



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C				
Document Title 1									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
Document Title 2 (if any)		Additional Information							
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
Document Title 3 (if any)									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
						<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.						First Day of Employment (mm/dd/yyyy):			
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)				
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code						

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
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, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
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		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
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">Receipt for a replacement of a lost, stolen, or damaged List A document.Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



**Supplement B,
Reverification and Rehire (formerly Section 3)**

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

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here 3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . 4(c) \$ _____	

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}
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2 \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Voluntary Employee Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity efforts. This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal and State equal employment opportunity laws.

Providing any of this information is voluntary, and information will be kept confidential to the extent possible. **Information provided on this form may be subject to disclosure under the Public Records Act (RCW 42.56).**

Name (Last, First, Middle Initial)	EWU ID Number	Date
Department		
<i>Please see next page for definitions</i>		
Date of Birth	Legal Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Do you identify as LGBTQ+? <i>Information used to account for workforce representation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male		
What race and/or ethnicity do you consider yourself? Select <u>all</u> that apply. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		
Education <input type="checkbox"/> Bachelors ____ year earned <input type="checkbox"/> PhD ____ year earned <input type="checkbox"/> Masters ____ year earned <input type="checkbox"/> Other ____ year earned		
Veteran and Military Spouse Information – Employment preference is given to veterans. The state also provides support and assistance to military spouses in accordance with Executive Order 19-01. <i>Note: To qualify and receive veteran's preference, you may be asked to provide a record of discharge, DD214, NGB Form 22 or alternate verification of military service and a document from the U.S. Department of Veterans Affairs certifying a service-connected disability for disabled veterans.</i>		
Veteran Status? Select <u>all</u> that apply. Are you an Eligible Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, discharge date: _____ Are you a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of discharge: _____ Are you a Veteran w/service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Special Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently a member of the reserve component, including the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you called to active duty from employment with the state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates: _____ to _____ and Type of Discharge: _____		
Are you a military spouse or military registered domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature	Date	

Submit completed form to EWU's Human Resources Office – 314 Showalter Hall or hr@ewu.edu

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

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

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

How do you know if you have a disability?

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

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

Please check one of the boxes below:

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

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

Voluntary Employee Demographic Data Definitions

Legal Sex

The sex that an individual has identified on formal government documentation, such as birth certificate or passport. This binary option will only be used to comply with certain federal reporting requirements. *This information shall not be used by state agencies for any workforce planning or internal reporting.*

Gender Identity (Washington State DEI Foundational Definitions)

A person's innermost concept of self as male, female, a blend of both or neither (gender "X" or non-binary). How individuals perceive themselves and what they call themselves. A person's gender identity can be the same or different from their sex assigned at birth.

Gender "X" (WA State Dept. of Health)

Gender X is intended to be an inclusive category to recognize the real diversity of gender identity. Gender X means a gender that is not exclusively male or female.

LGBTQ+ (Governor's Interagency Council on Health Disparities)

LGBTQ+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The + allows space for other diverse sexual orientation, gender identity, and gender expression groups.

Race and Culture (Census Race & Ethnicity, 2024)

American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.

Asian: A person having origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

Black or African American: A person having origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

Hispanic or Latino/a/x: A person of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

Middle Eastern or North African: A person having origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

White: A person having origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

Veterans (Title 38 U.S.C., Executive Order 19-01)

Eligible Veteran, 38 U.S.C. 4211 (4): (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; (3) as a member of a reserve component served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than dishonorable discharge; or (4) discharged or released from active duty by reason of a sole survivorship discharge as defined in section 1174(i) of title 10.

Discharge Date: The most recent discharge date from active military service in any branch of the armed forces, as indicated on the employee's Certificate of Release or Discharge from Active-Duty form DD214 or similar discharge paperwork.

Vietnam Era Veteran, 38 U.S.C. 4211 (2) (4): A veteran of the U.S. military, ground, naval or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. Includes any veteran of the U.S. military, ground, naval or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

Disabled Veteran, 38 U.S.C. 4211 (3): A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs or a person who was discharged or released from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

Special Disabled Veteran: A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for:

- a disability rated at 30 percent or more; or
- a disability rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
- a discharge or release from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

Reserve Component, 38 U.S.C. 101 (7): Includes Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Army National Guard of the United States, and Air National Guard of the United States.

Military Spouse or Registered Domestic Partner, Washington State Executive Order 19-01: A person currently or previously married to a military service member during the service member's time of active, reserve, or National Guard duty.



Cheney • Spokane

Benefits Office
318 Showalter Hall
Cheney, WA 99004-2445

**STATEMENT OF PERSONAL INELIGIBILITY
FOR MEMBERSHIP IN THE
WASHINGTON PUBLIC EMPLOYEES' RETIREMENT SYSTEM**

Name: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

1. Have you ever been a member of a Washington State Retirement System:

Yes ☐ No ☐ Do not know ☐

2. Have you ever retired from one of the above Washington State Retirement Systems?

Yes ☐ No ☐ If yes, please indicate the name of agency _____

I certify that I am enrolled as a full-time student (10 or more credits), and that my employment is incidental to my education as a student at Eastern Washington University. I elect to waive membership in the Public Employees Retirement System [PERS].

I also understand that I may later become a member of the PERS Retirement System if conditions change (i.e., I am hired into a PERS eligible position) and I decide that employment is no longer in furtherance of my education. However, my service credit shall be based only on service rendered after I begin participation in PERS.

In the event that I cease to be a full-time student, I agree to notify the Benefits Office immediately because my continued employment at Eastern Washington University may include membership in the Public Employees Retirement System. The Benefits Office is located in Showalter Hall, Room 318.

I have read and understood the provisions of WAC 415-108-520 printed on the following page of this statement.

Signature of Employee: _____

Date: _____

WAC 415-108-520 Membership exceptions – Student and spouse of student.

(1) A person employed by a Washington state institution of higher education or community college (employer), who is employed at such institution or college primarily for the purpose of furthering her/his education or the education of the person's spouse, is excepted from membership in PERS when:

- (a) The person is a full-time student or the spouse of a full-time student; and
- (b) The person is employed at the same institution where she/he is a full-time student or where the person's spouse is a full-time student; and
- (c) The person determines her/his employment is primarily an incident to and in furtherance of her/his education or training, or the education or training of the person's spouse.

(2) For purposes of this section, RCW 41.40.023(7) shall be administered as follows:

(a) When a person begins employment in a PERS eligible position, a determination shall be made by the person as to whether the provisions of this section apply. If this section applies to the person, she/he shall determine her/his membership status as either being excepted from membership in PERS, or being a member of PERS, based upon whether employment at the institution of higher education or community college is primarily as an incident to and in furtherance of her/his education or training, or the education or training of the person's spouse. The person shall notify the employer in writing of her/his determination of membership status no later than two months after commencing employment in a PERS eligible position. Based upon the provisions herein and the written notification of status, the person shall either be excepted from membership in PERS or become a member of PERS. In the event that no written notification of status is provided to the employer, based upon the provisions of this section, the employer shall make the presumption:

(i) That the person shall remain a member of PERS where the person is employed in a PERS eligible position and is a member of PERS at the time the person, or his or her spouse, becomes a full-time student; (ii) That the person shall be excepted from PERS membership where the person or the person's spouse is a full-time student at the time of becoming employed in a PERS eligible position.

(b) A person employed in a PERS eligible position at the time of becoming a full-time student or becoming the spouse of a full-time student, shall remain a member of PERS; except, at the time of becoming a full-time student or becoming the spouse of a full-time student, the person may elect to waive her/his membership in PERS, based upon the provisions of this section excepting membership. The person must provide written notification of the waiver to the employer. If the person elects to waive membership in PERS, she/he cannot later elect membership in PERS unless there is a change of status of the person or of the person's spouse, as set forth below, and the employer has received written notification from the person of the change of status.

(c) A person who is a full-time student or who is the spouse of a full-time student at the time of becoming employed in a PERS eligible position, shall not be eligible for membership in PERS; except, at the time of becoming employed in a PERS eligible position, the person may elect to become a member of PERS, based upon the person's determination that the provisions of this section excepting membership do not apply. The person must provide written notification of the election to be a member of PERS to the employer. If the person elects to become a member of PERS, she/he cannot later waive PERS membership unless there is a change of status of the person or of the person's spouse, as set forth below, and the employer has received written notification from the person of the change of status.

(d) For purposes of this section, status is defined as:

- (i) Student status - is full-time student, part-time student or nonstudent. Part-time student and nonstudent status do not meet the threshold for exception from PERS; only full-time student status meets the threshold;
- (ii) Employment status - is employment in a PERS eligible position, employment in a PERS ineligible position, or unemployment. Unemployment refers to termination of employment from a Washington state institution of higher education or community college employer;
- (iii) Marital status - is single, married, widowed or divorced.

(3) The department shall rely upon the institutions of higher education and community college employers to:

- (a) Notify each person, at the time of hire, of the provisions of this section;
 - (b) Request all written notifications from persons electing membership or waiving membership under this section;
 - (c) Retain and make available to the department upon request, all written notifications electing membership or waiving membership on a sixty-four year record retention schedule.
- (4) It is recommended, but not required, that no less than annually employers provide notice that employees are required to notify the employer of any change in status as set forth in this section.

[Statutory Authority: RCW 41.50.050. 99-14-008, § 415-108-520, filed 6/24/99, effective 7/25/99; 91-21-083, § 415-108-520, filed 10/18/91, effective 12/31/91.]

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- ☐ **\$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
- For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- ☐ **\$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
- A full set of fingerprints on a fingerprint card is required for processing.
- ☐ **\$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
- Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name _____

Address _____

City State ZIP Code

Contact Phone Number _____

How would you like to receive your results? (Please select only one)

- ☐ Mailed (It may take 7 to 14 business days for response, when mailed.)
- ☐ WSP Portal*

Portal Account # _____

Portal Username _____

*For results to be sent through WSP Portal requestor must have pre-existing WSP Portal account.
To inquire on establishing an account contact us at CRDapplicantfollowup@wsp.wa.gov

* Background checks with notary letters will be mailed to the requestor.



Conviction/Criminal History Information Form

Eastern Washington University is required by RCW 43.43.830 *et. seq.* to conduct criminal background checks of prospective employees or volunteers who may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults during the course of their employment or involvement with the business or organization. As part of these background checks the University is required to ask whether the applicants/volunteers have been convicted of any crimes and/or been found to have engaged in domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or a vulnerable adult in a civil adjudication proceeding. A criminal conviction does not necessarily disqualify an applicant from employment.

1. Last Name: _____, First Name: _____, Middle Initial: _____

2. Have you used other names? Yes No (circle one)

If so, please list

3. Have you been convicted of any crimes? Yes No (circle one)

4. If so, please list conviction(s), date of conviction(s), location of crime(s), sentence(s) or penalty(ies) imposed, prison release date, and current standing (e.g. parole, work release).

5. As a result of a civil adjudication proceeding, including a judicial or administrative adjudicative proceeding, have you been found to have engaged in domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW?

Yes No (circle one)

6. If so, please list the specific finding(s), date of incident(s), location of incident(s), the name of the court(s) or administrative agency(ies) rendering the finding, include any findings that resulted from judicial or administrative orders that became final due to your failure to timely exercise a right to challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or the rules adopted under chapters 18.51 and 74.42 RCW

Under penalty of perjury, I certify that the above-stated information is true, correct, and complete. I understand that Eastern Washington University may verify this information through the Washington State Patrol or through a federal law enforcement agency. I also understand that any job offer or opportunity to volunteer with the University may be conditioned on the University's receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or a federal law enforcement agency.

Signature: _____ Date: _____


All employees (including students) of Eastern Washington University (EWU) must comply with health and safety procedures and regulations. Supervisors and Environmental Health and Safety (EH&S) will provide safety training prior to any employee engaging in tasks that may pose a potential hazard. This safety form must be filled out for all part-time, temporary and student employees. Instructions for filling out the form are at the bottom of this page; the form itself is on page 2. (Supervisor training regarding occupational health and safety regulations is offered by EH&S monthly.)

1. It is the responsibility of the supervisor to evaluate the duties of employee to ensure that the employee is competent to perform assigned tasks safely. EH&S is available to explain the scope and content of applicable laws, and safety programs that could assist in assigning appropriate tasks to the employee.
2. At no time will the employee be assigned duties that require specialized certifications, licensing or training (electrical, gas etc.) unless they have such certifications, licensing or training. Depending on assigned tasks, additional training may be required (respirator protection, fall protection, electrical safety, hazard communication, etc.). Contact EH&S for required classes.
3. Employees must be informed of any recognized hazards in their workplace. It is the responsibility of supervisors to provide adequate health and safety orientation training related to standard operating procedures, hazards, and personal protective equipment. When applicable, hepatitis shots and pre-employment physicals may be required. Contact EH&S for additional information.
4. Employees shall practice and observe all safety rules with special attention to the safety devices on equipment provided for their own protection. Employees shall use safety devices as required, and shall exercise proper care and treatment of such devices. **There shall be no alterations of safety devices and/or operational procedures.**
5. Injuries or accidents, no matter how slight, must be reported to EH&S within 24 hours. Supervisors are required to ensure an incident report is submitted for each incident and must fill out a corresponding incident investigation. Incident report forms may be submitted online on the EH&S website: sites.ewu.edu/ehs/incident-reporting or paper copies can be downloaded from the forms section of the EH&S website: sites.ewu.edu/ehs/forms. (When using the online form, links to the incident investigation are emailed to supervisors when the incident report is submitted.)

Filling Out the Form

The top 6 sections are required for all employees. Training must be given and all boxes should be checked.

Train on special topics as necessary. Only check off boxes next to trainings given.

 **Part-time/Temporary and Student Employees
Health and Safety Orientation**
Environmental Health & Safety

EMPLOYEE NAME: _____
Last First Initial

Department: _____ Position (Job Title): _____

As required by the Washington Industrial Safety and Health Act (WISHA), an employee health and safety orientation training was given to the above named employee. The following topics were covered:

- ☐ How and when to report incidents, occupational injuries and illnesses. This must include the location of the first aid facilities, names of personnel with first-aid training, and employee rights and individual insurance coverage.
- ☐ How to report unsafe conditions and practices.
- ☐ Proper action to take in the event of emergencies, including building routes of exit, location of fire alarm pull stations, locations of fire extinguishers, bomb threat procedures, earthquake procedures and power outage procedures.
- ☐ Hazardous chemical information and location of Safety Data Sheets or SDS (formerly Material Safety Data Sheets or MSDS).
- ☐ Location of the nearest Safety Bulletin Board, Building Emergency Contact Numbers, and Name of building safety representative and or safety committee.
- ☐ An on-the-job review of safe work practices and procedures to safely perform job assignments.
- ☐ Special Training Topics:
 - ☐ Laboratory Safety and Chemical Hygiene Plan*
 - ☐ Hazardous Communications "HAZCOM" (Conducted by EH&S)
 - ☐ Blood Borne Pathogen Control (Cleaning training will be conducted by EH&S)
 - ☐ Confined Space Entry (Training Conducted by EH&S)
 - ☐ Bob, Mechanics, Ergonomics, and Lifting Safety*
 - ☐ Lockout Tagout (Training Conducted by EH&S)
 - ☐ Vehicle and Driver Safety
 - ☐ Fall Protection (Conducted by EH&S) and Ladder Safety*
 - ☐ Hearing Conservation and Noise Control (Conducted by EH&S)
 - ☐ Electrical Safety (Conducted by EH&S)
 - ☐ Asbestos and Lead Awareness (Conducted by EH&S)

* Denotes training that can be conducted by EH&S

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Telephone: _____

Supervisor (Print Name): _____ Employee (Print Name): _____

Please forward this record to Environmental Health & Safety, 002 Martin Hall or email to envhea@ewu.edu.
For additional information and training assistance, please call EH&S, 359-6496

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In the case of a severe injury or death of an EWU employee, EH&S must be notified immediately (359-6455 or 559-2031).

If you have questions concerning employee safety or training requirements, contact EH&S at 359-6496.

(NOTE: Please send this completed form to EH&S, 002 Martin Hall; Fax # 359-4690; or email envhea@ewu.edu)



Part-time, Temporary and Student Employees
Health and Safety Orientation
Environmental Health & Safety

Employee Name: _____
Last First Initial Student ID #

Department _____ Position (Job Title) _____

As required by the Washington Industrial Safety and Health Act (WISHA), an employee health and safety orientation briefing was given to the above named employee. The following topics were covered:

- ☐ How and when to report incidents, occupational injuries and illnesses. This must include the location of the first-aid facilities, names of personnel with first-aid training, and employee rights and industrial insurance coverage.
- ☐ How to report unsafe conditions and practices.
- ☐ Proper action to take in the event of emergencies, including building routes of exit, location of fire alarm pull stations, locations of fire extinguishers, bomb threat procedures, earthquake procedures and power outage procedures.
- ☐ Hazardous chemical information and location of Safety Data Sheets or SDS (formerly Material Safety Data Sheets or MSDS).
- ☐ Location of the nearest Safety Bulletin Board, Building Emergency Contact Numbers, and Name of building safety representative and/or safety committee.
- ☐ An on-the-job review of safe work practices and procedures to safely perform job assignments.
- ☐ Special Training Topics:
 - ☐ Laboratory Safety and Chemical Hygiene Plan*
 - ☐ Hazardous Communication "HAZCOM" (Conducted by EH&S)
 - ☐ Blood-borne Pathogen Control (Cleanup training will be conducted by EH&S)
 - ☐ Confined Space Entry (Training Conducted by EH&S)
 - ☐ Body Mechanics, Ergonomics, and Lifting Safety*
 - ☐ Lockout/Tag-out (Training Conducted by EH&S)
 - ☐ Vehicle and Driver Safety
 - ☐ Fall Protection (Conducted by EH&S) and Ladder Safety*
 - ☐ Hearing Conservation and Noise Control (Conducted by EH&S)
 - ☐ Electrical Safety (Conducted by EH&S)
 - ☐ Asbestos and Lead Awareness (Conducted by EH&S)

* Denoted training that *can be* conducted by EH&S.

Employee Signature _____ Date: _____

Supervisor Signature: _____ Telephone: _____

Supervisor (Print Name) _____ Employee (Print Name) _____

Please forward this record to Environmental Health & Safety, 002 Martin Hall or email to envhea@ewu.edu.

For additional information and training assistance, please call EH&S, 359-6496.

- When taking sick leave, see "Leave Balances in the top right-hand corner. To enter sick leave, go to the calendar date then select "+Add Earn Code" in the middle of the page under the calendar. Use the arrow key and select "sick leave"
- On the last day worked of the pay period, verify that the hours on the timesheet are correct and select "Preview" button in the right-hand corner.
- The "Submit" button comes up and then select to send your timesheet to your timesheet approver.
- Your timesheet should show as Pending.
- Your timesheet approver will verify that the hours reported are correct and approve your timesheet. It is then automatically routed to Payroll who will generate your pay check.
- You are unable to enter hours once the "Web Timesheet Deadline" has been reached. In this case, you will need to fill out a paper timesheet, get it approved and signed by your timesheet approver, and turned into Payroll.

Employee Dashboard

You are now able to change your address in your profile in your Dashboard.

- Select "Employee Dashboard"
- Select "My Profile"
- Select the pen on the right-hand side of the page, the page opens to edit your profile.
- Select the portion of your profile you would like to select, by clicking your mouse on the pen "edit" next to the section you want to correct.
- You will see your "Mailing Address" and "Permanent Address". Your check will go to your "Mailing Address". Please make sure you select the right address to change.

- When taking sick leave, see "Leave Balances in the top right-hand corner. To enter sick leave, go to the calendar date then select "+Add Earn Code" in the middle of the page under the calendar. Use the arrow key and select "sick leave"
- On the last day worked of the pay period, verify that the hours on the timesheet are correct and select "Preview" button in the right-hand corner.
- The "Submit" button comes up and then select to send your timesheet to your timesheet approver.
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- Select "Employee Dashboard"
- Select "My Profile"
- Select the pen on the right-hand side of the page, the page opens to edit your profile.
- Select the portion of your profile you would like to select, by clicking your mouse on the pen "edit" next to the section you want to correct.
- You will see your "Mailing Address" and "Permanent Address". Your check will go to your "Mailing Address". Please make sure you select the right address to change.



Sign up for Direct Deposit to receive your employee pay:

- Self-Serve Direct Deposit setup is available for employees and students to set up or change their direct deposit on EagleNet. Log into EagleNet and select: Employee/Pay Information/Direct Deposit Allocation. A tutorial is available on the Payroll website by going to Frequently Asked Questions and selecting "What are my options for pay distribution?" [Payroll Frequently Asked Questions](#)
- Note that whenever any **EWU office** or **you** change or add an email address or direct deposit, you will receive an email from EWU stating there was a change to your record.
- Not all banks are set up in our system. If you receive an error message after entering your bank routing number that states: "An invalid routing number was entered", verify that you entered the correct routing number and if so, email payroll@ewu.edu and request that we set up your bank in our system so you can enter your direct deposit information. We only need your **bank name** and **routing number** to set up your bank. **Never** email your bank account number as email is not secure.
- After entering your direct deposit information, your bank account will show that it is in "Prenote" status. You will receive a **check** on this Prenote cycle (the first payroll after entering your direct deposit). Once the accounts validate with the bank, your direct deposit will flip to "Active" for all future payrolls. Checks are mailed to your current mailing address in our system.

Public Service Loan Forgiveness Program

As an employee of Eastern Washington University you may qualify for the Public Service Loan Forgiveness (PSLF) program.

You might have heard in the news that the federal government is reviewing possible changes to the program. We understand you might have concerns and questions. Visit the U.S. Department of Education Federal Student Aid website for the latest information. Go to studentaid.gov/manage-loans/forgiveness-cancellation/public-service.

PSLF program requirements

If you meet these four requirements, the remaining balance of your qualifying student loans may be forgiven.

1. You must have a federal Direct loan

Qualifying loans include Direct Subsidized, Direct Unsubsidized, Direct Consolidation, and Direct PLUS loans. If you have Perkins or FFEL loans, you must consolidate them into a Direct Consolidation Loan. Private student loans do not qualify for PSLF.

2. You must work full time for a qualifying employer

Qualifying employers include any government organization (state, city, county, federal, Tribal), 501(c)(3) nonprofit organization, or other nonprofit organization that provides qualifying public services.

The program defines full-time employment as working at least an average of 30 hours per week for one or more qualifying employer.

If you work in a part-time faculty position for a higher education institution, calculate your average hours worked by multiplying in-class teaching hours by 3.35.

3. You must enroll in an Income-Driven Repayment Plan

These include Income-Based Repayment, Pay As You Earn, and Income-Contingent Repayment plans. If you are or were on the Saving on a Valuable Education (SAVE) repayment plan, see important instructions on the IDR Plan Court Actions page of the Federal Student Aid website. Go to studentaid.gov/announcements-events/idr-court-actions.

4. You must make 120 qualifying monthly payments while working for a qualifying employer

How to apply

Use the PSLF Help Tool on the Federal Student Aid website to confirm if you are eligible and to submit your PSLF form(s) annually or as needed. If you have worked for multiple qualifying employers, submit a form for each employer. Find the PSLF Help Tool at studentaid.gov/pslf.

You will need this information about Eastern Washington University

- Employer Identification Number (EIN): **91-6000624**
- PSLF contact email: **hr@ewu.edu**

Find EIN numbers and email addresses for other state agencies and public higher education employers on the Office of Financial Management's PSLF State Agency Directory at ofm.wa.gov/PSLF_Directory.

Helpful PSLF resources

The following documents are available on the Washington Student Achievement Council website. Go to wsac.wa.gov/PSLF.

- Quick PSLF Fact Sheet (PDF, 195KB).
- Steps to apply for PSLF (PDF, 276 KB).
- PSLF Frequently Asked Questions (PDF, 239KB).

Questions

If you have questions about:

- How we process PSLF requests, please reply to this email.
- Your student loan or the PSLF program, please send them to Washington's State Student Complaint Portal at studentcomplaints.wa.gov/hc/requests/new. You can submit both questions and complaints through this portal.

We feel privileged to help you to achieve student loan forgiveness through the PSLF program.

IMPORTANT: The information in this letter is only for your education. Please do not rely on it for legal advice or for financial planning or advice. The best and most up to date information about the topics in this letter is available through your student loan servicer and on the FSA website: studentaid.gov/manage-loans/forgiveness-cancellation/public-service.

Eastern Washington University Pay Schedule

2025

Year	PR	No.	Pay Period	Pay Date	HRS/ PP	Web Timesheet Cutoff 3:00pm	Web Timesheet Approval 6:00AM	Days to Submit & Approve Timesheets	PR Runs	Holiday
2025	SM	1	Dec 16-31	10-Jan	96	3-Jan	6-Jan	2	7-Jan	12/25/24
2025	SM	2	Jan 1-15	24-Jan	88	16-Jan	17-Jan	*1	21-Jan	01/01/25
2025	SM	3	Jan 16-31	10-Feb	96	3-Feb	4-Feb	*1	5-Feb	01/20/25
2025	SM	4	Feb 1-15	25-Feb	80	18-Feb	19-Feb	*1	20-Feb	
2025	SM	5	Feb 16-28	10-Mar	80	3-Mar	4-Mar	*1	5-Mar	02/17/25
2025	SM	6	Mar 1-15	25-Mar	80	18-Mar	19-Mar	2	20-Mar	
2025	SM	7	Mar 16-31	10-Apr	88	2-Apr	3-Apr	2	7-Apr	
2025	SM	8	Apr 1-15	25-Apr	88	17-Apr	18-Apr	2	22-Apr	
2025	SM	9	Apr 16-30	9-May	88	2-May	5-May	2	6-May	
2025	SM	10	May 1-15	23-May	88	16-May	19-May	*1	20-May	
2025	SM	11	May 16-31	10-Jun	88	3-Jun	4-Jun	2	5-Jun	05/26/25
2025	SM	12	Jun 1-15	25-Jun	80	17-Jun	18-Jun	2	20-Jun	
2025	SM	13	Jun 16-30	10-Jul	88	2-Jul	3-Jul	2	7-Jul	06/19/25
2025	SM	14	Jul 1-15	25-Jul	88	17-Jul	18-Jul	2	22-Jul	07/04/25
2025	SM	15	Jul 16-31	11-Aug	96	4-Aug	5-Aug	2	6-Aug	
2025	SM	16	Aug 1-15	25-Aug	88	18-Aug	19-Aug	*1	20-Aug	
2025	SM	17	Aug 16-31	10-Sep	80	3-Sep	4-Sep	2	5-Sep	
2025	SM	18	Sep 1-15	25-Sep	88	17-Sep	18-Sep	2	22-Sep	09/01/25
2025	SM	19	Sep 16-30	10-Oct	88	2-Oct	3-Oct	2	7-Oct	
2025	SM	20	Oct 1-15	24-Oct	88	17-Oct	20-Oct	2	21-Oct	
2025	SM	21	Oct 16-31	10-Nov	96	3-Nov	4-Nov	*1	5-Nov	
2025	SM	22	Nov 1-15	25-Nov	80	18-Nov	19-Nov	2	20-Nov	11/11/25
2025	SM	23	Nov 16-30	10-Dec	80	2-Dec	3-Dec	2	5-Dec	11/27 & 11/28/25
2025	SM	24	Dec 1-15	24-Dec	88	17-Dec	18-Dec	2	19-Dec	

Please remember:

Best practice is to submit your timesheet after your final shift in the pay period. **Web timesheet cutoff** is set for 3:00 PM to submit and 6:00 AM the next morning for approval, but supervisors need to let employees know that submit deadlines will be whatever time works for them to have it approved during their work schedule

For hourly employees: Confirm that hours reported on a holiday were actually worked.

Time worked on a **holiday** by **work study students** must be paid from a departmental index.

***Note the employee & supervisor have one day to submit and approve timesheets.**

