

Memo

To: Substitute Teacher Applicant
From: Angie Tomlinson
cc:
Date: 2018-19 School Year
Re: Application Packet

Please complete the Information sheet in its entirety.

If you have a teacher's license, please submit a copy for our records. If you do not have a teacher's license, please read and complete the section on Substitute Licensure. When you receive your certificate via e-mail, please bring a copy to the office for our records.

Complete Form W-4. If you are a returning substitute and there are no changes, please write "no changes" on the form, sign & date it.

Complete Form WH-4. If you are a returning substitute and there are no changes, please write "no changes" on the form, sign & date it.

Complete Section 1 of the Employment Eligibility Verification & sign it. We will need a copy of either your US Passport or Card or your driver's license & social security card. If you are a returning substitute, you do not need to do anything with this section.

Complete the Direct Deposit Information Sheet. . If you are a returning substitute and there are no changes, please write "no changes" on the form.

SUPPLEMENTAL SUBSTITUTE TEACHER

INFORMATION SHEET

2018-2019 SCHOOL YEAR

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail _____

Birth Date: _____

Home Phone: _____ Cell Phone: _____

Will Sub in what grade level? _____

Will sub in what subject area? _____

Days Available: _____

Educational Level: High School Diploma 60 or More College Credit Hours BS or Higher Degree

Do you have a teaching license? Yes No (If yes, please supply a copy to the administration office. If no, you will need to apply for a substitute teaching license)

Have you been teaching or substitute teaching in any other Indiana School Corporation(s) during the past nine (9) months? Yes No

If yes, was retirement withheld from your pay or paid by the corporation for you? _____

Do you hold an Indiana retirement number? Yes No

If yes, your retirement number: _____

Are you a retired teacher currently drawing pay from teacher retirement? Yes No

NOTE: You can expect to receive a phone call, from one of the schools, starting at 6:00 a.m. on a daily basis. If your answering machine or voice mail message system is on, in the early morning hours, you may not be contacted to substitute teach.

DATE: June 15, 2016
TO: Rensselaer Central Schools Corporation Substitute Teachers
FROM: Angie Tomlinson, Transportation Secretary/Receptionist
RE: Substitute Licensure

The State of Indiana is now requiring all license applications be completed on the internet. They will no longer accept paper applications.

If you would like to obtain a Substitute Teacher Permit you will need to follow these steps:

1. Go to <https://license.doe.in.gov>
(If you cannot get that to work you can go to www.doe.in.us.gov and in the "Search" type in LVIS this will take you where you need to be)
2. Once you get to the LVIS site click on "Create Profile"
3. Fill in all information
4. Choose Rensselaer Corporation 3815 as your employer
5. Create your own personal ID and password

After this is complete you will receive an e-mail asking you to verify your e-mail address. Click on this link which will take you to LVIS to verify your profile. Click here to get started. Now you can apply for your license. Click on Substitute Teacher Permit under the Permits heading. Chose Original for Application Action, Education Permit for Application Type & Substitute Teacher Permit for Permit Type. I believe the cost is still \$15 and will need to be paid by Debit/Credit card.

I have attached the home page and FAQ sheets.

If you have any problems or questions, please feel free to call me at (219) 866-7822.

Thank you.



of the Office of Educator Licensing and Development



Welcome to LVIS

LOGIN

CREATE PROFILE

CONTACT US



Welcome to the Indiana Department of Education's Licensing Verification and Information System (fondly known at the DOE as LVIS). This new online application system has been designed with enhanced self-service features to make it easier and faster for you to apply for and receive your credentials. Here are some of the highlights of LVIS:

- You create a personal profile that you can update as necessary.
 - You can instantly upload documents required for licensure during the application process.
 - Automatic email messages will be sent to you with updates on the status of your application.
 - As soon as your license is approved you can log in to your LVIS account and print your credential.
 - Multiple licenses will be displayed on a single educator credential.
 - You can record and track your professional development and have your PGP verified by your building administrator online.
 - No more inconvenience buying a money order or cashier's check. Pay online with your personal Visa or Mastercard or use a pre-paid Visa or Mastercard purchased from a local retailer.
- If you need information about the types of licenses available and what materials you will need to apply, [click here](#) to go to our general information pages. If you are ready to start the application process, [click here](#) and let's go! Need to contact us? [Click here](#) or email licensinghelp@doe.in.gov.

Copyright © 2011 Indiana Department of Education



[Login](#) [Home](#) [Create Profile](#) [FAQ's](#) [Contact Us](#)



Home > FAQ

Acronym List

CPR	Cardiopulmonary Resuscitation
FAQ	Frequently Asked Questions
IDOE	Indiana Department of Education
LA	License Advisor
LVIS	Licensing Verification and Information System
PDP	Professional Development Plan
PGP	Professional Growth Plan

What is LVIS?

LVIS is Indiana Department of Education's Licensing Verification and Information System (This new online application system has been designed with enhanced self-service features to make it easier and faster for you to apply for and receive your credentials?)

Where do I get a user name and password?

You will create your user name and password. You may choose any user name and password you like, and there are no restrictions on length, number, or type of characters that must be included. The password is case sensitive.

What do I do if I have forgotten my password or user name?

Select the **I have forgotten my Password** or the **I have forgotten my User Name** radio button on the **Profile Support** page. Supply the requested information and click the **Submit Request** button. You will receive an e-mail with the required information.

How do I create a profile?

From the *LVIS Home* page, select the **Create Profile** button, or the Create Profile tab. Either option will take you to the *Add Profile* screen. Fill in the required information. Click the **Create Profile** button to submit the information and create a profile. The LVIS will automatically generate an e-mail that is sent to the address the applicant submitted in the profile creation process.

The applicant must click on the *Verify e-mail address* hyperlink to move to the application process.

How do I contact someone about LVIS?

The easiest way to contact someone is by using the **Contact Us** button on the LVIS home page. Fill in the required information and click the **Submit** button.

What can I do in LVIS?

You can use LVIS to:

- Edit your profile.
- Change your password.
- Edit your educational background.
- Make a degree change request.
- List current employment.

- Make a name change request.
- Add an application.
- Check application status.
- Pay for a pending applications.
- Create, review and update a Professional Growth Plan (PGP).
- Create, review and update a Professional Development Plan (PDP)
- Print a license.

How do I change my password?

Click the *Change password* hyperlink on the LVIS home page after you log in. Fill in the information, and click the **Change Password** button to submit the information and save the changes.

My name has changed. How do I submit this information and get a new license with the correct name issued?

Click the Name Change Request hyperlink on the My LVIS home page. Fill in the required information and review the affidavit at the bottom of the page. Click the **Submit Request** button to submit the changes.

What types of files can I upload?

LVIS accepts pdf, txt, doc, docx, jpg, xls, xlsx, and ppt files.

What is the status of my application?

Click the *Application Status* hyperlink on the MY LVIS page. This will take you to the **Application Status** page, where applications currently in the system are listed.

How can I pay for my application?

The system accepts Mastercard and Visa. On the **Pay Pending Applications** screen, the table at the top of the screen lists the pending applications. To pay for an application, click the check box in the **Pay** column of the table. The total amount for the application(s) is displayed in the **Total** field.

How can I pay for my application if I don't have a credit card?

MasterCard and Visa have prepaid cards available from a variety of retailers.

How do I create or add to my Professional Growth Plan?

On the **My LVIS** page, click the *Professional Growth Plan* hyperlink. On this page, you can begin or edit a PGP. The table at the top of the screen lists current PGPs.

To add a new PGP, click *create a new* hyperlink. On the following screen, click the **Create New PGP** button. To return to the previous screen, click the **Previous** button.

To edit a current PGP, click the *Edit* hyperlink.

How do I print a copy of my license?

On the **My LVIS** page, click the *Print License* hyperlink. On the **Print License** page, the licenses available for printing are listed.

How do substitute teachers apply for a license?

The process for a substitute teacher is similar to applying for other types of licensure. You will access LVIS, create a profile, and select the substitute license option from the pull-down menu on the **Add Application** page. Complete the process and pay for the application.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 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 filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • 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 (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).



Form WH-4
State Form 48845
(R4 / 8-18)

State of Indiana Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1"
Nonresident aliens must skip lines 2 through 6. See instructions
 2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1"

 3. You are allowed one (1) exemption for each dependent. Enter number claimed

 4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.
Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind
Enter the total number of boxes checked

 5. Add lines 1, 2, 3, and 4. Enter the total here

 6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....

 7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____
 8. Enter the amount of additional county withholding (if any) you want withheld each pay period \$ _____
- I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4; or
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**DIRECT DEPOSIT
INFORMATION SHEET**

PLEASE COMPLETE THE INFORMATION BELOW AND
RETURN TO THE ADMINISTRATION OFFICE. AFTER
RECEIVING YOUR INFORMATION, IT WILL TAKE TWO (2)
PAYS FOR THE DIRECT DEPOSIT TO BEGIN.

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

DO YOU WISH FOR YOUR CHECK TO BE DEPOSITED IN TO YOUR: (Check one)

CHECKING ACCOUNT _____

SAVINGS ACCOUNT _____

ACCOUNT NUMBER: _____

BANK ROUTING AND TRANSIT NUMBER: _____

SIGNATURE: _____

DATE: _____