PAYROLL FORM FOR EMPLOYEE WORK AUTHORIZATION VERIFICATION

Employment Eligibility Verification & Payroll System Integration

Instructions: This form must be completed by all new employees at the time of enrollment into the payroll system. The employer must examine the original document(s) presented by the employee to verify identity and employment authorization.

SECTION 1: EMPLOYEE INFORMATION & PAYROLL DETAILS

LAST NAME

_____

FIRST NAME

_____

MIDDLE INITIAL

_____

ADDRESS (STREET NUMBER AND NAME)

_____

APARTMENT / SUITE NUMBER

_____

CITY

_____

STATE

_____

ZIP CODE

_____

DATE OF BIRTH (MM/DD/YYYY)

_____

SOCIAL SECURITY NUMBER

_____

PAYROLL EMPLOYEE ID (INTERNAL USE)

_____

SECTION 2: EMPLOYEE ATTESTATION OF WORK AUTHORIZATION

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

☐ **A CITIZEN OF THE UNITED STATES**

☐ **A NONCITIZEN NATIONAL OF THE UNITED STATES**

☐ **A LAWFUL PERMANENT RESIDENT**

USCIS/A-NUMBER

_____

☐ **AN ALIEN AUTHORIZED TO WORK**

EXPIRATION DATE (IF APPLICABLE)

_____

FORM I-94 ADMISSION NUMBER

_____

_____

SIGNATURE OF EMPLOYEE

_____

DATE (MM/DD/YYYY)

SECTION 3: EMPLOYER REVIEW AND VERIFICATION (DOCUMENT EXAMINATION)

Examine one document from List A OR examine one document from List B and one from List C.

List A (Identity & Employment Authorization)	OR	List B (Identity)	AND	List C (Employment Authorization)
DOCUMENT TITLE		DOCUMENT TITLE		DOCUMENT TITLE
ISSUING AUTHORITY		ISSUING AUTHORITY		ISSUING AUTHORITY
DOCUMENT NUMBER		DOCUMENT NUMBER		DOCUMENT NUMBER
EXPIRATION DATE		EXPIRATION DATE		EXPIRATION DATE

SECTION 4: EMPLOYER CERTIFICATION & PAYROLL AUTHORIZATION

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, and that the employee is authorized to work in the United States.

FIRST DAY OF EMPLOYMENT (MM/DD/YYYY)

AUTHORIZED REPRESENTATIVE TITLE

BUSINESS OR ORGANIZATION NAME

PAYROLL ADMIN/VERIFIER NAME

SIGNATURE OF EMPLOYER / REPRESENTATIVE

DATE SIGNED