EMPLOYMENT ELIGIBILITY VERIFICATION & PAYROLL AUTHORIZATION

Form I-9 & Payroll System Integration

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Last Name (Family Name)	First Name (Given Name)	Middle Initial
Address (Street Number and Name, Apartment Number)		**City or Town**
State	**ZIP Code**	**Date of Birth (mm/dd/yyyy)**
U.S. Social Security Number	**Employee's E-mail Address**	**Employee's Telephone Number**

SECTION 2: EMPLOYMENT ELIGIBILITY ATTESTATION

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 (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____

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

SECTION 3: EMPLOYER REVIEW AND VERIFICATION (DOCUMENT EXAMINATION)

List A (Identity and/or Work Authorization)	List B (Identity Only)	List C (Work Authorization Only)
Document Title	**Document Title**	**Document Title**
Issuing Authority	**Issuing Authority**	**Issuing Authority**
Document Number	**Document Number**	**Document Number**
Expiration Date (if any)	**Expiration Date (if any)**	**Expiration Date (if any)**

SECTION 4: INTERNAL PAYROLL SYSTEM SETUP (INTERNAL USE ONLY)

Employee ID Number	Hire Date / First Day of Pay	Pay Type (Hourly / Salary)	Standard Pay Rate ($)
Federal Tax Status (W4)	**Federal Deductions/Withholding**	**State Tax Status**	**E-Verify Case Number**

SECTION 5: CERTIFICATION & AUTHORIZATION SIGNATURE

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 to the best of my knowledge the employee is authorized to work in the United States. I authorize the registration of this employee in the company's active payroll system.

Signature of Employer or Authorized Representative _____ **Title of Employer or Authorized Representative** _____

First and Last Name (Print)	Date (mm/dd/yyyy)

Privacy Notice & Recordkeeping: The information on this form is collected to comply with federal employment eligibility regulations and to establish necessary parameters for payroll management. This document must be retained in the employee's secure personnel file for the duration of employment plus three years, or one year after termination, whichever is later, in compliance with applicable regulatory requirements.