



Center for Career Planning  
David Student Union, Room 3100  
(757)594-8887

### Application for Student Employment

Christopher Newport University, an EO Employer, is fully committed to Access and Opportunity

To apply, email this to [CCP@cnu.edu](mailto:CCP@cnu.edu) with a subject line that includes Student Employment and the position title for which you are applying.

#### SECTION I (To be completed by the student, please print)

Student ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Local Address: (Street, City, State, Zip): \_\_\_\_\_

Academic Major: \_\_\_\_\_  Undergraduate study (at least 6 hours)  
Expected Graduation Date: \_\_\_\_\_  Graduate study (at least 3 hours)

Currently employed by CNU?  No  Yes  
If yes: Hours per week: \_\_\_\_\_ Hourly rate: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_ Dept: \_\_\_\_\_

Employer	Duties	From/To	Supervisor Name

- Other Skills:
- Filing  First Aid/CPR  Cashiering  Multi-Line Telephone
  - Computer Skills  Word Processing  Spreadsheets  Databases
  - Information Tech  Audio Visual  Library  Retail/Merchandise
  - Customer Service  Catering Server  Food Services  Other: \_\_\_\_\_

My signature below certifies that I am a student at CNU, that the information provided above is complete and correct, that I understand student applications are maintained for referral from June 1 through May 31 each year, that a new application needs to be completed yearly after May 31, and that I have read and understand Policy 1302, Student Employment located on <http://hr.cnu.edu/policies.html>. In addition, I understand that direct deposit is a requirement of employment except for Federal work-study.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION II (To be completed by the Department Chair or Supervisor)

Department: \_\_\_\_\_ Suggested\* Hire Date: \_\_\_\_\_

\*Note: Student cannot begin employment until required Federal paperwork is completed and approved by the University Business Office (UBO).

Account Number: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ (Refer to Student Employment Wage Scale, Policy 1303, located on <http://hr.cnu.edu/policies.html>)  
Position: \_\_\_\_\_

My signature below certifies that I have read and understand Policy 1302 Student Employment, which can be found at <http://hr.cnu.edu/policies.html> and that the above student is not permitted to begin work until approval is received from UBO. The UBO is required by Federal law and Commonwealth regulations to complete certain forms before employment may begin.

Signature: \_\_\_\_\_ Banner I.D. #: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Timesheet Approver \_\_\_\_\_ Secondary Timesheet Approver \_\_\_\_\_  
Please print name and Banner I.D. # Please Print Name and Banner I.D. #

#### Section III (To be completed by the CNU Business Office)

I-9  W-4  VA-4  A&D Policy  Direct Deposit  Child Support Form

Forms Received: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Hire Date: \_\_\_\_\_ UBO Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section IV (To be completed by the Office of Human Resources) "Building Traditions – Transforming Lives"

Scheduled \_\_\_\_\_ Completed \_\_\_\_\_



## Student Employment Hire Package

Business Office  
ADMN 206  
(757) 594-8864

Pursuant to Federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal Law prohibits unlawful discrimination on the basis of race, sex, age, national origin, religion or disability.

**Check the block for the racial or ethnic group with which you identify:**

- White (*includes Arabian*)
- Black (*includes Jamaican, Bahamians, and other Caribbean's of Africa but not Hispanic or Arabian descent*)
- Hispanic (*includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture*)
- Asian and Asian American (*includes Pakistanis, Indians & Pacific Islanders*)
- American Indians (*includes Alaskans*)

**Check the appropriate block:**

- Female
- Male

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b> For accuracy, complete all worksheets that apply. <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159  <span style="font-size: 2em; font-weight: bold;">2011</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

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

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	1	\$	_____
2	Enter: { \$11,600 if married filing jointly or qualifying widow(er) \$8,500 if head of household \$5,800 if single or married filing separately } . . . . .	2	\$	_____
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$	_____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$	_____
5	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	5	\$	_____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	6	\$	_____
7	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$	_____
8	<b>Divide</b> the number on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	8		_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9		_____
10	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	10		_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	1	_____
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	_____
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	3	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet . . . . .	4	_____
5	Enter the number from line 1 of this worksheet . . . . .	5	_____
6	<b>Subtract</b> line 5 from line 4 . . . . .	6	_____
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$ _____
8	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# FORM VA-4

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TAXATION  
PERSONAL EXEMPTION WORKSHEET**  
(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

-----  
Detach here and give the certificate to your employer. Keep the top portion for your records

**FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE**

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

**COMPLETE THE APPLICABLE LINES BELOW**

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

## FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

### PERSONAL EXEMPTION WORKSHEET

**You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.**

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

**NOTE:** A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

### FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

# Christopher Newport University

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Print Employee Full Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

**Yes!** I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer can not issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

**No**, I am a federal work study student or an employee under the age of 18. I do not want direct deposit and would like my check mailed to my home address through the US Postal Service. I understand that my check **maybe delayed due to volume variances within the US Postal Service**. If you choose this option, please be aware that we cannot put a stop payment on a delayed check until 2 weeks after the pay date. It will take 2 weeks from the stop payment date for the Department of the Treasury to issue a new check.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHECKING ACCOUNTS.** Attach a voided check for each account. **\*\*If a voided check is not attached, this section should be completed by your financial institution along with their name and signature below\*\*.**

**NET** Direct Deposit to the following **CHECKING** account:

_____	_____	_____	NET	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 169)

**FIXED** Amount to the following **CHECKING** account(s):

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 159)

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 163)

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 167)

**SAVINGS ACCOUNTS.** Deposit slips can NOT be used. This section and the routing and account numbers below should be completed by your financial institution.

\*\*Print name of Financial Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Signature of Financial Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**NET** Direct Deposit to the following **SAVINGS** account:

_____	_____	_____	NET	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 170)

**FIXED** Amount to the following **SAVINGS** account(s):

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 160)

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 164)

_____	_____	_____	Amount	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number		<input type="checkbox"/> Change
				<input type="checkbox"/> Stop (Deduction 168)



CHRISTOPHER NEWPORT  
UNIVERSITY

CHILD SUPPORT DISCLOSURE

As required by the Code of Virginia, § 60.2-114.1\* agencies must verify if each new employee has an income withholding order for child support payments.

Are you under an income withholding order for child support?  Yes  No

Employee Name (please print)

Social Security #

Employee Signature

Date

If "Yes", a copy of this form will be submitted to the Payroll Department for coordination with the Department of Social Services to ensure appropriate salary garnishment. The information disclosed above will be kept confidential by the university, except as required by law. Your responses are reported as required by law at Child Support Enforcement.

\*Code Citation: § 60.2-114.1 Notification of Withholding Order

When an individual is hired for employment, the employer shall, at the time of the initial hiring, request that the employee disclose whether he or she has an income withholding order pursuant to § 20-79.1 or § 63.1-250.3. When an employee discloses that he owes child support that is required to be withheld, the employer shall begin withholding according to the terms of the order. Information disclosed under this section shall not be divulged except to the extent necessary for the administration of the child support enforcement program or when otherwise authorized by law.

**BO OFFICE USE ONLY:**  
Christopher Newport University, 242  
Reported By: \_\_\_\_\_  
Date: \_\_\_\_\_

**Mail To:** 8/4/11  
Department of Social Services  
Child Support Division  
730 E. Broad Street  
Richmond, VA 23219

**SUMMARY OF THE  
COMMONWEALTH OF VIRGINIA'S  
POLICY ON ALCOHOL AND OTHER DRUGS**

The Commonwealth of Virginia's Policy 1.05 on Alcohol and Other Drugs states that the follow acts by employees are prohibited:

- I. the unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol and other drugs for the workplace;**
- II. the impairment on the workplace from the use of alcohol or other drugs, (except the use of drugs for legitimate medical purposes);**
- III. action which results in the criminal conviction for:**
  - a violation of any criminal drug law, based upon conduct occurring either on or off the workplace, or
  - a violation of any alcoholic beverage control law, or law which governs driving while intoxicated, based upon conduct occurring on the workplace;
- IV. the failure to report to their supervisors that they have been convicted of any offense, as defined in III above, with five calendar days of the conviction.**

Included under this policy are all employees in Executive Branch agencies, including the Governor's Office, Office of the Lieutenant Governor, and the Office of the Attorney General.

The workplace consists of any state owned or leased property or any site where official duties are being performed by state employees.

Any employee who commits any prohibited act under this policy shall be subject to the full range of disciplinary actions, including discharge, and may be required to participate satisfactorily in an appropriate rehabilitation program.

A copy of the entire Commonwealth of Virginia's Policy on Alcohol and Other Drugs may be obtained from your agency human resource office.

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**CERTIFICATE OF RECEIPT**

Your signature below indicates your receipt of this policy summary of Policy 1.05, Alcohol and Other Drugs. Your signature is intended only to acknowledge receipt, it does not imply agreement or disagreement with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicated that a copy has been given to you.

Employee's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## USE OF ELECTRONIC COMMUNICATIONS AND SOCIAL MEDIA

*Application: All state employees, including employees of agencies exempt from coverage of the Virginia Personnel Act.*

*NOTE: Agencies may also require consultants, contract personnel, or other non-employees such as volunteers or interns to abide by this policy.*

### PURPOSE

The purpose of this policy is to ensure the appropriate, responsible, and safe use of electronic communications and social media by employees. This policy establishes minimum standards for all state employees. Agencies may supplement this policy as necessary, as long as such supplement is consistent with this policy.

### POLICY SUMMARY

This policy includes the following:

- Employee Responsibilities and Requirements
  - Business Use
  - Personal Use
  - User Requirements
  - Prohibited Activities
- Agency Responsibilities and Requirements
  - Monitor Usage
  - Communication
  - Address Violations
- Glossary and Relevant Terms
- Attachment A

### AUTHORITY

This policy is issued by the Department of Human Resource Management (DHRM) pursuant to the authority provided in §2.2-1201 and §2.1-2827 of the Code of Virginia.

DHRM reserves the right to revise or eliminate this policy as necessary.

Agencies may supplement this policy to accommodate specific business needs.

Supplemental policies must be consistent with the provisions of DHRM policy and must be communicated to all agency employees.

## RELATED POLICIES

### Policy 1.60 - Standards of Conduct

Virginia Information Technologies Agency Information Security Policy, Standards, and Guidelines

Virginia Information Technologies Agency - Information Technology Standard Use of Non-Commonwealth Computing Devices to Telework

Virginia Information Technologies Agency - Telework Resources

Office of Fleet Management Services Policies and Procedures Manual

## EMPLOYEE RESPONSIBILITIES AND REQUIREMENTS

All employees must comply with this policy and any additional policies that may be adopted by the agency or institution of the Commonwealth where the user is working.

### A. **Business Use**

Agency provided electronic communications tools are the property of the Commonwealth and are provided to facilitate the effective and efficient conduct of State business. Users are permitted access to the Internet and electronic communications tools to assist in the performance of their jobs. Some users may also be permitted to access and use social media to conduct agency business. Each agency or institution of the Commonwealth may adopt its own policy setting forth with specificity the work-related purposes for which such equipment and access are provided.

### B. **Personal Use**

Personal use means use that is not job-related. In general, incidental and occasional personal use of the Commonwealth's electronic communications tools including the Internet is permitted as long as the personal use does not interfere with the user's productivity or work performance, does not interfere with any other employee's productivity or work performance, and does not adversely affect the efficient operation of the Commonwealth's systems and networks. Personal use of social media that refers to any aspect of the work environment should be done in a responsible and professional manner.

### C. **User Requirements**

## 1. General Requirements

When using electronic communications tools and social media, users should:

- Follow all applicable Commonwealth policies. Users may not violate any provision of this policy, any supplemental policy adopted by agencies, or any other policy, regulation, law or guideline as set forth by local, State or Federal law (see Code of Virginia §2.2-2827) This may include but is not limited to copyright laws, trademark laws, and other legislated requirements.
- Be responsible and professional in their activities. Employees should conduct themselves in a manner that supports the mission of their agency and the performance of their duties.
- Exercise the appropriate care to protect the agency's electronic communications tools against the introduction of viruses, spyware, malware, or other harmful attacks. When using the Commonwealth's electronic communications tools, social media or Internet access, employees must:
  - Use the Internet, electronic communications tools and social media only in accordance with State and agency policy;
  - Maintain the conditions of security (including safeguarding of passwords) under which they are granted access to such media;
  - Check with the appropriate agency staff prior to downloading or accessing a file or document if the source of the file or other circumstances raises doubts about its safety.
- Be respectful of the agency/organization, other employees, customers, vendors, and others when posting and communicating information. Users should be sensitive to referring to or including others in their communications and posts and should be aware of any associated potential liabilities. Users may desire to obtain consent prior to communicating or posting information about the work place.

## 2. Business Use Requirements

When using electronic communications tools and social media, users should:

- Use their accurate identities and state their affiliation when using electronic communications or social media for business purposes.
- Ensure the security of sensitive or confidential information when communicating electronically or posting the information on internal or external websites including social media.
- Ensure information is accurate prior to posting on social media sites, state or agency websites, or other electronic media sites. If it is discovered that information is inaccurate after posting, users should work to quickly correct the errors.

## 3. Personal Use Requirements

When using electronic communications and social media, users should:

- Be clear that their communication or posting is personal and is not a communication of the agency or the Commonwealth when using electronic communications or social media for personal use, including personal use of social media outside of the work environment. For example:
  - Users should use their personal email addresses and not those related to their positions with the Commonwealth when communicating or posting information for personal use.
  - Users may use a disclaimer when posting opinions or views for personal use such as, “The views expressed on this (website, blog, social media site) are my own and do not reflect the views of my employer or of the Commonwealth of Virginia.” when appropriate to ensure these views are not viewed as official Commonwealth of Virginia communications.

#### **D. Prohibited Activities**

Certain activities are prohibited when using the Commonwealth’s Internet and electronic communications media or using social media in reference to the work environment. Employees who engage in prohibited activities may be subject to disciplinary action according to Policy 1.60, Standards of Conduct. Prohibited activities include, but are not limited to:

- Any use that is in violation of applicable local, state, and federal law.
- Accessing, uploading, downloading, transmitting, printing, posting, or storing information with sexually explicit content as prohibited by law (see Code of Virginia §2.2-2827).
- Accessing, uploading, downloading, transmitting, printing, posting, or storing fraudulent, threatening, obscene, intimidating, defamatory, harassing, discriminatory, or otherwise unlawful messages or images.
- Installing or downloading computer software, programs, or executable files contrary to the Virginia Information Technology Agency’s (VITA) Information Security Policy, Standards, and Guidelines.
- Accessing, uploading, downloading, transmitting, printing, communicating, or posting access-restricted agency information, proprietary agency information, sensitive state data or records, or copyrighted materials in violation of agency or state policy.
- Using proprietary agency information, state data or records, and social media to locate agency customers for personal reasons.
- Posting information or sending electronic communications such as email using another’s identity.

- Permitting a non-user to use for purposes of communicating the message of some third party individual or organization.
- Posting photos, videos, or audio recordings taken in the work environment without written consent.
- Using agency or organization logos without written consent.
- Texting, emailing, or using hand-held electronic communications devices while operating a state vehicle according to the Office of Fleet Management Services Policies and Procedures Manual.
- Any other activities designated as prohibited by the agency.

## AGENCY RESPONSIBILITIES AND REQUIREMENTS

Agencies have the following responsibilities and requirements related to this policy.

### A. Monitor Usage

No user shall have any expectation of privacy in any message, file, image or data created, sent, retrieved, received, or posted in the use of the Commonwealth's equipment and/or access. Agencies have a right to monitor any and all aspects of electronic communications and social media usage. Such monitoring may occur at any time, without notice, and without the user's permission.

In addition, except for exemptions under the Act, electronic records may be subject to the Freedom of Information Act (FOIA) and, therefore, available for public distribution.

### B. Communication

Agencies are responsible for ensuring employees have access to, read, understand, and acknowledge this policy and any related policies. Agencies may develop a written policy, consistent with this policy which supplements or clarifies specific issues for the agency. With regard to use of electronic communications and social media, agencies are responsible for:

- Communicating this policy and agency policy, if appropriate, to current and new users, including users transferring from other agencies.
- Retaining electronic records in accordance with the retention requirements of the Library of Virginia.
- Requiring and retaining acknowledgement statements, signed by each user, acknowledging receipt of a copy of this policy and agency policy, if appropriate. A sample is attached (Attachment A) that agencies may use, or they may include the acknowledgement statement with other such statements obtained when employees are hired.

NOTE: Agencies also may develop procedures by which a user must actively

acknowledge reading the policy before access to electronic communications and social media will be granted.

**C. Address Violations**

Violations of this policy must be addressed under Policy 1.60, Standards of Conduct, or appropriate disciplinary policy or procedures for employees not covered by the Virginia Personnel Act. The appropriate level of disciplinary action will be determined on a case-by-case basis by the agency head or designee, with sanctions up to or including termination depending on the severity of the offense, consistent with Policy 1.60 or the appropriate applicable policy.

## GLOSSARY AND RELEVANT TERMS

**Blog**

A contraction of “web log” that is a website or part of a website with commentary, descriptions of events, or journal type entries usually with an ability for readers to reply and post comments.

**Computer Network**

Two or more computers that can share information, typically connected by cable, data line, or satellite link.

**Crowdsourcing**

An open call, usually through an Internet based resource, to an undefined community of people to obtain and use ideas, content, or solutions to business needs.

**Electronic Communications Tools**

Tools used as a means of sending and receiving messages or information electronically through connected electronic systems or the Internet. Tools may include networked computers, email, voicemail, cell phones, smart phones, any other similar system, and new technologies as they are developed.

**Internet**

An international network of independent computer systems. The World Wide Web is one of the most recognized means of using the Internet.

**Microblog**

A form of a blog in which frequent, short updates are posted about specific activities (e.g., Twitter).

**Photo Sharing**

The online publishing of photographs with the ability to transfer and share the photos with others.

**Podcast**

Digital media file that can be downloaded for playback to computers and personal digital devices.

**Social Media**

Form of online communication or publication that allows for multi-directional interaction. Social media includes, blogs, wikis, podcasts, social networks, photograph and video hosting websites, crowdsourcing, and new technologies as they evolve.

**Social Networking**

Interacting with a group of people with common interests in a virtual environment.

**Users**

All employees of the Commonwealth who use the Commonwealth's Internet access and/or electronic communications media or external electronic communications media to communicate about the Commonwealth's activities.

NOTE: Agencies may also require consultants, contract personnel, or other non-employees such as volunteers or interns to abide by this policy.

**Video Sharing**

The online publishing of videos with the ability to transfer and share them with others.

**Wikis**

A collaborative website that allows users to edit materials and information posted and to create collaborative solutions for identified topics.

**ATTACHMENT A**

**Use of Electronic Communications and Social Media**

***CERTIFICATE OF RECEIPT***

I have been given a copy of Department of Human Resource Management Policy 1.75, "Use of Electronic Communications and Social Media" and I understand that it is my responsibility to read and abide by this policy, even if I do not agree with it. If I have any questions about the policy, I understand that I need to ask my supervisor or the agency/institution Human Resource Officer for clarification.

I understand that no user shall have any expectation of privacy in any message, file, image or data created, sent, retrieved, received, or posted in the use of the Commonwealth's equipment and/or access. Agencies have a right to monitor any and all aspects of electronic communications and social media usage. Such monitoring may occur at any time, without notice, and without the user's permission.

In addition, except for exemptions under the Act, electronic records may be subject to the Freedom of Information Act (FOIA) and, therefore, available for public distribution.

If I refuse to sign this certificate of receipt, my supervisor will review this statement with me and will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

Employee's Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

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

#### Section 2, Employer

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. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

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

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### What Is the Filing Fee?

There is no associated filing 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 Privacy Act Notice below.

#### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### Photocopying and Retaining Form I-9

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

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

#### Privacy Act Notice

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

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

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

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

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## 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 12 minutes per response, including the time for reviewing instructions and completing and submitting 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 Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
CNU 1 University Pl, Newport News, VA 23606		

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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 Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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