
 - any available drug counseling, rehabilitation, and employee assistance programs,
 - the penalties that may be imposed upon employees for drug abuse violations.
3. Require that each employee who will be engaged in the performance of such contract be given a copy of the statement required by paragraph 1 and that, as a condition of employment on such contract, the employee agrees to abide by the terms of the statement and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
4. Notify the contracting agency within ten (10) days after receiving notice under paragraph 3 from an employee or otherwise receiving actual notice of such conviction.
5. Within 30 days after receiving notice, impose a sanction on, or require the satisfactory participation in drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by the statute.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1 through 5.

In response to the federal statute, the State Board for Community Colleges and Occupational Education has approved a policy statement requiring all employees at state system community colleges and on the System Central staff, whether exempt or classified, to comply with the requirements of the statute. Accordingly, please find attached to this memo a copy of the institutional Drug-Free Awareness Program that should be retained for reference. The program includes the following:

1. A Drug-Free Workplace Policy Statement. Note that a comprehensive list of “controlled substances” under the Drug-Free Workplace Act of 1988 is available for inspection in the workplace.
2. Information about the penalties employees may suffer as the result of drug abuse violations occurring in the workplace.
3. A listing of available drug counseling, rehabilitation, and employee assistance programs.
4. Information about the dangers of drug abuse in the workplace.
5. An Employee Acknowledgement Form. This form must be signed and returned to the Human Resources office **no later than five (5) days** after receiving the Employee Notification Packet.

If you have any questions, please contact the Human Resources office at (303) 360-4823. Thank you for your cooperation.

Drug-Free Workplace Policy Statement

It is the policy of the System/College's Governing Board that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace. Any employee who violates the above policy will be subject to appropriate disciplinary action, which includes termination.

As a condition of employment, each employee shall:

1. Abide by the terms of this Policy Statement; and
2. Notify the College and/or System of any drug statute conviction for violation occurring in the workplace no later than five (5) days after such conviction.

Based on State Board for Community Colleges and Occupational Education Policy requiring a Drug-Free Workplace, BP 3-24.

Penalties Employees May Suffer For Violations

Any employee who is convicted of a violation of any criminal drug statute, which occurred in the workplace, will be subject to:

1. Appropriate personnel actions up to and including termination; or
2. Satisfactory participation in a drug abuse assistance or rehabilitation program approved for such purposes by federal, state, or local health, law enforcement, or other appropriate agencies.

Drug-Free Awareness Program

As part of its Drug-Free Awareness Program, which includes the Drug-Free Workplace Policy Statement, the College/System provides the following information to all employees:

1. Drug counseling, rehabilitation, and employee assistance programs, which are available to employees of this institution, include:

- Substance Abuse Treatment Locator
- AlcoholScreening.org
- Al-Anon/Alateen
- Alcoholics Anonymous (AA)
- American Council on Alcoholism
- Cocaine Anonymous
- Nar-Anon
- Focus on Recovery Helpline
- National Council on Alcoholism and Drug Dependence Hopeline

Addresses, phone numbers, and a brief synopsis of each above-mentioned drug counseling, rehabilitation, and employee assistance programs are available by contacting the Human Resources Office at (303) 360-4823.

2. Employees are encouraged to contact the Colorado State Employees Assistance Program (C-SEAP) concerning a wide range of services, from confidential counseling to the Drug-Free Workplace requirements.

C-SEAP is available for all state employees and their immediate family members (15 and older). C-SEAP offers confidential counseling, supervisory consults, conflict resolution, crisis intervention, training/workshops, drug-free workplace coordination, problem solving, violence prevention, and more! Contact C-SEAP for more information or to make an appointment with a qualified professional at (303) 866-4314 or (800) 821-8154.



Drug-Free Workplace Policy Statement Employee Acknowledgement Form

I, the undersigned employee of the Community College of Aurora, have received a copy of the Drug-Free Workplace Policy Statement; and

1. I agree to abide by the terms of the policy statement; and
2. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five (5) days after the date of such conviction.

Employee Name (Printed or Typed)

Employee Signature

Social Security #

Date



MEMORANDUM

TO: All hourly & workstudy employees

FROM: Payroll

SUBJECT: Timesheet Deadlines

Payroll timesheets are due in Payroll no later than noon on the Monday following each payday. Timesheets may be brought directly to the Payroll Office or dropped off in the payroll box outside of the Fiscal Affairs Department. The payroll box will not be checked after the noon deadline. **When a timesheet is received in the Payroll Office after the noon deadline, it will be date stamped and processed with the next biweekly payroll.**

If you are unable to deliver your timesheet to the Payroll Office before the noon deadline, you have the option of faxing your timesheet to (303) 360-4761. **All timesheets must include an employee signature and a supervisor's signature. Those timesheets without a supervisor's signature will be returned to the supervisor and will delay payment.** The fax machine automatically records the date and time the fax was received.

An employee's timesheet cannot be processed unless the proper employee paperwork is completed in full with Human Resources or the Payroll Office. Please contact the Payroll Office at (303) 361-7390 with any payroll related questions.

Your cooperation is greatly appreciated.