OUTREACH RESEARCH INTERN APPLICATION INSTRUCTIONS

July 2015

This packet contains the forms required to hire an Outreach Research Intern. An Outreach Research Intern is a temporary hire (12 weeks or less). Anyone hired for more than 12 weeks will need to go through the usual HR Employment hiring procedure. Please note the following requirements for each category of researcher.

NEW REQUIREMENT EFFECTIVE JUNE 1, 2015: All research mentors (those having day to day supervision of the intern) working with Outreach Research Interns under the age of 18 must comply with requirements for a criminal background check and DCFS training. The cost for the criminal background checks is $70 and will be paid by the department. Criminal background checks take 2-3 days to complete and the paperwork will not be processed until it is complete and the online DCFS training is complete.

<table>
<thead>
<tr>
<th>Outreach Research Intern</th>
<th>* Outreach Research Interns having Contact with Live Animals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Research Intern Program Appointment Request Form</td>
<td>Outreach Research Intern Program Appointment Request Form</td>
</tr>
<tr>
<td>Personal Fact Sheet</td>
<td>Personal Fact Sheet</td>
</tr>
<tr>
<td>W-4</td>
<td>W-4</td>
</tr>
<tr>
<td>I-9 + 2 forms of Identification</td>
<td>I-9 + 2 forms of Identification</td>
</tr>
<tr>
<td>Voluntary Self-Identification of Disability</td>
<td>Voluntary Self-Identification of Disability</td>
</tr>
<tr>
<td>Voluntary Self-Identification of Veteran Status</td>
<td>Voluntary Self-Identification of Veteran Status</td>
</tr>
<tr>
<td>Loyola University Chicago Confidentiality Agreement</td>
<td>Loyola University Chicago Confidentiality Agreement</td>
</tr>
<tr>
<td>EIF (Employee Information Form) sample attached</td>
<td>EIF (Employee Information Form) sample attached</td>
</tr>
<tr>
<td></td>
<td>Employee Physical and TB Screen (PAID by the Department).</td>
</tr>
<tr>
<td>Post Hire Physical Face Sheet needs to be completed and submitted to Employee Health at the time of the appointment.</td>
<td></td>
</tr>
</tbody>
</table>

- All packets must be submitted to the ORS-HSD, Bldg. 120-400, at least 14 days prior to the anticipated hire/start date.
- **These Interns will have no access to Patient Health Information (PHI) and will see no patients.**
- Department Administrators will facilitate these hires and arrange for a Department Orientation/Department Safety Training.
- Department Administrators will function as the Authorized Representative and certify the I-9, Employment Eligibility Verification by signing off on that form. (Instructions and acceptable forms of identification are on the I-9) **Original IDs need to be presented. The Department Administrator should provide a fully executed I-9 together with copies of the IDs to HR within 3 days of the start date.**
- If this is a REHIRE from last year, a new hire packet does not need to be submitted. Please provide a new EIF, appointment request form and verify that direct deposit and addresses remain the same.
- All Interns will start on a Monday by reporting to the department and will be escorted to Parking for an ID.
- A Lawson ID# is required before an ID can be generated. HR will facilitate the request for a Lawson ID#; Parking will have these on record.
- Each Intern will be paid hourly and will be included in the Kronos system. Minimum wage is currently $8.25/hour. **Effective July 1, 2015, minimum wage is $10.00/hour.** Salary is to be determined by the department based on the responsibilities of the Intern; Suggested maximum is $12.00/hour.
- Arrangements will be made departmentally to oversee time worked and Kronos adjustments.
- *Interns having animal contact will be required to have an Employee Physical and a TB Screen at the Department’s expense. Once approvals are in place, the Administrator will arrange for an Employee Health Appointment. Please complete the Post-Hire Physical Face Sheet for HSD Summer Outreach Interns working with animals. This form is included in this packet.*
- Once cleared by Employee Health – HR will notify the department administrator. The intern can start.
- Completed new hire packets will go to Dr. Kennedy for final approval. The ORS-HSD will notify the Administrator/Department Contact when all approvals are in place.

If you have any questions, please contact Kathleen Peterson, HSD, at kipeterson@luc.edu.
OUTREACH RESEARCH INTERN PROGRAM
Appointment Request Form

This Section is to be completed by the Intern – PLEASE PRINT

Intern Name: ____________________________  Mentor Name: ____________________________
Citizenship/Visa: _________________________  Social Security No.: __________-____-_________
Currently Enrolled At: ____________________
Highest Degree Conferred: H.S. _______  B.S./B.A. _______  M.S. _______

This Section to be completed by the Administration/Appointment Facilitator

Start Date (00/00/0000) ___________________  End Date (00/00/0000) ___________________

DESCRIPTION OF ACTIVITIES WHILE AT LOYOLA (If more space is needed, add attachment; include laboratory/clinic location and any potential exposure to hazardous agents or conditions): **PLEASE NOTE: INTERNS CANNOT HAVE ACCESS TO PATIENTS OR PATIENT INFORMATION.**

Dept Contact/Administrator/Name of Dept: __________________________
Account Number for Criminal Background Check (if intern is under 18) ___________________

FACULTY/MENTOR SIGNATURE/DEPT: __________________________ DATE: ___________
(Faculty signature verifies that Intern will receive appropriate animal and biohazard training and certification. These Interns will have no access to PHI and will not see patients)

Name, Phone & Email of Person Overseeing Volunteer on a Daily Basis (if different): __________________________

**THIS PERSON WILL BE REQUIRED TO COMPLY WITH REQUIREMENTS FOR A CRIMINAL BACKGROUND CHECK AND DCFS TRAINING.**

DEPT/DIVISION CHAIR SIGNATURE: __________________________ DATE: ___________

APPROVALS/SIGNATURES

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>TITLE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vice Provost, Research &amp; Grad Programs</td>
<td></td>
</tr>
</tbody>
</table>
Personal Fact Sheet
(This information is not to be requested before employment)

Self-disclosure of this information is requested for Affirmative Action, insurance and other purposes. It will not in any way affect the employee’s position at Loyola.

SS#_________ - _________ Date of Birth: ______/_____/______ 1st day of Work: ______/_____/______

Name: ___________________________________________ /

Last First Middle Init. Maiden Title: Mr./Ms./Mrs./Dr.

Address: __________________________________________

No. Street City/State/Zip

(_____) ___________________________ (_____) ___________________________

Home Telephone Number Cell Number e-mail address

Will you be working/performing services for LUC outside the state of Illinois? [ ] Yes [ ] No

If you selected yes to the above question, list the state in which you will be working/performing services in: __________________________

Department __________________________ Supervisor __________________________ Extension __________________________

Marital Status Sex Ethnicity/Race

[ ] Married [ ] Female Are you Hispanic or Latino? [ ] Yes [ ] No

[ ] Unmarried [ ] Male OR Please select one or more of the following racial categories:

[ ] White

[ ] Black or African American

[ ] Native Hawaiian or Other Pacific Islander

[ ] Asian

[ ] American Indian or Alaska Native

Self-Identification of Disability, please check one of the boxes below:

[ ] Yes, I have a disability (or previously had a disability) (Y)

[ ] No, I don’t have a disability (N)

[ ] I don’t wish to answer (ND)

Self-Identification of Veteran Status

Protected Veteran classifications: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans are defined on the form in this packet titled “Voluntary Self-Identification of Veteran Status.”

[ ] I identify as one or more of the classifications of protected veteran listed. (X)

[ ] I am NOT a protected veteran. (N)

[ ] I do not wish to answer (Y)

Emergency Contact Information: __________________________ (PA12.1)

Name __________________________ Relationship __________________________ Telephone No. __________________________

Alternative No. __________________________ Address: __________________________ City/State/Zip __________________________

Last Revision Date: 03/23/2015
Form W-4 (2015)

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 2015 expires February 18, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $200 of unearned income (for example, interest and dividends).

Exceptions. An employer may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

Beale 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-earner/multiple jobs situations.

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

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

For accuracy, complete all worksheets that apply. If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Allowances Worksheet on page 2.

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

Employee’s Withholding Allowance Certificate

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>Single</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

OIC No. 1545-0074

W-4 2015

Employee’s Withholding Allowance Certificate

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.

1 | Your first name and middle initial | 2 | Your social security number |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>Single</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

OIC No. 1545-0074
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 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 1, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $100,000 and you are married filing jointly or are a qualifying widow(er). $3,000 of your itemized deductions are at 10% of your adjusted gross income (AGI) if you are married filing separately. See Pub. 557 for details.

2. Enter:
   - $12,600 if married filing jointly or qualifying widow(er)
   - $9,250 if head of household
   - $6,300 if single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "0."

4. Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 557).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 557.)

6. Enter an estimate of your 2015 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "0."

8. Divide the amount on line 7 by $4,000 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

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

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

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $55,000 or less, do not enter more than "33%".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

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

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 26 if you are paid every two weeks and you complete this form on a date in January when there are 26 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Married Filing Jointly</strong></td>
<td><strong>All Others</strong></td>
</tr>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $8,000</td>
<td>$0 - $8,000</td>
</tr>
<tr>
<td>8,001 - 13,000</td>
<td>8,001 - 17,000</td>
</tr>
<tr>
<td>13,001 - 24,000</td>
<td>17,001 - 28,000</td>
</tr>
<tr>
<td>24,001 - 28,000</td>
<td>28,001 - 34,000</td>
</tr>
<tr>
<td>28,001 - 34,000</td>
<td>34,001 - 44,000</td>
</tr>
<tr>
<td>34,001 - 44,000</td>
<td>44,001 - 75,000</td>
</tr>
<tr>
<td>44,001 - 50,000</td>
<td>45,001 - 50,000</td>
</tr>
<tr>
<td>50,001 - 65,000</td>
<td>50,001 - 60,000</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>55,001 - 75,000</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>60,001 - 80,000</td>
</tr>
<tr>
<td>80,001 - 100,000</td>
<td>65,001 - 100,000</td>
</tr>
<tr>
<td>100,001 - 110,000</td>
<td>70,001 - 110,000</td>
</tr>
<tr>
<td>110,001 - 120,000</td>
<td>75,001 - 120,000</td>
</tr>
<tr>
<td>120,001 - 140,000</td>
<td>80,001 - 140,000</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>85,001 - 150,000</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>90,001 and over</td>
</tr>
</tbody>
</table>

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(b) and 6109 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 non-tax 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 expense 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.
Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, you must complete Form IL-W-4, Illinois Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 122, Who Is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-4-NR, Employees Claiming Residency in Nebraska, Illinois, or Wisconsin, to determine if you are exempt.

When must I file?

You must file Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You should complete this form and give it to your employer on or before the date you start working for your employer. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your previously claimed allowances decreases, you must file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Examples: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional exemption for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation is made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form is filed that takes effect or until your employer is required by the department to disregard it. Your employer is required to disregard your Form IL-W-4 if there is a change in employment status, income, or if the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4. Your employer must also disregard your Form IL-W-4 if you claim 15 or more exemptions on your federal Form W-4.

What is an “exemption”?

An “exemption” is a dollar amount on which you do not have to pay Illinois Income Tax. Therefore, your employer will withhold Illinois Income Tax based on your compensation minus the exemptions to which you are entitled.

What is an “allowance”?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person’s tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You will also receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

What if I underpay my tax?

If the amount withheld from your compensation is not enough to cover your tax liability for the year (e.g., you have non-wage income, such as interest or dividends), you may reduce the number of allowances or request that your employer withhold an additional amount from your pay. Otherwise, you may owe additional tax at the end of the year. If you do not have enough tax withheld from your pay, and owe more than $500 tax at the end of the year, you may owe a late-payment penalty. You should either increase the amount you have withheld from your pay, or you must make estimated tax payments.

You may be assessed a late-payment penalty if you required estimated tax payments are not paid in full by the due date.

We may still owe this penalty for an earlier quarter, even if you pay enough tax later to make up the underpayment from a previous quarter.

Where do I get help?

• Visit our website at tax.illinois.gov
• Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-9336
• Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
• Write to ILLINOIS DEPARTMENT OF REVENUE PO BOX 19044 SPRINGFIELD IL 62794-9044
Illinois Withholding Allowance Worksheet

General Information
Complete this worksheet to figure your total withholding allowances.
Everyone must complete Step 1.
Complete Step 2 if
• you (or your spouse) are age 65 or older or legally blind, or
• you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.
You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)
Check all that apply:
☐ No one else can claim me as a dependent.
☐ I can claim my spouse as a dependent.
1 Write the total number of boxes you checked.
2 Write the number of dependents (other than you or your spouse) you will claim on your tax return.
3 Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are entitled.
4 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1.

Step 2: Figure your additional allowances
Check all that apply:
☐ I am 65 or older.
☐ My spouse is 65 or older.
☐ I am legally blind.
☐ My spouse is legally blind.
5 Write the total number of boxes you checked.
6 Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.
7 Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7.
8 Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are entitled.
9 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2.

If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

Illinois Department of Revenue
IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

This form is authorized under the Illinois Income Tax Act. Use of this form to claim an exemption from withholding results in the withholding certificate being submitted to the IRS. The IRS may notify the ilinois Department of Revenue of the amount withheld. Illinois law requires the Illinois Department of Revenue to disclose the amount withheld to the IRS in order to comply with federal law. The failure to provide information may result in the withholding certificate being returned to the IRS, which may result in a penalty.

IL-W-4 (R-5/12)
Instructions for Employment Eligibility Verification

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

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, 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) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

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. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. 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).

Section 1: Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. 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. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: 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.

3. A lawful permanent resident: A lawful permanent resident is any person 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. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS within the United States, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the Handbook for Employers: Instructions for Completing Form I-9 (M-274) on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.
Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their 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, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. 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 contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number);
      and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or reverifyifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents 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. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee 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 issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee 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.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date 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 chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires revalidation, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:
1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:
1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 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. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires revalidation; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

**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 "USCIS Privacy Act Statement" below.

**USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274).*
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

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 the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

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

**Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available 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. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

**USCIS Privacy Act Statement**

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized 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 employee to work in the United States. The employer will keep this form and make it 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.

**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, 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.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

☐ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _________________. Some aliens may write "N/A" in this field. (See Instructions)

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

1. Alien Registration Number/USCIS Number: ________________________________

   OR

2. Form I-94 Admission Number: ________________________________

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

   Foreign Passport Number: ________________________________

   Country of Issuance: ________________________________

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

Signature of Employee: ________________________________

Date (mm/dd/yyyy): ________________________________

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

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

Signature of Preparer or Translator: ________________________________

Date (mm/dd/yyyy): ________________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer Completes Next Page

Form I-9 03/08/13 N
Page 7 of 9
### 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

#### Employee Last Name, First Name and Middle Initial from Section 1:

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td></td>
<td>Document Title:</td>
<td></td>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td></td>
<td>Issuing Authority:</td>
<td></td>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
<tr>
<td>Document Title:</td>
<td></td>
<td>Document Title:</td>
<td></td>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td></td>
<td>Issuing Authority:</td>
<td></td>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

#### 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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Loyola University Chicago</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**820 N. Michigan Avenue**

**Chicago, IL 60611**

### Section 3: Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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 (mm/dd/yyyy): ____________________________

Print 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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State of 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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-788)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

Direct Deposit is mandatory for all University employees. Please ensure that you have established a savings or checking account with a financial institution to comply with this requirement.

***NOTICE: If you opt out of this mandatory requirement, your paycheck will be mailed to your home address on payday. Paychecks will not be available for pick-up on payday.***

Please complete the Authorization Form below and return to the Human Resources Office, LT 820, WTC. It generally takes 2 pay periods before the procedure is in place. When completed, your direct deposit details are viewable through the Lawson employee self service tool. If you are not part of the Kronos Web Time Card, please check with your department for information on your direct deposit detail.

Effective September 18, 2009, there has been a rule change to the United States (U.S.) ACH direct deposit system for payroll. If you receive your payroll via direct deposit at a U.S. bank and then have the entire payroll amount forwarded to a bank in another country, please advise the Human Resources department. There are new formatting requirements for these transactions that the University needs to follow. This rule change does not impact your payroll.

If you need further information on DIRECT DEPOSIT stop into the Human Resources Office, Lewis Towers, Suite 820, WTC or contact HR at 5-6175.

Bank Information

☐ Start ☐ Change ☐ Other

Financial Institution: _______________________________ Address: _______________________________

City: __________________________ State: ______ Zip Code: ______________

Routing/Transit/ABA No.: __________________________ Account Number: __________________________

Type of Account: ☐ Checking ☐ Savings

This authorization is to remain in full force and effect until LOYOLA UNIVERSITY has received written notification from me of its termination in such time and in such manner as to afford LOYOLA and the Financial Institution(S) a reasonable opportunity to act on it.

I hereby authorize Loyola University Chicago to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect credit entries to my account at the Financial Institution named above:

I have attached a photocopy or original of the institution's DEPOSIT SLIP or BLANK CHECK.

Name (print): ____________________________ Lawson Emp ID #: ____________________________

Signature: ____________________________ Date: ____________ Extension: ____________________________

Pay Schedule: ☐ Biweekly ☐ Monthly
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON'T HAVE A DISABILITY
☐ I DON'T WISH TO ANSWER

___________________________________________________________
Your Name

___________________________________________________________
Today's Date
Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

1 Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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

Loyola University Chicago is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

1. A “disabled veteran” is one of the following:
   - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
   - a person who was discharged or released from active duty because of a service-connected disability.

2. A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

3. An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

4. An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), tollfree, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees that identify under one or more of the classifications of “protected veteran” listed above. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

[ ] I identify as one or more of the classifications of protected veteran listed above.
[ ] I am NOT a protected veteran.
[ ] I do not wish to answer.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Page 1 of 2

Rev: 2/26/2015
Voluntary Self-Identification of Veteran Status

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Some of the actions taken under our affirmative action program to further equal opportunity include making reasonable accommodations to qualified individuals with a disability, if desired and doing so does not impose an undue hardship on the University's operations; reviewing job criteria; posting internally appropriate open positions; communicating our equal opportunity principles to employees, job seekers and business partners, and assessing our personnel practices.
Loyola University Chicago

Confidentiality Agreement

I acknowledge that, as an employee of Loyola University of Chicago, I may have the opportunity to access or gain knowledge of confidential information. Confidential information may be made known to, or learned by, me via various sources including, but not limited to, electronic media, interoffice communications, internal publications, and verbal interactions. I further acknowledge that making this information known or available to others who do not have a legal right to that information may violate the Family Educational Rights and Privacy Act of 1974 (FERPA), other federal and state laws, and Loyola policies. Therefore, I agree that I will not reveal, make known, or provide access to confidential information except to those having legal or otherwise permissible right to that information. Furthermore, I agree not to access confidential information for any reason other than the performance of my duties as a Loyola employee.

FERPA information is available on Loyola’s website at www.luc.edu/ferpa.

In addition to my obligations regarding the appropriate access to and use of confidential information, I agree that I will not jeopardize the integrity of or the availability of Loyola’s computing, telephony and other information systems or databases. I agree to abide by Loyola’s access and acceptable use of information technology policies which can be found on Loyola’s website at www.luc.edu/infotech/policies.html.

By signing this Confidentiality Agreement, I acknowledge that I have read and understand it. I understand that my failure to comply with this agreement may subject me to discipline in accordance with Loyola policies and may affect my future access to confidential information and/or Loyola’s computing, telephony and other information systems or databases.

__________________________
Employee’s Signature

__________________________
Date

Print Employee’s Name
<table>
<thead>
<tr>
<th>Section 1: Employee Identification/Basic Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Name</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Zip Code</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2: Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective Date</strong></td>
</tr>
<tr>
<td><strong>Reason for Action</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3: Current/Next Rate Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Title</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 4: Change Information (All Other Areas of Change)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Position No.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 5: Funding Information/Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant &amp; Amount</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 6: Termination Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reason Code (See Interior Sheet)</strong></td>
</tr>
</tbody>
</table>

**Human Resources Use Only**

<table>
<thead>
<tr>
<th><strong>Test</strong></th>
<th><strong>Train</strong></th>
</tr>
</thead>
</table>

**Approved Signature**

<table>
<thead>
<tr>
<th><strong>Date</strong></th>
</tr>
</thead>
</table>

**HR Signature**

<table>
<thead>
<tr>
<th><strong>Date</strong></th>
</tr>
</thead>
</table>