

Work-Study Authorization Form

SAMPLE***

*****Original may be obtained at the
Office of Career Services,
Pryzbyla, Room 202**

Student Section (Please Print All Information Clearly)

Student Name: _____
Last First Middle

SSN: _____ EmplID: _____ Birth Date: _____

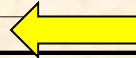
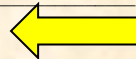
Local Phone: _____ CUA E-mail: _____

Year in School: Freshman _____ Sophomore _____ Junior _____ Senior _____ Grad _____

Permanent Address: _____
Street City State Zip

I hereby understand that upon accepting this position I will not and cannot accept any other work-study position without consulting the Financial Aid Office. I also understand that I must submit a time sheet for each pay period. I also give my permission for the Financial Aid Office to reduce and/or adjust my student loans and CUA Grant if I earn in excess of my Federal Work-Study allocation.

Employee Signature _____ Date _____



THE CATHOLIC UNIVERSITY OF AMERICA 2004-2005 WORK STUDY EMPLOYEE DATA FORM

FROM: Emmjolee Mendoza DATE: Sept. 9, 2010

SCHOOL/DEPARTMENT: Campus Ministry Office

Please check appropriate space(s):

New appointment _____ Transfer _____ Separation (Voluntary) _____ Leave of absence _____ Name change
_____ Reinstatement _____ Promotion _____ Separation (Involuntary) _____ Change of salary _____ Address change

FOR ALL ACTIONS:

Full Name: _____ Social Security No: _____
Address: _____ Home Telephone No: _____
Date of Initial Hire: _____

Permanent address (if different from above) _____

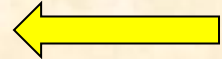
Date of birth (new employees only) _____

POSITION TITLE: DC Reads Tutor

PLEASE CHECK ALL THAT APPLY:

_____ Full-time Part-time _____ Regular _____ Temporary

Effective date of action: Sept. 9, 2010 Salary/Wage: _____



Department Section

Department Name: Campus Ministry Phone: (202) 319-5575

Contact Name: Emmjolee Mendoza E-Mail: MendozaE@cua.edu

Student Job Title: DC Reads Tutor Job #: 1182

Circle One: New Hire _____ Transfer _____ Re-Hire _____ **Please circle one**

If a Re-Hire, circle years of service completed in your department. 1 2 3 4
If a Transfer, Signature of Previous Supervisor _____

I have hired the above named employee and **accept responsibility for 100% of his/her salary** should he/she earn over the above award amount or fail to complete all required paperwork. I must submit a time sheet for each pay period for this employee.

Employer's Signature _____ Date _____

For Career Services/Financial Aid/Human Resources Use ONLY:

All college work-study students must have their employment eligibility verified. The I-9 verification form must be properly completed, and a CUA representative must sign this section before the FAO can accept your work-study authorization. **If your I-9 is not on file you will not get a paycheck.**

Employment Manager's Signature _____ Date _____

HRS Position #: _____ HRS ASN Code: _____

FWS Amount: _____ Start Date Authorized _____

Hourly Rate: _____
Authorized Signature

If student is transferring to a new position, please list previous job number _____, and academic year-to-date income \$ _____.

Notes:

▪ Emmjolee will sign the bottom half of both forms later in the evening. We'll turn in forms for you.

I-9 Tax Forms Instructions

Sample*

*Original may be obtained at the
Office of Career Services,
Pryzbyla, Room 202

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

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

Section 1- Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

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

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

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

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

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

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

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

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

I-9 Tax Forms Sample*

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen or national of the United States
 A Lawful Permanent Resident (Alien #) A _____
 An alien authorized to work until _____
 (Alien # or Admission #)

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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

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

*Original may be obtained at the
Office of Career Services,
Pryzbyla, Room 202

Turn in all I-9 paperwork to Career Services office.

You cannot complete your I-9 unless you have original identification documents. Acceptable documents include (either ONE from List A, or one from List B AND one from List C):

I-9 Tax Forms Sample

**LIST A
Documents that Establish
both Identity and
Employment Eligibility**

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with *I-551 stamp* or attached *INS Form I-94* indicating Unexpired employment Authorization
5. Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

OR

**LIST B
Documents that Establish
Identity**

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
 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
 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
- For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

AND

**LIST C
Documents that Establish
Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for Employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)