



University of Colorado
Payroll & Benefit Services
575 SYS

Phone: 303-735-6500
Toll Free: 877-627-1877
Fax: 303-735-6599
www.cu.edu/pbs

Personal Information Worksheet (Hire/Update) -- Add a Person/Modify a Person

This form is designed to assist departments with HRMS data entry. The form may be completed online before printing. **This form should NOT be sent to PBS.**

- Navigation:** (1) Workforce Administration > Personal Information > Search for Matching Person
(2) Workforce Administration > Personal Information > Add a Person
(3) Workforce Administration > Personal Information > Modify a Person

Grayed out fields indicate optional information, not required by HRMS.

[Click Here for HRMS Step-by-Step Guides](#)

Biographical Details

Employee ID (if applicable):	Effective Date for Name:	Prefix:	Suffix:
<i>Name must be entered EXACTLY as printed on Social Security Card.</i>			
First Name:	Middle Name/Initial:	Last Name:	Date of Birth:
Birth Country:	Birth State:	Birth Location:	Gender: <input type="radio"/> Female <input type="radio"/> Male
Highest Education Level: (select one)			
<input type="radio"/> A - Not indicated	<input type="radio"/> E - Technical School	<input type="radio"/> I - Master's Level Degree	<input type="radio"/> L - Post Doctorate
<input type="radio"/> B - Less than HS Grad	<input type="radio"/> F - 2-Year College Degree	<input type="radio"/> J - Doctorate (Academic)	<input type="radio"/> Pharmaceutical Chemist
<input type="radio"/> C - HS Grad or Equivalent	<input type="radio"/> G - Bachelor's Level Degree	<input type="radio"/> K - Doctorate (Professional)	<input type="radio"/> Specialist in Education
<input type="radio"/> D - Some College	<input type="radio"/> H - Some Graduate School		
Associate of: _____ (Field)	Master of: _____ (Field)	Doctor of: _____ (Field)	Other: _____ (Field)
Bachelor of: _____ (Field)			
Certificate of: _____ (Field)			
Marital Status:	As of (date):	Language:	Alternate ID:
Social Security Number (National ID):			

Contact Information

HOME ADDRESS <i>(Permanent or Foreign Address for Non-Resident International Employees)</i>		Country: <input type="radio"/> U.S.A. <input type="radio"/> Other:
Address 1:		
Address 2:		
City:	State:	Postal Code:
MAILING ADDRESS <input type="checkbox"/> Same as Home Address <i>(Checks, pay advices and W-2 forms will be mailed to this address.)</i>		Country: <input type="radio"/> U.S.A. <input type="radio"/> Other:
<i>For Non-Resident International Employees, mailing address MUST be a local street address (not P.O. Box or foreign address).</i>		
Address 1:		
Address 2:		
City:	State:	Postal Code:

Professional Resources. Quality Service. Educated Decisions.

Personal Information Worksheet - Page 2

Contact Information (cont'd)			
Telephone Numbers:			
Home	Campus 1 (for directory)	Additional Phone	Additional Phone Type
			<input type="radio"/> Cellular <input type="radio"/> Pager <input type="radio"/> Fax <input type="radio"/> Other
E-Mail Addresses:			Additional E-Mail Type:
Campus (for directory)	Additional E-Mail		
			<input type="radio"/> Business <input type="radio"/> Dorm <input type="radio"/> Home <input type="radio"/> Other

Regional **Ignore "Date Entitled to Medicare" and Citizenship proof fields**

Ethnic Group Definitions (Source: Dept. of Equal Opportunity)

History Effective Date:	African American: Black, not of Hispanic origin. A person having origins in any of the black racial groups of Africa.
Ethnic Group: (Selection Required)	American Indian/Alaskan Native: A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.
Check boxes in right column for all that apply. Use left column to mark primary group.	Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia and the Indian Subcontinent. This area includes, for example, China, India, Japan, Korea, Cambodia, Malaysia, Pakistan, Thailand, Vietnam and the Phillipine Islands.
<input type="radio"/> African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic/Latino <input type="radio"/> Chose Not to Disclose <input type="radio"/> Native Hawaiian/ Pacific Islander	Caucasian: White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Hispanic/Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. Chose Not to Disclose: Use when entering ethnicity data for an employee who chooses not to disclose ethnicity information. Ethnicity data is used by the University for numerous reporting requirements and it is requested you complete this information as accurately as possible when entering a new hire. Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Military Status: (Voluntary Disclosure -- choose "Not Indicated" if unknown*)	<i>*Copy of DD214 to be sent to the campus HR office if veteran status is being selected.</i>
<input type="radio"/> Not Indicated <input type="radio"/> No Military Service <input type="radio"/> Active Reserve <input type="radio"/> Other Protected Veteran <input type="radio"/> Inactive Reserve <input type="radio"/> Disabled Vietnam Era Vet <input type="radio"/> Disabled Vet <input type="radio"/> Retired Military <input type="radio"/> Vietnam Era Vet	Veteran Definition - (source: U.S. Department of Labor, Veterans' Employment and Training. www.dol.gov/vets) Vietnam Era Veteran: (1) Served in the military, ground, naval or air service of the U.S. on active duty for a period of time more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such activity duty occurred: i) in the Republic of Vietnam between 2/28/61 and 5/7/75; or ii) between 8/5/64 and 5/7/75 in all other cases; or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed: i) in the Republic of Vietnam between 2/28/61 and 5/7/75; or ii) between 8/5/64 and 5/7/75 in all other cases.

Dept Information/Verifications **Employment Eligibility Proof section for HR use only**

Effective date -- accept default or change as needed:	Home Dept. Nbr.:	(Home Department Name - autofills)	Campus Box
Background checks	<input type="checkbox"/> Criminal History Records Date: _____ <input type="checkbox"/> Financial History Records Date: _____ <input type="checkbox"/> Motor Vehicle Records Date: _____ <input type="checkbox"/> Other Background Check Date: _____		

Organizational Relationships (use in Add a Person only)

<input type="radio"/> Employee <input type="radio"/> Affiliate <input type="radio"/> Affiliate -- DHHA <input type="radio"/> Affiliate -- Kaiser <input type="radio"/> Affiliate -- NJH	<input type="radio"/> Contingent Worker <input type="radio"/> Affiliate -- PSL <input type="radio"/> Affiliate -- Rose <input type="radio"/> Affiliate -- VA <input type="radio"/> COBRA Qual Participant	<input type="radio"/> POI (Person of Interest) -- specify as below: <input type="radio"/> Electronic Res Admin <input type="radio"/> External Instructor <input type="radio"/> External Trainee <input type="radio"/> Other	<input type="radio"/> Pre-Employment <input type="radio"/> Regent <input type="radio"/> Security Access <input type="radio"/> Student Athlete <input type="radio"/> Summer Employment Gap	<input type="radio"/> Veterans Administration <input type="radio"/> Visiting Scholar <input type="radio"/> Volunteer <input type="radio"/> Volunteer Clinical Faculty
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University of Colorado
 Payroll & Benefit Services
 575 SYS
 3100 Marine Street, 6th Floor
 Boulder, CO 80309-0575

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Emergency Contact Worksheet

Employee:

Please return the completed form to your department payroll representative for entry and record retention.
This form should NOT be sent to PBS.

Each employee must choose one PRIMARY emergency contact.
Multiple emergency contacts may be submitted - please complete a separate form for each person.

<input type="radio"/> Initial Information	<input type="radio"/> Additional Contact Info	<input type="radio"/> Replacement Contact Info	<input type="radio"/> Update Existing Contact Info
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Employee		
Employee Name: <i>(Last Name, First, Middle)</i>	Employee ID # <i>(preferred)</i> or SSN:	Date:

Emergency Contact Address/Phone					
Contact Name:	Relationship to Employee:	Primary Contact? <i>(Required)</i>			
	Other <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> Address Same as Employee <input type="checkbox"/> Phone Same as Employee					
Address 1:					
Address 2:					
City:	State:	Postal Code:	County:		
Phone Numbers:					
	Contact Phone	Other Phone 1	Other Phone 2	Other Phone 3	Other Phone 4
Type:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number:					



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 3100 Marine Street, 6th Floor, Boulder, CO 80309-0575

Payroll Direct Deposit Authorization Form

COMPLETE ON-LINE OR IN INK - DO NOT FAX

Employee ID (Preferred) or Soc. Sec. # _____ Employee Name (Last Name, First Name) _____ (Please Type or Print)

Home Department / Campus _____ Contact Phone (Campus # Preferred) _____

Pay Frequency (Preferred)
 Bi-Weekly Monthly

NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a warrant (check) being issued (for new employee) or deposit to an already-established account (for continuing employee). We suggest leaving your old account open until deposit to your new account has occurred.

Employee may select up to three separate accounts. You will receive a detailed Advice of Deposit.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:

- **Checking Account:** Attach a voided check.
- **Savings Account:** Attach documentation from financial institution.
- **Money Market Account:** This is a type of checking account. Attach documentation from financial institution to provide correct routing and account numbers.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings ! : . It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

ACTION TYPE

New Employee Set-Up
 Continuing Employee Change (i.e. change account #, change financial institution, change percentage of net pay or \$ amounts, drop or add financial institution)
 Cancel Direct Deposit (must follow-up by submitting a replacement form or an approved APPLICATION FOR EXEMPTION FROM PAYROLL DIRECT DEPOSIT form.)

IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts. Do not change a change. Enter the lowest % of \$ amount first and the highest % of \$ amount last. This form overrides (replaces) all past distributions.

Account #1

Account Type: Checking (Attach voided check) Savings (Attach financial institution documentation) Money Market (Attach financial institution documentation)

Bank Name: _____
 Bank Address: _____
 Routing# (9 digits) _____ Account # _____

Requested amount for this account: (select one)
 % Net Pay: _____ Specific \$ Amount: \$ _____ Entire Balance

Account #2

Account Type: Checking (Attach voided check) Savings (Attach financial institution documentation) Money Market (Attach financial institution documentation)

Bank Name: _____
 Bank Address: _____
 Routing# (9 digits) _____ Account # _____

Requested amount for this account: (select one)
 % Net Pay: _____ Specific \$ Amount: \$ _____ Remaining Balance

Account #3

Account Type: Checking (Attach voided check) Savings (Attach financial institution documentation) Money Market (Attach financial institution documentation)

Bank Name: _____
 Bank Address: _____
 Routing# (9 digits) _____ Account # _____

Remaining Balance

Authorization Agreement: I hereby authorize the University of Colorado to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the University of Colorado to make the appropriate adjustment(s).

Employee Signature: _____ Date: _____
 Account Holder Signature: _____ Date: _____
 (if other than employee)

Mail ORIGINAL FORM to Payroll & Benefit Services, 575 SYS, Boulder, CO 80309
DO NOT FAX

Form W-4 (2016)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b style="font-size: 2em;">W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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 lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

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

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

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

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

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and 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.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the 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 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		E-mail Address			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):

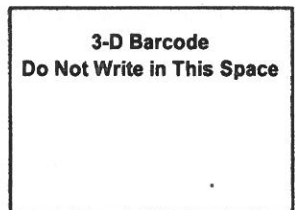
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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



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	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<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 	<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 	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

**You can view full instructions for the I-9 at the CU Payroll and Benefits website
or at <http://www.uscis.gov/files/form/i-9.pdf>**

This form cannot be used for employees hired prior to September 1, 2014.



Revision Date: 09/01/14
Expiration Date: 10/01/17

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: _____
Last First Middle Date of Birth

Social Security Number: _____ Date of Hire: _____ (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 calendar days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This mandatory affirmation is provided by the Colorado Division of Labor. Visit www.colorado.gov/cdle/evr for more information.