NEW CASTLE COUNTY
VOCATIONAL-TECHNICAL SCHOOL DISTRICT

1417 NEWPORT ROAD, WILMINGTON, DELAWARE 19804
(302) 995-8050

Dear Substitute Applicant:

Thank you for your interest in substitute teaching in the New Castle County Vocational Technical School District. The four high schools that we service are Hodgson Vo Tech School (Rt. 896), Howard High School of Technology (City of Wilmington), Delcastle Technical High School (1417 Newport Road), and St. Georges Technical High School (Middletown).
Please complete the following paperwork and return it to our office:

1. Professional Application
2. Personnel Sheet
3. W-4 Forms (State & Federal)
4. Emergency Information Sheet
5. Tuberculin Test w/results
6. Employment Eligibility Verification (Form I-9)
7. Criminal Background Check (Info. attached) – ***WE ARE NOT ALLOWED TO ACCEPT COPIES FROM YOU***
8. Child Protection Registry Request Form and Payroll Deduction Form
9. Direct Deposit Authorization Form
10. Acceptable Use Policy Consent Form
11. Tobacco Use Policy
12. Sexual Harassment Policy
13. Drug-Free and Alcohol-Free Workplace Policy

After you are set up for substituting register on http://my.delaware.gov using your personal email address to access your paycheck stub/W-2 info.

*We will also need a copy of your **Social Security Card** and **Driver's License**. For pay purposes, please enclose a copy of your **teaching certificate, college degree (unofficial transcript), or high school diploma,** whichever applies.*

The per diem pay scale for substitute teachers is as follows:

Class A Substitute	-	**$210.00 – Bachelor's Degree & Delaware Teacher Certification**
Class B Substitute	-	**$180.00 – Bachelor's Degree**
Class C Substitute	-	**$147.00 – High School Diploma**
Class C Substitute	-	**$180.00 – Vocational T & I Eligible (Vocational classrooms/labs only)**

Substitute nurses must be currently licensed in the State of Delaware
Nurses are paid at the rate of $42/hr.

The working hours are from 7:30 a.m. until 3:00 p.m. If there are any further questions, please contact the Personnel Office, 302/995-8057, between 7:30 a.m. and 2:30 p.m.

Sincerely,

Clifton Hayes

Clifton Hayes, Ed.D
Director of School Operations/Personnel

DISREGARD APPLICATION IF YOU FILLED OUT ONLINE

EMPLOYMENT APPLICATION FOR PROFESSIONALS

TELEPHONE NUMBER: (302) 995-8057
www.nccvotech.com

PLEASE RETURN TO
PERSONNEL OFFICE

NEW CASTLE COUNTY
VOCATIONAL TECHNICAL
SCHOOL DISTRICT
1417 NEWPORT ROAD
WILMINGTON, DE 19804

Applicants Full Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Present Position _____ Employer _____

Cell Phone # _____ Home Phone # _____ Employer's Phone # _____

Social Security Number _____ When will you be available for employment? _____

Do you hold a valid teaching certificate? Yes____ No_____ If so, indicate State _____

Have you applied for a Delaware certificate? Yes_____ No_____

Area of Certificate(s) _____

Type of Certificate(s) (Standard, Limited/Standard, etc.) _____ Expiration Date(s) _____

PLEASE SUBMIT COPIES OF YOUR CERTIFICATE(S) WITH THIS APPLICATION

Indicate position(s) desired _____

List in order of preference the subjects you are qualified to teach.

1. _____ 2. _____ 3. _____

EDUCATIONAL BACKGROUND

Name of School	City & State	Diploma, Degree or Credits Earned

PLEASE ATTACH COPY OF UNOFFICIAL COLLEGE TRANSCRIPTS TO BE INCLUDED WITH THIS APPLICATION

TEACHING EXPERIENCE

Dates	Name of School and Address	Subject and Grades Taught
From: _____ To: _____	_____ _____ _____ _____ Phone #	_____ _____ _____ _____
Dates	**Name of School and Address**	**Subject and Grades Taught**
From: _____ To: _____	_____ _____ _____ _____ Phone #	_____ _____ _____ _____
Dates	**Name of School and Address**	**Subject and Grades Taught**
From: _____ To: _____	_____ _____ _____ _____ Phone #	_____ _____ _____ _____
Dates	**Name of School and Address**	**Subject and Grades Taught**
From: _____ To: _____	_____ _____ _____ _____ Phone #	_____ _____ _____ _____

WORK EXPERIENCE

Name		Name	
Position		Position	
From:	To:	From:	To:
Address		Address	
Phone #		Phone #	

Name		Name	
Position		Position	
From:	To:	From:	To:
Address		Address	
Phone #		Phone #	

PERSONNEL DATA

Have you previously applied for a position in this school district? Yes_____ No_____

Have you ever been employed by the State? Yes_____ No_____ Location: _____

Have you ever been convicted of a crime? Yes_____ No_____ (Do not include minor traffic violations)

Have you ever been dismissed, asked to resign, or refused re-employment? Yes_____ No_____

If your answer to either of the above two questions is "Yes", please provide complete details on a separate sheet of paper.

List any professional, union, or trade organization of which you are a member_____

_____

Indicate any limitations upon your ability to perform job related duties_____

_____

If you are not a U.S. citizen, list type of visa_____

Additional information – Please list any further information about yourself which you feel would be of importance in arriving at a fair evaluation of your qualifications.

_____

_____

_____

I hereby authorize the New Castle Vocational Technical School District to obtain from my employers all data needed to support this application. I certify that all statements made on this application are true and complete to the best of my knowledge and that any false statements could subject me to disqualification of dismissal.

_____ _____

Signature **Date**

It is the policy of the New Castle County Vocational Technical School District not to discriminate on the basis of race, color, religion, national origin, gender, gender identity, sexual orientation, marital status, age, disability, socio-economic status, or covered veteran status in employment, admission to, or participation in its programs, services, and activities.

REVISED: 2/5/21

Statewide Benefits Office
Benefits Made Easy

July 1, 2017

Dear Employee,

Enclosed is a Notice entitled "New Health Insurance Marketplace Coverage Options and Your Health Coverage." The health care reform law known as the Affordable Care Act ("ACA") requires that employers provide this Notice to all new employees within 14 days of hire. The Notice provides information about the new Health Insurance Marketplace ("Marketplace").

The ACA is requiring that these Notices be sent out because, starting in January 2014, most people are required to have health insurance; if not, they will pay a tax penalty. This is known as the "individual mandate." Your health insurance coverage can come from your (or your spouse's) employment, through a policy you buy on the Marketplace, or through a government-sponsored program like Medicare or Medicaid.

As a casual seasonal employee, you are not eligible for coverage under the State of Delaware's Group Health Insurance Program ("the Plan"). Therefore, you may wish to explore coverage options through the Marketplace.

For information about the Marketplace, visit the federal government's website at www.HealthCare.gov or the State of Delaware's website at www.ChooseHealthDE.com. If you have questions about the information in this letter or the enclosed Notice, you can contact the Statewide Benefits Office at 1-800-489-8933 or go to the Statewide Benefits Office's website at www.ben.omb.delaware.gov.

Sincerely,

Brenda L. Lakeman
Director, Statewide Benefits

Enclosure

State of Delaware Statewide Benefits Office
500 W. Lanckerman Street • Suite 320 • Dover, DE 19904
Phone (800) 489-8933 • Fax (302) 739-8339 • www.ben.omb.delaware.gov

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Key parts of the health care law are effective in 2014, and there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution–as well as your employee contribution to employer-offered coverage–is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

NEW CASTLE COUNTY VOCATIONAL-TECHNICAL SCHOOL DISTRICT

SUBSTITUTE PERSONNEL SHEET

Employee Name _____ Social Security # _____ Date of Birth _____

SUBSTITUTE

Position _____ Subject Area _____ Available to Start _____

Marital Status _____ *Circle*: **Race**: B W A N H I **Sex**: F M **Veteran**: Yes No **U.S. Citizen**: Yes No

Street Address _____ Home phone _____

City, State, Zip _____ Cell Phone _____

Email Address _____

EDUCATION

High School Graduate or received GED: Yes No

College/Institution: _____ Degree: _____

College/Institution: _____ Degree: _____

College/Institution: _____ Degree: _____

Are you presently working in another school district as a substitute? Yes No

If yes, what is the name of the school district? _____
District Name

Have you ever worked for the STATE of DELAWARE in a position covered under pension? Yes No

If yes, what is the name of the agency?

Agency Name _____ Date of Employment _____

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name **State of Delaware**		4. Employer Identification Number (EIN) **516000279**
5. Employer address **97 Commerce Way, Suite 201**		6. Employer phone number **1-800-489-8933**
7. City **Dover**	8. State **DE**	9. ZIP code **19904**
10. Who can we contact about employee health coverage at this job? **Statewide Benefits Office**		
11. Phone number (if different from above) **1-800-489-8933**	12. Email address **benefits@state.de.us**	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

N.C.C.V.T.S.D.

EMPLOYEE EMERGENCY INFORMATION

Name _____ Phone _____
Area Code

Address _____ Birthdate _____

City _____ State ___ Zip _____ County _____

Person to notify in case of emergency: Please provide day-time phone no.

(1) _____ Phone _____
Area Code

(2) _____ Phone _____
Area Code

Hospital of choice _____

Physician of choice _____

Allergies to Medications etc. _____

Present Medications _____

List Known Health Problems _____

_____

School _____ Job Title _____ Date _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

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

2026

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | (b) **Social security number**

Address

City or town, state, and ZIP code

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*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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)

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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 of tax withheld will be larger the greater the difference in pay is between the two jobs.

CAUTION ***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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . 4 $ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . 1a $

b **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . 1b $

c **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 . . . . . 1c $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . 2 $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

a Enter $6,000 if you are age 65 or older before the end of the year . . . . . 3a $

b Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . 3b $

4 Add lines 3a and 3b. Enter the result here . . . . . 4 $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . 5 $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . 6a $

b **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . . . . . 6b $

c **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . 6c $

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . 6d $

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . 6e $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . 7 $

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . 8a $

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . . 8b $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . 9 $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . 10 $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . 11 $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . 12 $

13 Add lines 11 and 12. Enter the result here . . . . . 13 $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . 14 $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . 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 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	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,060	7,960	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,590	30,190

DELAWARE
DIVISION OF REVENUE

DELAWARE W-4

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1 FIRST NAME AND MIDDLE INITIAL	LAST NAME	2 TAXPAYER ID
HOME ADDRESS (Number and street or rural route)		3 MARITAL STATUS
		☐ Single ☐ Married
CITY OR TOWN	STATE	ZIP CODE

4 Total number of dependents you can claim on your return	4	
5 Additional amount, if any, you want withheld from each paycheck	5	$

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 signed) ▶ _____ Date ▶ _____

6 Employer's name and address (**Employer:** Complete boxes 6 through 8 if sending to the Delaware Division of Revenue and the State Directory of New Hires.)	7 First date of employment	8 Employer identification number (EIN)

OFXXX19AA9999V1

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W-4R

RESIDENT WITHHOLDING ALLOWANCE(S) COMPUTATION WORKSHEET

Use the following instructions to determine the correct number of allowances for withholding. Include only those individuals that you would include on your final income tax return.

A	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	A	
B	Enter "1" for your Spouse (2 if 60 years old or older) if no one else claims your spouse as a dependent	B	
C	Enter number of dependents other than your spouse that you will claim	C	
D			

DELAWARE FORM

DIVISION OF REVENUE

	Enter "1" if you qualify to take a child/dependent care *credit* for one child or dependent and "2" if you qualify to take the credit for two or more	D	
E	Enter "1" for you are 65 or over OR blind. Enter "2" if you are both 65 or over AND blind	E	
F	Enter "1" if your spouse is 65 or older OR blind. Enter "2" if your spouse is 65 or older AND blind.	F	
G	**Add** Line A through Line F	G	

If you plan to itemize, or you receive non-wage income, or you can claim other deductions and wish to adjust your withholding, continue with the following Section H. Otherwise, **STOP HERE** and enter the number from Line G onto the Delaware Form W-4.

H	DEDUCTIONS AND INCOME ADJUSTMENTS

NOTE: Use this section only if you plan to itemize, claim other deductions, or have nonwage income. If computing this section on **Married Filing Separate** or **Combined Separate** status, include only the amount of itemized deductions that may be claimed on your separate return.

1	Enter an estimate of your itemized deductions for the current year, i.e. home mortgage interest, real estate and other taxes (excluding state income tax paid) limited to $10,000, charitable contributions, medical expenses in excess of 10% of adjusted gross income, and miscellaneous deductions (most miscellaneous deductions are now deductible only in excess of 2% of your adjusted gross income).	1	$
2	Delaware Standard Deduction of $3,250	2	$ 3,250.00
3	**Subtract** Line 2 from Line 1. If less than zero, enter 0.	3	$
4	Enter an estimate of your adjustments to income for the current year including alimony paid, IRA contributions, the pension exclusion and the exclusion for certain persons over 60 years old or disabled	4	$
5	**Add** Lines 3 and 4	5	$
6	Enter an estimate of your non-wage income for the current year	6	$
7	**Subtract** Line 6 from Line 5	7	$
8	**Divide** the amount on Line 7 by $2,000. Round down to nearest whole number.	8	
9	Enter the number from Line G above	9	
10	**Add** Lines 8 and 9. Report this number of allowances to your employer on Delaware Form W-4	10	

H	SPECIAL INSTRUCTIONS

If the total on Line 10 is less than zero you may need additional withholding as a result of non-wage income to avoid owing tax on your income tax return. You can calculate the amount of additional withholding as follows.

(1) Multiply number on Line 10 by $110.

(2) Divide the result by the number of pay periods during the year (e.g., if you are paid monthly, divide by 12). The result is the additional amount of withholding required per pay.

EXAMPLE: Total on Line 10 is "-2" and you are paid once a month.

(1) Line H = 2 x $110 = $220.00

(2) Number of pay periods = $220.00/12 = $18.33

You should notify your employer on a Delaware Form W-4 that your withholding allowance should be "0" and an additional $18.33 per pay should be withheld for the current year.

DELAWARE FORM

DIVISION OF REVENUE

COMPUTATION WORKSHEET

A	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	A	
B	Enter "1" for your Spouse (2 if 60 years old or older) if you claim your spouse as a dependent on the State tax return	B	
C	Enter number of dependents other than your spouse that you will claim	C	
D	**Add** Lines A through C	D	

INCOME AND ADJUSTMENTS

			Column A TOTAL	Column B DELAWARE SOURCE
1	Wages	1		
2	Non-wage Income (Net of Losses - See Instructions)	2		
3	Total Income (**Add** Line 1 and Line 2)	3		
4a	Federal Adjustments to Income (See Instructions)	4a		
4b	Delaware Adjustments to Income (See Instructions)	4b		
4c	Total Adjustments to Income (**Add** Line 4a and Line 4b)	4c		
5	Adjusted Gross Income (**Subtract** Line 4c from Line 3)	5		
6	**PRORATION DECIMAL** (Line 5: Column B ÷ Column A)	6		

DEDUCTIONS

7	Deductions (Higher of Standard or Itemized - See Instructions)	7	
8	Estimated Taxable Income (**Subtract** Line 7 from Line 5, Column A)	8	
9	Gross Tax Liability (Computed using Line 8 - See Example Below)	9	
10	Personal Credits (**Multiply** Line D by $110)	10	
11	Net Liability before Proration (**Subtract** Line 10 from Line 9)	11	
12	Proration Decimal (Enter from Line 6)	12	
13	Estimated Tax Liability (**Multiply** Line 11 by Line 12)	13	
14	Number of Pay Periods (From Employer or See Instructions)	14	
15	Withholding per Pay Period (**Divide** Line 13 by Line 14)	15	

D TAWAR O R M

D V S ON O| R|V|NU|

TAX TA :LE		
Taxable Income Between	Pay	P1
$ 0 - 2,000	$ 0.00	
2,001 - 5,001	$ 0.00	
5,001 - 10,001	$ 66.00	
10,001 - 20,001	$ 261.00	
20,001 - 25,001	$ 741.00	
25,001 - 60,001	$ 1,001.00	
60,001 & over	$ 2,943.50	

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EXAMPLE OF GROSS TAX LIABILITY CALCULATION:

If you Estimated Taxable Income, (Line 8) is $12,000:

PAY: $261.00 + {(12,000 - 10,000) x 0.048}
= $261.00 + (2,000 x 0.048)
= $261.00 + 96.00
= $357.00

PHRST PAYROLL REQUEST
Direct Deposit Authorization Form

Please return to your Human Resource or Payroll Department	Date:

Employee Name:	Empl ID:	Work Phone:

Direct Deposit Instructions:
If only one banking instruction is set up, **Section A** designates the account to receive the balance of net pay. If there are multiple banking instructions in **Section B**, then **Section A** designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in Section A. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as **Flat Amount** and shall be designated by Priority beginning with 100, 200, etc. in Section B

Section A: Balance Account The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

999	Balance			☐	☐
Priority	Amount	Transit #	Account #	Checking	Savings

Bank Name: _____

Bank Address: _____

Section B: Additional Accounts For Multiple Direct Deposits

				☐	☐
Priority	Flat Amount	Transit #	Account #	Checking	Savings

Bank Name: _____

Bank Address: _____

				☐	☐
Priority	Flat Amount	Transit #	Account #	Checking	Savings

Bank Name: _____

Bank Address: _____

				☐	☐
Priority	Flat Amount	Transit #	Account #	Checking	Savings

Bank Name: _____

Bank Address: _____

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: _____ Date: _____

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on this form are correct.

Please contact your bank to confirm routing/account numbers if you are unsure.

INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS WILL RESULT IN YOUR PAY BEING DELAYED.

PHRST PAYROLL REQUEST
Direct Deposit Authorization Form Instructions

Please complete all information requested on the Direct Deposit Authorization Form.

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on the form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. Incorrect or illegible routing and/or account numbers may result in your pay being delayed.

State of Delaware employees may contribute to the Fidelity College Investment Plan (Section 529 accounts) with direct deposit. Employees are required to complete a **Fidelity College Investing Plan Direct Deposit** Form AND the **State of Delaware Direct Deposit Authorization** Form.

If you designate only one account

Complete **Section A –Balance Account** only, sign, and date the form. All of your net pay will be direct deposited to the designated account.

If you have multiple direct deposit accounts

Complete **Section A –Balance Account** and **Section B - Additional Accounts for Multiple Direct Deposits.** Indicate the priority (beginning with 100, 200, etc.) and the **flat amount** to be deposited into each account. The remaining balance will be deposited into the account listed in **Section A**.

A pre-notification (pre-note) will be initiated to your financial institution(s) prior to making deposits based on this authorization. The pre-note process verifies the account and transit numbers provided and entered into the PHRST system are valid. Adding a new or changing existing Direct Deposit instruction will cause that account to go through the pre-note process for one pay period. Each time you add a new or change an existing account, complete a new Direct Deposit Authorization Form with all account information to replace any previous instructions.

If you change or close any Direct Deposit account(s), you must notify your employer immediately and complete an authorization form with your new account information so it can be entered into the PHRST system before the next pay period. This will prevent your Direct Deposit from being transmitted to a "closed account" on payday. Failure to promptly notify your employer of changes to your Direct Deposit information may cause a delay in receiving your total net pay. The receiving bank must return funds sent to a closed account to the State of Delaware before a replacement check can be issued to the employee.

To sign up for Direct Deposit, make a change, or if you have any questions, please contact your Human Resource or Payroll Representative.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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

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

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

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

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

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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

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

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

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	ZIP Code

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. 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, gender, 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 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.		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
		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		
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				

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

Refer to the instructions for more information about acceptable receipts.

Instructions for Form I-9, Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, contact the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at **https://www.justice.gov/ier**.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at https://www.uscis.gov/i-9. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274) and on USCIS' Form I-9 website, I-9 Central.

Completing Section 1: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

Entering Your Employee Information

Last Name *(Family Name)*: Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. *Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

First Name *(Given Name)*: Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include: Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

Middle Initial: Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

Other Last Names Used: Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

Address *(Street Name and Number)*: Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

Apartment: Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

City or Town: Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

State: Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

ZIP Code: Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

Date of Birth *(mm/dd/yyyy)*: Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

U.S. Social Security Number: Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

Employee's E-mail Address (*Optional*): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site.domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (*Optional*): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

Attesting to Your Citizenship or Immigration Status

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**

2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

   If you select "lawful permanent resident" enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work:** An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

   If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

   Aliens authorized to work must enter one of the following to complete Section 1:

   1. Alien Registration Number (A-Number)/USCIS Number; or
   2. Form I-94 Admission Number; or
   3. Foreign Passport Number and the Country of Issuance.

   Your employer may not ask you to present the document from which you supplied this information.

   Alien Registration Number/USCIS Number: Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

   Form I-94 Admission Number: Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

   Foreign Passport Number: Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

   Country of Issuance: If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.

Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

Completing the Preparer and/or Translator Certification

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked **"A preparer(s) and/or translator(s) assisted the employee in completing Section 1"**, then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. The Form I-9 Supplement, Section 1 Preparer and/or Translator Certification, can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if "Individual under Age 18" or "Special Placement" is entered in lieu of the employee's signature in Section 1.

Today's Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name *(Family Name)*: Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (*Given Name*): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (*Street Name and Number*): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as "3 miles southwest of Anytown post office near water tower." If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator's residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

Presenting Form I-9 Documents

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You may designate an authorized representative to act on your behalf to complete Section 2. An authorized representative can be any person you designate to complete and sign Form I-9 on your behalf. You are liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the person designated to act on your behalf.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment.

Entering Employee Information from Section 1

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.

Entering Documents the Employee Presents

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/ I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) or I-9 Central for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at www.everify.gov. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

List A - Identity and Employment Authorization: If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information or N/A in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

Document Title: If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg. Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I-94A 3. Form I-20 or Form DS-2019 Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I-94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I-94A	1. RMI Passport with Form I-94 2. Form I-94/I-94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019 (if presented)
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

Issuing Authority: Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.

Document Number: Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

Expiration Date (*if any*) (*mm/dd/yyyy*): Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S" (which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

List B - Identity: If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an individual under age 18 or certain employees with disabilities in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. If you enter document information in List B, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities (Note: This selection does not include the driver's license or ID card issued by a State or outlying possession of the United States as described in B1 of the List of Acceptable Documents.)	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

Issuing Authority: Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

Document Number: Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (*if any*) (*mm/dd/yyyy*): Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. If you enter document information in List C, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List C will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C #7 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #7 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Consular Report of Birth Abroad (Form FS-240)	Form FS-240
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (Form I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
Employment authorization document issued by DHS (List C #7) (Note: This selection does not include the Employment Authorization Document (Form I-766) from List A.)	Employment Auth. document (DHS) List C #7
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

Issuing Authority: Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

Document Number: Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (*if any*) (*mm/dd/yyyy*): Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

Additional Information: Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.

Entering Information in the Employer Certification

Employee's First Day of Employment: Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

Signature of Employer or Authorized Representative: Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Title of Employer or Authorized Representative: Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

Last Name of the Employer or Authorized Representative: Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

First Name of the Employer or Authorized Representative: Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

Employer's Business or Organization Name: Enter the name of the employer's business or organization in this field.

Employer's Business or Organization Address (*Street Name and Number*): Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

City or Town: Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc, that applies.

State: Enter the two-character abbreviation of the state for the employer's business or organization address.

ZIP Code: Enter the 5-digit ZIP code for the employer's business or organization address.

Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/ Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (*if any*) (*mm/dd/yyyy*): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

What is the Filing Fee?

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

USCIS Forms and Information

For additional guidance about Form I-9, employers and employees should refer to the *Handbook for Employers. Guidance for Completing Form I-9 (M-274)* or USCIS' Form I-9 website at https://www.uscis.gov/i-9-central.

You can also obtain information about Form I-9 by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at https://www.uscis.gov/i-9. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at http://get.adobe.com/reader/. You may order paper forms at https://www.uscis.gov/forms/forms-by-mail or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a web-based system that allows employers to confirm the eligibility of their employees to work in the United States, can be obtained at https://www.e-verify.gov or by contacting E-Verify at https://www.e-verify.gov/contact-us.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States. This form is completed by both the employer and employee, and is ultimately retained by the employer.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM
Web Portal

Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes ☐ No ☐

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18)

PART II - REQUESTER INFORMATION

Check one option below and complete required information*:

1. ☒ Agency Request – Agency Name*: **New Castle County Vocational Technical School District**

2. ☐ Individual Request - Self

* Mandatory

NEW CASTLE COUNTY
VOCATIONAL-TECHNICAL SCHOOL DISTRICT

1417 NEWPORT ROAD, WILMINGTON, DELAWARE 19804
(302) 995-8050

YVETTE SANTIAGO
President
Board of Education

JOSEPH JONES, Ed.D.
Superintendent

MADELINE BOLDEN JOHNSON
Vice President
Board of Education

AUTHORIZATION FOR DELAWARE CHILD PROTECTION REGISTRY FEE PAYROLL DEDUCTION

I, _____ , hereby authorize the payroll
(Print employee's name)

office of New Castle County Vocational-Technical School District to deduct from my wages the sum of $14.00 to cover the cost of my Delaware Child Protection Registry which is requirement by the State of Delaware (*Delaware Code, Title 31, Chapter 3, §309*) for employment in a school district.

_____ _____
Signature Date

NEW CASTLE COUNTY VOCATIONAL TECHNICAL SCHOOL DISTRICT
1417 Newport Road
Wilmington, DE 19804

Employee Tuberculosis Test

Delaware Code regulation Title 14, Section 805 – School Health Tuberculosis Control Program requires that all school employees receive a "Tuberculosis Test" to determine tuberculin status. This form must be completed and returned to Human Resources at the address below before starting your position with New Castle County Vocational Technical School District.

Acceptable TB Testing or Medical Evaluation would include:

- TB Test-Tuberculin Skin Test (TST) (if PPD solution is available)
- TB Test-Interferon Gamma Release Assays (IGRA)
  - ☐ QuantiFERON Gold In-Tube, or
  - ☐ T-SPOT
- Medical Evaluation-Chest x-ray (if symptomatic or if TST/IGRA is positive)
- Medical Evaluation-Sputum smear and culture (if chest x-ray is abnormal and consistent with TB)

Please consult your primary care physician or Medical Aid location to schedule an appointment and obtain test results within the established timeline. Previous tests completed within 1 year prior to the first day of employment are acceptable.

TO BE COMPLETED BY PHYSICIAN

Employee's Name: _____

Date Test Given: _____ Results: _____

Current Disease Status:

- ☐ Noncontagious
- ☐ Contagious
- ☐ Currently Being Treated
- ☐ Date when individual may return to his/her school assignment without posing a risk to the school setting: _____

OR

- ☐ Completed Preventative Treatment
- ☐ Date when individual may return to his/her school assignment without posing a risk to the school setting: _____

Physician's Name (print): _____ Date: _____

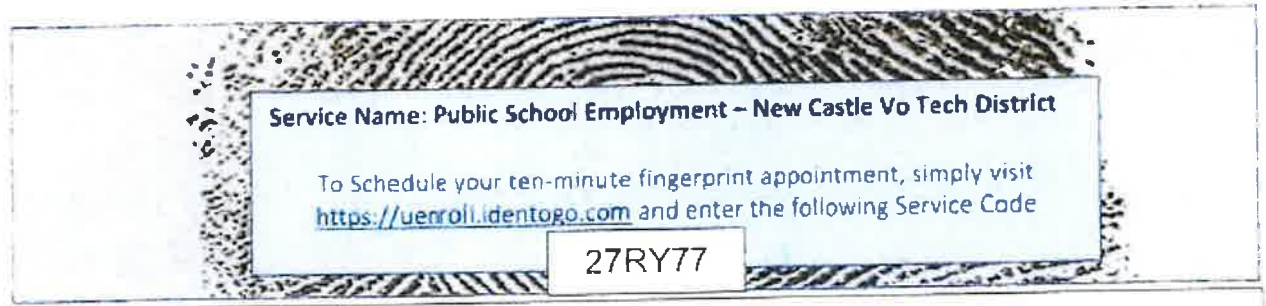
Physician's Signature: _____

DR.'S OFFICE STAMP GOES HERE	RETURN TO:
	New Castle County VoTech School District **Attn: Human Resources** **1417 Newport Road** **Wilmington, DE 19804** **FAX: 302-995-1579**

New Castle Vo Tech District - USE ONLY

IdentoGO

Fingerprint Service Code Form



Service Code is unique to your hiring/licensing agency. ***Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Name Linking Documents (only needed if name on identification does not match name in registration):

- Original or Certified Copy of a Court Ordered Name Change Document (to include marriage certificates and divorce decrees)

Don't have access to the Internet? You can still schedule an appointment by calling **866.761.8069.**

NEW CASTLE COUNTY
VOCATIONAL-TECHNICAL SCHOOL DISTRICT
BOARD OF EDUCATION

Section:	600
Title:	Acceptable Use Policy
Policy #:	608
Adopted:	7/28/10
Revised:	4/23/2012

ACCEPTABLE USE POLICY

1. Purpose

The purpose of this policy is to establish acceptable and unacceptable use of the Covered Electronic Resources provided by New Castle County Vocational Technical School District ("NCCVT"), and the State of Delaware (collectively with NCCVT, the "District"), to Covered Users. Covered Electronic Resources are provided for a limited education purpose for students and to facilitate employees' work productivity. This policy serves to ensure that actual use conforms to this intended purpose.

This Policy is intended to supplement other District policies, including the District's policy on Confidentiality, Anti-Harassment, etc.

Any questions about this Policy should be directed to the Supervisor of Technology.

2. Scope

a. Covered Technology

This policy applies to "Electronic Resources," which are those resources that are: (a) provided by the District; (b) paid for, in whole or in part, by the District; (c) used to conduct business or other activity for or on behalf of the District; or (d) used in or at a District facility. Covered Electronic Resources include, without limitation, the following:

- "E-mail", which includes to all electronic-mail accounts and services provided to Covered Users by the State of Delaware or NCCVT;
- "Computer Resources", which includes all computers and related resources whether stationary or portable, including but not limited to all related peripherals, components, disk space, storage devices, servers, and output devices such as telephones, hand-held devices, printers, scanners, and copiers, whether owned or leased by the District;
- "NCCVT Network", which includes the infrastructure used to transmit, store, and review data over an electronic medium, and includes any and all of the following technologies provided to authorized users: (a) Internet service; (b) intranet system; (c) NCCVT mainframe system; and (d) any collaboration systems, including but not limited to calendaring, message boards, conference boards, blogs, text messaging, instant messaging, video conferencing, websites, and podcasting, whether the system is owned or contracted;
- "Electronic Data", which includes any and all information, data, and material, accessed or posted through any Electronic Resource; and
- "Personal Communication Devices", which includes any cellular phone, smartphone, personal digital assistant, or other personal electronic communication device.

b. Covered Users

This policy applies to all "Covered Users", which includes:

- Employees, contractors, consultants, temporary, and other workers at the District, including all personnel affiliated with third parties;
- NCCVT board members and officers;
- Volunteers and interns performing work for or otherwise acting on behalf of the District; and
- NCCVT students.

3. General Guidelines for Use

The following guidelines summarize the principles underlying this policy and serve as an effective baseline for evaluating whether a particular use violates those principles.

- Electronic Resources are not intended for public access. The District has the right to place reasonable restrictions on the use of Electronic Resources.
- Users are required to observe all rules and obligations set forth elsewhere by the District (for example, in the Board of Education Policy Manual or Student-Parent Handbook) or by law at all times. This policy is intended to supplement, not replace, those duties.

- Access to and use of Electronic Resources is a privilege, not a right. Parent or guardian permission is required for all students under age 18.
- As set forth in more detail in Section 7, below, the District reserves the right to monitor any and all use of Electronic Resources with or without additional notice to or consent by an affected User.
- Users will be responsible for any and all damage caused by their use of Electronic Resources where such use does not comply with the requirements or purposes of this Policy. Responsibility may take the form of financial compensation, discipline, and/or restrictions on further use, as appropriate under the circumstances.

4. Duties

a. All Users

All Users have a duty to protect the security, integrity, and confidentiality of Electronic Resources, including the obligation to protect and report any unauthorized access or use, abuse, misuse, degradation, theft, or destruction. Users shall comply with this Policy and all other applicable policies, rules, and laws, when using Electronic Resources.

b. District

- District officials are responsible for designating Users authorized to use Electronic Resources.
- To the extent practical, steps shall be taken to promote the safety and security of users of the NCCVT district online computer network when using electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications. Specifically, as required by the Children's Internet Protection Act, prevention of inappropriate network usage includes: (a) unauthorized access, including so-called 'hacking,' and other unlawful activities; and (b) unauthorized disclosure, use, and dissemination of personal identification information regarding minors.
- The District provides for the education of students regarding the Acceptable Use Policy and appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and regarding cyber-bullying awareness and response.

c. Students

Students have a duty to take reasonable steps to protect their privacy and personal information when using Electronic Resources. Students must not disclose personal contact information, except to educational institutions for educational purposes, without prior advance approval. Students also must promptly disclose to a teacher or other appropriate District employee any violation of this Policy, including any message received that the student believes to be inappropriate or makes the student feel uncomfortable.

d. Personnel

District employees are expected to communicate with students through the District-provided e-mail and are strongly advised against using other forms of personal electronic communication with students, such as Instant Messaging or texting. In the event that there is a legitimate reason for an employee to communicate with students via electronic means other than District e-mail, the employee should obtain written permission to do so from the student's parent or guardian in advance. District employees are required to take reasonable measures to protect their personal information and reputation when using Electronic Resources or otherwise participating in activity online.

5. Ownership

All Electronic Data, such as documents, data, and information that is stored, transmitted, and processed on the NCCVT Network or Electronic Resources, are the property of the District. When a User is no longer affiliated with the District as an employee, contractor, or student, all information stored by that User on any Electronic Resource remains the property of the District.

6. Unacceptable Uses

Users are prohibited from using any Electronic Resource to upload, post, mail, display, store, access, or transmit any inappropriate material or for any inappropriate purpose as set forth below. Cyber-bullying and other inappropriate online behavior off of the District network becomes the responsibility of the schools when the speech has caused or threatens to cause a substantial and material threat of disruption on campus or interference with the rights of students to be secure.

a. Access to Inappropriate Material

It shall be a violation of this Policy for any User to use any Electronic Resource to upload, post, mail, display, store, access, or transmit, any Inappropriate Material. Inappropriate Material is defined as any content, communication, or information that conflicts with the fundamental policies and mission of the District. Whether material or content is considered

Inappropriate shall be determined without regard to whether such material or content has been blocked by any filtering software used by the District. Examples of Inappropriate Material include, but are not limited to, material that:

- is hateful, harassing, threatening, libelous, or defamatory;
- is deemed offensive or discriminatory based on race, religion, gender, age, national origin, citizenship, sexual orientation, mental or physical disability, marital status, or other characteristic protected by state, federal, or local law;
- constitutes use for, or in support of, any obscene or pornographic purpose including the transmission, review, retrieval, or access to any profane, obscene, or sexually explicit material;
- constitutes use for the solicitation or distribution of information intended or likely to incite violence or to harass, threaten, or stalk another individual;
- solicits or distributes information with the intent to cause personal harm or bodily injury;
- promotes or participates in a relationship with a student that is not related to academics or school-sponsored extracurricular activities, unless authorized in advanced by the student's parent or guardian and the appropriate NCCVT official(s);
- promotes or participates in any way in religious or political activities;

b. Unlawful Purposes

It shall be a violation of this Policy for any User to use any Electronic Resource for any purpose that:

- constitutes or furthers any unlawful activity;
- gives rise to civil liability under any applicable law, including U.S. patent, trademark, or copyright laws, including copyrighted photos, clip art, or other images, including District or NCCVT logos;
- impersonates any person, living or dead, organization, business, or other entity;
- enables or constitutes gaming, wagering, or gambling of any kind;
- promotes or participates in any way in unauthorized raffles or fundraisers;
- engages in private business, commercial, or other activities for personal financial gain.

c. Security Violations

It shall be a violation of this Policy for any User to use any Electronic Resource in any way that threatens or violates the security of any Covered Technology, where such use:

- contains a virus, Trojan horse, logic bomb, malicious code, or other harmful component;
- constitutes a chain letter, junk mail, spam, or other similar electronic mail;
- constitutes unauthorized access or attempts to circumvent any security measures;
- obtains access to or use of another User's account, password, files, or data, or attempts to so access or use, without the express authorization of that other User;
- deprives a User of access to authorized access of Electronic Resources;
- engages in unauthorized or unlawful entry into a NCCVT Network;
- shares e-mail addresses or distribution lists for uses that violate this Policy or any other District Policy;
- transmits sensitive or confidential information without appropriate security safeguards;
- falsifies, tampers with, or makes unauthorized changes or deletions to data located on the NCCVT Network;
- obtains resources or NCCVT Network access beyond those authorized;
- distributes unauthorized information regarding another User's password or security data;
- discloses confidential or proprietary information, including student record information, without authorization;
- involves the relocation of hardware (except for portable devices), installation of peripherals, or modification of settings to equipment without the express prior authorization by the District Technology Department.
- installs, downloads, or uses unauthorized or unlicensed software or third-party system without the express prior authorization by the District Technology Department;
- involves a deliberate attempt to disrupt the NCCVT Network.

7. Notice of Intent to Monitor

Users have no expectation of privacy in their use of and access to any Electronic Resource. District administrators and authorized personnel monitor the use of Electronic Resources to help ensure that uses are secure and in conformity with this Policy. The District reserves the right to examine, use, and disclose any data found on the NCCVT Network in order to further the health, safety, discipline, or security of any student or other person, or to protect District property. It also may use this information in disciplinary actions and will furnish evidence of suspected criminal activity to law enforcement.

In recognition of the need to establish a safe and appropriate computing environment, the District will use filtering technology to prohibit access, to the degree possible, to objectionable or unsuitable content that might otherwise be accessible via the Internet.

8. Limitation of Liability

The District makes no warranties of any kind, neither express nor implied, for the Internet access it provides. The District will not be responsible for any damages any User suffers, including but not limited to, loss of data. The District will not be responsible for the accuracy, nature, or quality of information stored on the NCCVT Network, nor for the accuracy, nature, or equality of information gathered through District-provided Internet access. The District will not be responsible for financial obligations arising through the unauthorized use of the network.

9. Policy Violations

The District will cooperate fully with local, state, and federal officials, in any investigation related to any alleged or suspected illegal activity conducted through the NCCVT Network.

a. Due Process

Any action taken in violation of this Policy will be subject to appropriate discipline, tailored to meet the facts and circumstances of the incident. Violations of this Policy may result in the revocation or suspension of access to the NCCVT Network, as well as other disciplinary or legal action. Where a violation of this Policy also involves a violation of another District policy or rules, those policies or rules may affect the disciplinary action taken.

b. Student Violations

Violation of this Policy by a student may result in the revocation or suspension of access to the NCCVT Network, as well as other disciplinary or legal action. For a first violation, the student's parent or guardian must be contacted and a reprimand must be issued. For any subsequent violation, the student's parent or guardian must be contacted, a reprimand must be issued, and the student will be subject to disciplinary probation. Other possible actions may include any combination of the following alternatives as determined by the District: restitution, detention, probation, in-school alternative, suspension, referral to law enforcement, and expulsion. In the case of a subsequent violation, District officials also may elect to refer the student to an alternative program.

The particular consequences shall be determined by the school administrators. The Superintendent or his designee, in conjunction with the Board, shall determine when expulsion or legal action is warranted.

c. Employee Violations

Any employee who learns of or reasonably suspects a violation of this Policy is obligated to promptly report such information to his or her supervisor. Failure to do so is considered a separate violation of this Policy and, as such, may warrant disciplinary action.

Violation of this Policy by a District employee may result in the revocation or suspension of access to the NCCVT Network, as well as other disciplinary or legal action, including but not limited to: reprimand, restitution, mandatory training or in-service, and termination.

10. Social Media Guidelines

Educators have a professional image to uphold and how they conduct themselves online helps determine this image. As reported by the media, there have been instances of educators demonstrating professional misconduct while engaging in inappropriate dialogue online (i.e. blogs, wikis, social networks, texting, instant messaging) about their schools, colleagues, and/or students or posting pictures and videos of themselves engaged in inappropriate activity.

The following guidelines are intended to serve as a reference for all District personnel who elect to engage in social media, regardless of whether such online activity occurs during working or non-working time. If any employee is uncertain about how to apply these guidelines or have any question about participation in social media, he or she should seek the guidance of a supervisor or other appropriate District administrator. Administrators and certificated and/or professionally licensed employees and coaches are encouraged to use District and school-based websites or the Department of Education Home Access Center for classroom, school, school-related, or District-related instructional or informational communications with students and parents of the District. When participating in social media, personnel are bound by the following guidelines:

- The Superintendent, or his/her designee, shall create regulations for school related and/or educational/informational networking sites.

- Certificated and/or professionally licensed non-administrative employees or athletic coaches may use educational/informational networking/media sites for instructional, training, or informational purposes with the written permission of the building principal.
- The building principal must approve the continued use of the site on an annual basis and provide the Superintendent or his/her designee written verification of the sites approved by September 30 of each school year.
- No district employee may communicate with students on a social network, through email, text messages, or other web-based information and messaging sites not housed on the District Server or monitored by DTI (Delaware Department of Technology & Information) without the written permission of a student's parent(s)/legal guardian(s)/ Relative Caregiver.
- Written permission shall be given on a form created by the NCCVT School District and available to employees on the District internal website. The employee shall keep a copy of the Permission Form for his/her records.
- Employees shall not publish or distribute on any personal account maintained by the employee any personally identifiable information about students or District personnel, including but not limited to names, addresses, or photographs.
- An intentional violation of this policy or the regulations implementing this policy may lead to discipline for the employee up to and including termination of employment.

Acceptable Use Policy Consent Form

I have read, understand, and will follow all rules, regulations, and policies when accessing and using the NCCVT District's electronic information resources system. I further understand that any violation of the policy is unethical and may constitute a criminal offense. Should I commit any violation of the policy, I understand and agree that my access privileges may be revoked and disciplinary action and/or legal action may be taken.

Employee Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

EMPLOYEE DRUG-FREE AND ALCOHOL-FREE WORKPLACE POLICY

The New Castle County Vocational Technical School District Board of Education believes that alcohol, illegal drugs, or unlawful use of controlled substances have no place in the work environment.

Furthermore, Congress passed the Drug-Free Workplace Act of 1988, requiring the certification of federal grantees of a drug-free workplace; and the New Castle County Vocational Technical School District supports that Act.

For these reasons, the New Castle County Vocational Technical School District adopts the following regulations on drug-free workplace requirements for its employees:

A. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the New Castle County Vocational Technical School District in all places where its employees work, including all state-owned vehicles, and in carrying out any federal grant activity. A controlled substance is one which appears in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C.812). As a condition of employment, each employee shall abide by this prohibition and shall notify the New Castle County Vocational Technical School District if he/she is convicted under any criminal drug statute for a violation occurring in the workplace as provided by paragraph B below.

   Violation of such prohibition shall result in personnel action against the employee, as set out in the attached schedule, which shall include action up to and including termination, and/or satisfactory participation in an approved drug abuse assistance or rehabilitation program. New Castle County Vocational Technical School District has no obligation to pay for such a program, but the cost of the program may be covered by an employee's health insurance policy.

   All violations of the above policy shall be reported to the District Superintendent or, in his or her absence, to the Assistant Superintendent or designee, who shall report the violation to the

appropriate policy authority and to the State Personnel Office. Personnel action shall be taken in all cases of a chargeable offense under 16 Del.C., Chapter 47 or comparable federal law; however, a conviction of the charged offense shall not be necessary to take personnel action against the employee for a violation of the policy. The employee against whom such a personnel action is taken shall be entitled to due process pursuant to 29 Del.C., Chapter 101 and the rules and regulations of the New Castle County Vocational Technical School District.

B. All employees shall notify the New Castle County Vocational-Technical School District in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Failure of the employee to make such a notification shall lead to discipline in keeping with the attached schedule. Within ten days of receiving notice of any employee convicted as described above, the New Castle County Vocational Technical School District shall notify the federal agencies providing grants to and through the New Castle County Vocational Technical School District.

C. Within thirty days of receiving notice of any employee convicted as described in section B, the New Castle County Vocational Technical School District will:

1. Take appropriate personnel action against such an employee, up to and including termination; or
2. Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

Such action may be taken by the New Castle County Vocational Technical School District prior to conviction.

D. The New Castle County Vocational Technical School District shall give each employee a copy of the statement set out in the sections A, B and C, above, and sections H 1 and H 2 and post it prominently throughout the areas where employees work. Each employee shall sign duplicate copies of the statement; one copy shall be placed in the employee's personnel file, and the other shall be placed in a compliance file for purposes of audit.

E. The New Castle County Vocational Technical School District will establish and implement a program to inform employees about:

1. The dangers of substance abuse in the workplace;

2. The New Castle County Vocational Technical School District's policy of maintaining a drug-free and alcohol-free workplace;
3. Any available substance abuse counseling, rehabilitation, and employee assistance programs; and
4. The penalties that may be imposed upon employees for substance abuse violations occurring in the workplace.

F. The New Castle County Vocational Technical School District shall make a good faith effort to continue to maintain a drug-free and alcohol-free workplace through the implementation of this policy, and ensuring that all new employees are informed of the policy through the measures set out in section D and E.

G. The New Castle County Vocational Technical School District employees who violate this policy shall be penalized in accordance with the following schedule. The aggravating and mitigating circumstances of each case should be considered in determining the penalty appropriate for the violation.

VIOLATION	MINIMUM TO MAXIMUM PENALTIES
1. Unlawful possession, use, consumption of a controlled substance or counterfeit controlled substance, in an amount that is typical of immediate personal use.	From three days suspension without pay and/or participation in substance abuse program up to and including termination.
2. Unlawful possession or use of a hypodermic syringe or of drug paraphernalia.	From three days suspension without pay and/or participation in drug abuse program up to and including termination.
3. Unlawful possession of a controlled substance or a counterfeit controlled substance, in an amount that is greater than that which typical of immediate personal use.	From one month suspension without pay and mandatory participation in drug abuse program up to and including termination.
4. Unlawful delivery or distribution of a hypodermic syringe.	From one month suspension without pay and mandatory participation in drug abuse program up to and including termination.

VIOLATION	MINIMUM TO MAXIMUM PENALTIES
5. Unlawful delivery, distribution or manufacture of drug paraphernalia.	From one month suspension without pay and mandatory participation in drug abuse program up to and including termination.
6. Unlawful delivery or distribution of a controlled substance or of a non-controlled substance under the representation that the substance is a narcotic or nonnarcotic controlled substance in an amount that is typical of immediate personal use.	From one month suspension without pay and mandatory participation in drug abuse program up to and including termination.
7. Unlawful delivery or distribution of a controlled substance, of a counterfeit controlled substance, or of a non-controlled substance under the representation that the substance is a narcotic or non-narcotic controlled substance, in an amount that is typical of immediate personal use.	From three month suspension without pay and mandatory participation in drug abuse program up to and including termination.
8. Unlawful delivery or distribution to a minor of a hypodermic syringe, of drug paraphernalia, or of any amount of a controlled substance, a counterfeit controlled substance, or a non-controlled substance under the representation that the substance is a narcotic or non-narcotic controlled substance.	Termination.
9. Trafficking, as defined in 16 Del.C. Section 4753A or in comparable federal law.	Termination.
10. Failure to report conviction pursuant to section B of the policy	Termination.

H. The employees of the New Castle County Vocational Technical School District shall adhere to the following with respect to alcohol:

1. The unlawful possession, use or distribution of alcohol on school premises or at school activities is prohibited.

2. An employee's being intoxicated or being under the influence of alcohol while on the business of the New Castle County Vocational Technical School District or on any state or federal grant activity, or the unlawful possession or sale of alcohol on state property or in a state-owned vehicle may be considered just cause of an employee to be subject to disciplinary action up to and including those penalties set out in the paragraph G 1 above.

3. Information on alcohol shall be included in the New Castle County Vocational Technical School District's program of information as set out in the paragraph E above.

4. Each employee shall be given a copy of this Amendment in accordance with paragraphs D and F above.

NOTE: The above policy should be read in conjunction with 16 Del.C. Ch. 47, and the definitions contained therein and with comparable federal law.

Adopted by the New Castle County Vocational Technical School District Board of Education on February 26, 1990.

I hereby acknowledge that I have been given a copy of the Drug Free Workplace Policy Statement, including the schedule of violations and penalties, and (have read/have been read) the same.

Signature of Witness | Signature of Employee | Date

SEXUAL HARASSMENT OF AND BY EMPLOYEES

It is the New Castle County Vocational Technical School District's (NCCVTSD) policy to ensure the safety of all staff and students and to foster respect and human dignity in the educational setting. Sexual harassment not only impairs the health, well-being, productivity, and safety of our students, but is also against the law. Further, the District endorses the right of all employees and students to work at/attend a school that is free of discrimination.

The NCCVTSD recognizes that sexual harassment is a form of sex discrimination/victimization and that faculty, staff, and students should be protected from it.

In accordance with Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendment of 1972, the NCCVTSD endorses the following:

1. Establishment of strong policies defining and prohibiting sexual harassment.
2. Development of educational programs designed to help people recognize, understand, prevent, combat, and eliminate sexual harassment.
3. Development and publication of a grievance procedure that encourages the reporting incidents of sexual harassment, resolving of complaints promptly, and protection of the right of all parties.

Definitions

The following definitions shall apply to the policy:

- The "educational setting" is defined to encompass "any and all office settings, classroom/career settings, faculty/staff, students, parents/guardians of students, visitors, and related school sponsored activities.
- The implementing regulations of Title VII defines "sexual harassment" as follows: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made explicitly or implicitly a term of condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions

affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Title IX of the Education Amendments prohibits sex discrimination including sexual harassment in schools receiving federal funds. This includes all school-sponsored activities, including athletics, field trips, extracurricular programs and bus transportation. It also prohibits sexual harassment even where the harasser and the person being harassed are the same sex.

Further, Title IX defines two types of sexual harassment: **1) *"quid pro quo"*** and **2) *"hostile environment."***

"***Quid pro quo***" sexual harassment is ideal under Title IX and occurs when an employee or non-employee, explicitly or implicitly conditions participation by another employee, student, or non-employee to submit to **unwelcome** sexual conduct in work-related or school-sponsored activities in exchange for promotions, preferential treatment, educational decisions (such as teaching assignments) and/or allocation of funds or resources.

"***Hostile environment***" sexual harassment involves (1) conduct of a sexual nature that is (2) sufficiently "severe, persistent, or pervasive" and (3) "unwelcome". A hostile environment can be created by a school employee, a student, or a school visitor-either a student or an adult.

1. **A hostile environment** is created when the individual views the environment as hostile and it is reasonable for the individual to view the environment as hostile. Generally, a hostile environment is created by a series of incidents. A sexually hostile environment may also be created by a single severe incident, such as a rape, sexual assault, or indecent exposure.
2. **Conduct of a sexual nature** is unwelcome when the individual being harassed did not request or invite the conduct and regarded it as offensive or undesirable.

Mere acquiescence or failure to complain does not always mean that the conduct is welcome. The fact that an individual accepted this conduct on one occasion does not mean that he/she condones such behavior. On subsequent occasions, such behavior may be indicted as unwelcome.

Reporting and Procedures

I. Staff complaints may be reported to any of the following personnel:

- Department Chairperson
- Building Administrator
- Title IX Coordinator
- Superintendent
- Assistant Superintendent

Realizing that the rights of the accused must also be protected, a fair and impartial investigation of the allegations will then take place by an investigator designated by the principal/director or Title IX Coordinator. All aspects and proceedings of the investigation will be maintained as confidential except to the extent that it is essential to share information with a witness in order to conduct a further investigation. The witness will be directed to preserve the confidentiality of the matter. Informal means for resolving the complaint may be an optional part of the formal investigative proceedings.

All parties will be advised that the NCCVTSD prohibits retaliatory behavior against any complainant or any participant in the complaint process. Retaliation includes, but is not limited to any form of intimidation, reprisal, or harassment. The initiation of a complaint of sexual harassment will not negatively affect the employee who initiates the complaint, nor will it affect the employee's standing, rights or privileges.

II. Implementation and Dissemination:

In accordance with taking proactive and affirmative steps to stop sexual harassment in the schools, the following reporting/procedures will be implemented. The superintendent or designee will assure staff training on this policy is completed every two years. For new hires, training is conducted upon employment. The policy will be provided to all new employees at the beginning of their employment with the District. Students will receive training through the presentation of the Student Code of Conduct at the beginning of each school year. New Castle Vo-Tech School District will provide notice to employees through the following means:

- Board Policy
- Written Policy in Faculty Handbook
- Postings of the Sexual Harassment Policy
- Employee In-service Training

III. Consequences:

Any employee who is found in violation of the Sexual Harassment policy will be subject to appropriate disciplinary action, up to and including termination of employment. Furthermore, retaliation in any form against the employee, individual, or complainant who testifies, assists, or participates in the investigation proceedings or hearing related to the complaint under this policy is strictly prohibited and will itself be cause for appropriate disciplinary action.

REPORTING PROCEDURES FOR SEXUAL HARASSMENT POLICY

Specific and prompt time frames for completion of the major stages of the complaint process are outlined below:

MAJOR STAGES	TIME FRAME	RESPONSIBLE
I. • A verbal or written report made to the principal, director, or Title IX coordinator. • The sexual harassment incident report is filled out and filed by the principal, director, and/or the Title IX coordinator.	Within 24 hours	Building Administrator Title IX Coordinator Superintendent Director of Personnel
II. • The principal, director or Title IX coordinator who will initiate an investigation into the complaint.	Within 24 hours	Principal/Director
III. • A written notice will be given to all parties of the impending investigation. • Investigation process will occur and will involve witnesses and other pertinent evidence. • Notice in writing will be given to the parties of the outcome of the complaints.	Within 10 days	The Title IX coordinator completes "Notification of Impending Investigation Form" and sends to the complainant(s) and accused. The investigator and appropriate committee members. The Title IX coordinator will inform the principal/director, superintendent, and all pertinent parties of the outcome of the investigation.
IV. • If appropriate, preventative, and corrective measures for possible discriminatory effects will be outlined and implemented.	Within 10 days after the investigative decision	Appeals are submitted to the superintendent/designee.
V. • Appeal process.	Within 30 days	Appeals are submitted to the superintendent/designee.

SEXUAL HARASSMENT OF AND BY EMPLOYEES
ACKNOWLEDGEMENT

I hereby acknowledge that I have been given a copy of the Sexual Harassment of and by Employees Policy Statement, and have read/have been read the same.

Employee's Signature	Date	Witnesses Signature	Date

TOBACCO USE POLICY FOR NCCVT EMPLOYEES

In order to comply with Section 2903 of Title XVI of the Delaware Code and with Regulation 877 (listed below) of the Delaware Department of Education, the following policy has been developed:

Regulation 877

1.0 In order to improve the health of students and school personnel, each school district and charter school in Delaware shall have a policy which at a minimum:

1.1 Prohibits the use of or distribution of tobacco products in school buildings, on school grounds, in school-leased or owned vehicles, and at all school affiliated functions.

1.2 Includes procedures for communicating the policy to students, school staff, parents/guardians/caregivers, families, visitors and the community at large.

1.3 Makes provisions for or refers individuals to voluntary cessation education and support programs that address the physical and social issues associated with nicotine addiction.

2.0 The tobacco policy shall apply to:

2.1 Any building, property or vehicle leased, owned or operated by a school district, charter school or assigned contractor.

2.1.1 School bus operators under contract shall be considered staff for the purpose of this policy.

2.2 Any private building or other property including automobiles or other vehicles used for school activities when students and staff are present.

2.3 Any non-educational groups utilizing school buildings or other educational assets.

2.4 Any individual or a volunteer who supervises students off school grounds.

3.0 No school or school district property may be used for the advertising of any tobacco product.

Policy

1. Definitions

a. District property: For the purpose of this policy, District property shall mean all buildings, grounds, vehicles, or equipment owned or leased by or to the District.

b. District affiliated function: For the purpose of this policy, District affiliated function shall mean any activity sponsored by the District, a school, or school sponsored club or organization regardless of whether the activity occurs on District property, private property or other location. District affiliated functions would include, but are not limited to, field trips, sports events, dances, club or organizational meetings where students are present.

c. Tobacco products: For the purpose of this policy, tobacco products shall include any item or object that contains tobacco including, but not limited to, cigarettes, cigars, pipe tobacco, snuff, or smokeless tobacco.

1. Distribution or Use of Tobacco Products

2. Applicability

The distribution or use of tobacco products is prohibited in or on District property or at any District affiliated function.

This policy shall apply to:

a. Any building, property or vehicle leased, owned or operated by the District, including buildings or property leased to or operated by outside agencies, individuals or groups.

b. Any private building or other property including automobiles or other vehicles used for school activities when students and/or staff are present.

c. Any groups utilizing school buildings or other property through a lease or approved Facilities Use Agreement.

d. Any individual or group using school District property in any manner for personal use or enjoyment.

e. Personal vehicles while on school grounds.

Under no circumstances shall District property be used for advertising any tobacco product(s).

4. Consequences for Violation

a. A violation must be observed by the employee's supervisor or an administrator and must be documented by time/place/date with signature of supervisor or administrator and employee.

b. Policy will be enforced using a two-year cycle that is individual and starts on the date of the first violation.

c. A voluntary cessation presentation will be held prior to implementation of the District Tobacco Policy and enforcement of consequences. Employees are encouraged to participate in smoking cessation programs as necessary.

d. Violation Consequences

1st violation -verbal warning (documented)

2nd violation - written warning and conference

3rd violation - written reprimand

4th violation -suspension without pay 1 day

5th violation -suspension without pay 2 days

6th violation -suspension without pay 3 days

7th violation -written notification of continual insubordination and possible termination

TOBACCO USE POLICY FOR NCCVT EMPLOYEES

ACKNOWLEDGEMENT

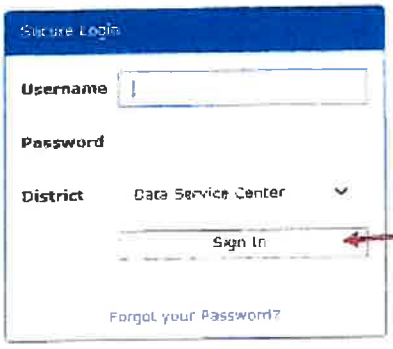
I hereby acknowledge that I have been given a copy of the Tobacco Use Policy and have read/have been read the same.

Employee's Signature	Date	Witnesses Signature	Date

Data Service Center

Time Sheets
Enter Time Sheet QuickTips (Substitute)

The Time Sheets application is used to enter, track and report time submitted by substitutes, hourly & full time employees receiving EPER, overtime, etc.

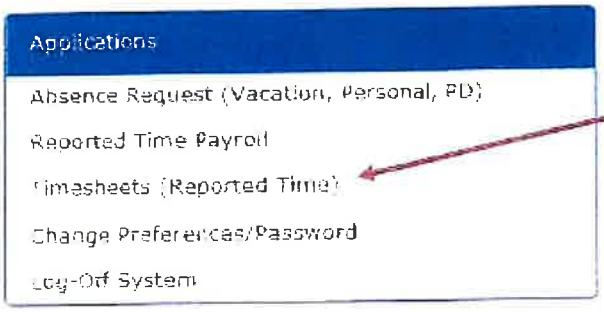


Log into DSC Web Applications

www.dataservice.org

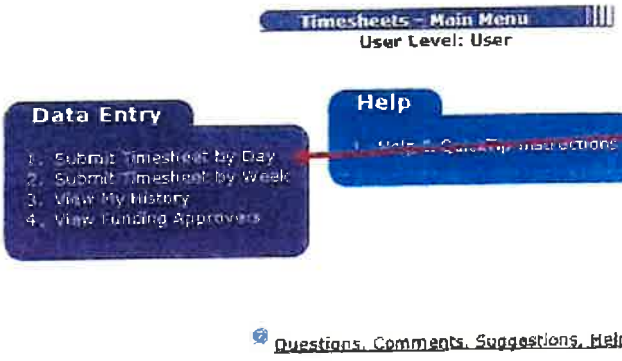
Click **Sign In**

Step 1



Once logged, click on **Timesheets (Reported Time)**

Step 2



Click **Submit Timesheet by Day** to submit for one day or click **Submit Timesheet by Week** to enter an entire week

Step 3

Note: *There will be a dashboard on the right hand side of your main menu that displays the current status and links to all of your entered time sheets.*

See Page 2 for Additional Instructions

HELP!

Timesheet by Day

Add Time Sheet

Employee Name

View Employee History

Location: Alexis I. Dupont High *Personnel Code:* CE - Custodian *Employee ID:*

Time Sheet

Date Worked: 6/9/2016

Location: 292 Alexis I. Dupont High

Funding Source: Custodian Overtime Upgrade

Account: Overtime Salaries

Time Code: Overtime

Hours: 2 Hrs

Pay Reason: General Need

Comments:

Submit Time Cancel

- Select the location where you are working
- **Funding Source** choose one of the four choices that start with Substitute
- **Account** will be Substitute
- **Time Code** is Amount
- **Hours** changes to Amount & you enter your daily rate
- Select teacher you are subbing for from drop down
- **Comments** are the subject or career area
- Click the **Submit Time** button; the View History page will appear

Step 4

View History

Employee Name

Pending

Location	Date Worked	Hours Worked	Additional Money	Time Code	Workflow	Status	Date Entered	Comments
292 - Alexis I. Dupont High	6/8/16 - Wed	2 Hrs		Overtime	Substitute Unemployment - Custodians - A I High 292	1 of 3 Time Submitted	6/8/2016	
292 - Alexis I. Dupont High	6/9/2016 - Thu	2 Hrs		Overtime	Substitute Unemployment - Custodians - A I High 292	1 of 3 Time Submitted	6/9/2016	

Total: 2

Approved

Location	Date Worked	Hours Worked	Additional Money	Time Code	Workflow	Status	Date Entered	Approval Date	Payroll Date	Comments
292 - Alexis I. Dupont High	5/31/16 - Wed	15 Hrs		Overtime	Substitute Unemployment - Custodians - A I High 292	Approved	5/9/2016	5/9/2016		
292 - Alexis I. Dupont High	6/1/16 - Thu	19 Hrs		Overtime	Substitute Unemployment - Custodians - A I High 292	Processing	6/8/2016			

Total: 2

Denied

Location	Date Worked	Hours Worked	Additional Money	Time Code	Workflow	Status	Date Entered	Approval Date	Payroll Date	Comments
292 - Alexis I. Dupont High	6/1/16 - Wed	7 Hrs		Overtime	Substitute Unemployment - Custodians - A I High 292	Approval Denied	5/9/2016	5/9/2016		Wre

Total: 1

Note: *You can get to View History page from the Data Entry Menu and the Your Requested Items dashboard & the View My History link on the Main Menu.*

Timesheet by Week

Add Time Sheet

Employee Name

Location: Alexis I. Dupont High Personnel Code: CE Custodian Employee ID:

Week of 5/29/2016 6/4/2016 Prev Week Next Week

Timesheet Hours

Location: 292 Alexis I. Dupont High

Funding Source: Building Budget

Account: Overtime Salaries

Regular Custodi

Level 1

Level 2

Level 3

Sun 5/29/2016	Mon 5/30/2016	Tue 5/31/2016	Wed 6/1/2016	Thu 6/2/2016
Weekend	Holiday			
Time Code	Time Code	Time Code	Time Code	Time Code
Hours	Hours	Hours	Hours	Hours
Comments	Comments	Pay Reason: General Need		

Submit Time Cancel Add New Records

- Your workflow will be determined by work location &/or funding source and will be listed on screen (*questions regarding these should be directed to your supervisor*)
- The same location, funding source & account will be applied for all entries under the Timesheet by Week screen
- Users can delete a submission until the first approval has taken place

Registering on my.delaware.gov

To access your paycheck stubs, W-2 forms, annual statement, etc., please register on https://my.delaware.gov signing in with your home email address.

If you need further assistance, please contact Human Resources.