Hiring Manager Check List for New Hires
(Temporary Appointments, Students, Adjunct Faculty)

Requisition / Action #: ____________________________  Department: ____________________________

Hiring Manager: ____________________________  Campus Extension#: ____________________________

Please use this check list as a cover sheet for forwarding the following completed documents to the Payroll Office, 324 Hardway Hall.

✓ **I-9 – Employment Eligibility Verification Form** (example attached)
  o Section 1 – Required to be fully completed by the employee on or before the employee begins work.
  o Section 2 – Required to be fully completed within 3 business days of the first day of work. Either one (1) original document from List A or one (1) document from List 3 and one (1) document from List C.

  *Original documents must be presented (copies/faxes are not acceptable).
  *Remote Hiring: I-9 may be completed by a Notary with Instructions via phone from the employer.

✓ **Social Security Card** (required)
  o SSN card is required for employment by the State of WV for wage and tax reporting purposes.
  o Photocopies/faxes are not acceptable.
  o Name on SSN card must match the name on the driver’s license.

✓ **W-4 Federal Withholding Form** (completed and signed)

✓ **IT-104 WV State Tax Withholding Form** (completed and signed)

✓ **Direct Deposit Authorization Form** with attached voided check or bank letter

**IMPORTANT:** Employees cannot work without all fully completed documents.

WV Higher Education Retirement Programs (see attached information)
- All employees are eligible to contribute to a 403(b) or 457(b) plan
- Contact the Benefits Office, 304-367-4113

**Arrears Pay:** All employees are paid one pay period in arrears.
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/err/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/L-9Central](http://www.uscis.gov/L-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 revalidations. 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 reverification, 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 reverification; 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

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>Dee</td>
<td>John</td>
<td>M</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>123 Fairmont Avenue</td>
<td></td>
<td></td>
<td>WV</td>
<td>26554</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>12/25/1985</td>
<td></td>
<td><a href="mailto:jdoe@fairmontstate.edu">jdoe@fairmontstate.edu</a></td>
<td>(304) 123-4567</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):

- [X] 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)

(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
   3-D Barcode
   Do Not Write In This Space
   [ ]

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): 05/07/2013

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): ________________________________

Last Name (Family Name) ________________________________
First Name (Given Name) ________________________________
Address (Street Number and Name) ________________________________
City or Town ________________________________
State ________________________________
Zip Code ________________________________
Section 2. Employer or Authorized Representative Review and Verification

(Executants 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 "List 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.)

<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><strong>Document Title and Employment Authorization</strong></td>
<td><strong>Document Title:</strong></td>
<td><strong>Document Title:</strong></td>
<td><strong>Document Title:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Issuing Authority:</strong></td>
<td><strong>Drivers License</strong></td>
<td><strong>Social Security Card</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Document Number:</strong></td>
<td><strong>Issuing Authority:</strong></td>
<td><strong>West Virginia</strong></td>
<td><strong>Issuing Authority:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Expiration Date (if any)(mm/dd/yyyy):</strong></td>
<td><strong>Document Number:</strong></td>
<td><strong>12/31/2014</strong></td>
<td><strong>Document Number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Expiration Date (if any)(mm/dd/yyyy):</strong></td>
<td><strong>Expiration Date (if any)(mm/dd/yyyy):</strong></td>
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<tr>
<td><strong>Document Title:</strong></td>
<td><strong>Expiration Date (if any)(mm/dd/yyyy):</strong></td>
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<td><strong>Issuing Authority:</strong></td>
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<td><strong>Expiration Date (if any)(mm/dd/yyyy):</strong></td>
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</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.

<table>
<thead>
<tr>
<th>The employee's first day of employment (mm/dd/yyyy): 01/04/2010</th>
<th>(See instructions for exemptions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signatures of Employer or Authorized Representative</strong></td>
<td><strong>Date (mm/dd/yyyy):</strong> 01/04/2010</td>
</tr>
<tr>
<td><strong>Last Name (Family Name):</strong> Cinda</td>
<td><strong>Title of Employer or Authorized Representative:</strong> Manager / Payroll</td>
</tr>
<tr>
<td><strong>First Name (Given Name):</strong></td>
<td><strong>Employer’s Business or Organization Name:</strong> Fairmont State Univ/Pierpont CTC</td>
</tr>
<tr>
<td><strong>Street Address:</strong> 1201 Locust Avenue</td>
<td><strong>City or Town:</strong> Fairmont</td>
</tr>
<tr>
<td><strong>State:</strong> WV</td>
<td><strong>Zip Code:</strong> 26554</td>
</tr>
</tbody>
</table>

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.

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

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

| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
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.)

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<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (If any)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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<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>
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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>
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STOP Employer Completes Next Page STOP
**Section 2: Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR 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.)

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**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): [Signature and Date] (See instructions for exemptions.)

**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.  

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

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

Signature of Employer or Authorized Representative:  
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>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization OR</td>
<td>Documents that Establish Identity AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</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>
</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>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. 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>
</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>
</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>
</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>
</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>
</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>
</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>
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<td></td>
<td>11. Clinic, doctor, or hospital record</td>
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<td></td>
<td>12. Day-care or nursery school record</td>
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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.
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 expires February 16, 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 $300 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if:
- 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 exemples do not apply to supplemental wages greater than $1,000,000.

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 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.

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. 505, 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. 505 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 910, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how much you are having withheld compared to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $160,000 (Married), for details.

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

| A | Enter "1" for yourself if no one else can claim you as a dependent. | A |
| B | Enter "1" if: | B |
| - You are single and have only one job; or | |
| - You are married, have only one job, and your spouse does not work; or | |
| - Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. | |
| C | Enter "1" for your spouse. 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.) | C |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. | D |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). | E |
| F | Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit. | F |

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than $65,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
- If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

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 Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

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 last name
3 Your social security number

Home address (number and street or rural route)
4 City or town, state, and ZIP code
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

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

Office code (optional)

Employer identification number (EIN)

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

Cat. No. 10220Q

Form W-4 (2015)
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 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $309,900 and you are married filing jointly or are a qualifying widow(er); $284,050 if you are head of household; $258,250 if you are single and not head of household or a qualifying widow(er); or $154,850 if you are married filing separately. See Pub. 560 for details.

\[
\begin{align*}
1 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{$12,600$ if married filing jointly or qualifying widow(er)} \\
2 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$9,250 if head of household} \\
3 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$6,300 if single or married filing separately} \\
4 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$22,500 if head of household or a qualifying widow(er), or \$154,850 if you are married filing separately. See Pub. 560 for details} \\
5 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,850 if you are married filing separately. See Pub. 560 for details} \\
6 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$205,000 if you are head of household; \$195,000 if you are single and not head of household or a qualifying widow(er); or \$145,000 if you are married filing separately. See Pub. 560 for details} \\
7 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,850 if you are married filing separately. See Pub. 560 for details} \\
8 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$205,000 if you are head of household; \$195,000 if you are single and not head of household or a qualifying widow(er); or \$145,000 if you are married filing separately. See Pub. 560 for details} \\
9 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,850 if you are married filing separately. See Pub. 560 for details} \\
10 & \text{ } \text{ } \text{ } \text{ } \text{ } \text{\$205,000 if you are head of household; \$195,000 if you are single and not head of household or a qualifying widow(er); or \$145,000 if you are married filing separately. See Pub. 560 for details} \\
\end{align*}
\]

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 $65,000 or less, do not enter more than $3.

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.

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 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 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.
WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE
FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

------------------------------- cut here-------------------------------

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name ________________________________ Social Security Number ________________________________

Address ________________________________ City ________________________________ State ________ Zip Code ____________

1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" ____________________________

2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
   (a) If you claim both of these exemptions, enter "2" ____________________________
   (b) If you claim one of these exemptions, enter "1" ____________________________
   (c) If you claim neither of these exemptions, enter "0" ____________________________

3. If you claim exemptions for one or more dependents, enter the number of such exemptions. ________

4. Add the number of exemptions which you have claimed above and enter the total ____________________________

5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here ________

6. Additional withholding per pay period under agreement with employer, enter amount here $ ( )

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104. I CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date ________________________________ Signature ________________________________

NONRESIDENTS-SEE REVERSE SIDE
WEST VIRGINIA CERTIFICATE OF NONRESIDENCE

This form is to be completed by employees who reside in Kentucky, Maryland, Ohio, Pennsylvania, Virginia or by an employee who is a Military Spouse exempt from income tax on wages.

If you are a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia and your only source of income from West Virginia is wages or salaries, you are exempt from West Virginia Personal Income Tax Withholding. Upon receipt of this form, properly completed, your employer is authorized to discontinue the withholding of West Virginia Income Tax from your wages or salaries earned in West Virginia.

If you are a military spouse and (a) your spouse is a member of the armed forces present in West Virginia in compliance with military orders; (b) you are present in West Virginia solely to be with your spouse; and (c) you maintain your domicile in another State and you are claiming exemption under the Servicemember Civil Relief Act, enter your state of domicile (legal residence) on the following statement and attach a copy of your spousal military identification card.

I certify that I am a legal resident of the state of ___________ and am not subject to West Virginia withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Name ____________________________________________ Social Security Number ____________

Address ________________________________________________________________________________

City __________________ State __________ Zip Code __________

I hereby certify, under penalties provided by law, that I am not a resident of West Virginia, that I reside in the State of ______________ and live at the address shown on this certificate, and request is hereby made to my employer to NOT withhold West Virginia income tax from wages paid to me. If at any time hereafter I become a resident of West Virginia, or otherwise lose my status of being exempt from West Virginia withholding taxes, I will properly notify my employer of such fact within ten (10) days from the date of change so that my employer may then withhold West Virginia income tax from my wages.

I certify that the above statements are true, correct, and complete.

Date ____________________ Signature ____________________
PAYROLL DIRECT DEPOSIT FORM INSTRUCTIONS

In order to process a Payroll Direct Deposit request the employee must do the following:

1. Provide First and Last Name
2. Provide EPICS Employee Number - (Can be provided by your payroll department.)
3. Provide Social Security Number
4. Complete, Sign, and Date the form.
5. Deliver the form with your account documentation to your State Agency Payroll Department for completion.

Payroll Primary Account

1. List the Financial Institution Name. Your net pay will be going to the Financial Institution Name listed.

2. Indicate whether the account is checking or savings. **Mark one box ONLY!**
   
   a. **Checking**
   Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.

   b. **Savings**
   Attach a Financial Institution statement or letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.

3. Indicate by marking the appropriate box. **Mark one box ONLY!**
   
   a. **Start Direct Deposit**
   Net pay is currently not setup for direct deposit.

   b. **Change**
   Net pay is currently setup for direct deposit and you want to send your net pay to a different account or Financial Institution. **Do not close your old account until you have received a payment in the new account. This will help prevent a delay in receiving your pay.**

   c. **No Change**
   Continuing with the current direct deposit for your net pay. Mark this box only if you are requesting an add, change or cancel to a secondary account.

Payroll Secondary Account(s)

1. List the Financial Institution Name. Your secondary account will be going to the Financial Institution Name listed.
PAYROLL DIRECT DEPOSIT FORM INSTRUCTIONS

Payroll Secondary Account(s) - Continued

2. Indicate whether the account is checking or savings. **Mark one box ONLY!**

   a. **Checking**
      Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.

   b. **Saving**
      Attach a Financial Institution statement or letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.

3. Indicate by marking the appropriate box. **Mark one box ONLY!**

   a. **Start Direct Deposit**
      A secondary account that is currently not setup for direct deposit.

   b. **Change**
      A secondary account is currently setup for direct deposit and you want to send your set amount to a different account, Financial Institution, or wish to change your set amount. **Do not close your old account until you have received a payment in the new account. This will help prevent a delay in receiving your pay.**

   c. **Cancel**
      No longer want your secondary account(s) direct deposited.

   d. **No Change**
      Continuing with the current direct deposit for your secondary account(s). **Mark this box only if you are requesting an add, change, or cancel of the Primary Account and/or requesting an add, change or cancel to another secondary account.**

4. The dollar amount must be the same for each pay period.

5. More than two secondary accounts will require an additional form to be completed and signed.

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To complete the employee's Payroll Direct Deposit request, the State Agency Payroll Department must do the following:

1. Provide the State Agency Name.
2. Provide a Phone Number.
3. Sign and Date the form.
4. Review the form and make sure it has been completed.
5. Forward the form along with the documentation to the WVSAO, ePayments Division.
# Payroll Direct Deposit Form

West Virginia State Auditor’s Office, ePayments Division - 1900 Kanawha Blvd., E., Bldg. 1, Room W-121, Charleston, WV 25305
Telephone: 1-800-500-4079   Fax: (304) 340-5084   www.wvsao.gov

- PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED -

<table>
<thead>
<tr>
<th>First Name:</th>
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<th>Last Name:</th>
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<tbody>
<tr>
<td>EPICS #:</td>
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<td>SSN:</td>
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**PAYROLL PRIMARY ACCOUNT:**

- [ ] Start Direct Deposit  - [ ] Change  - [ ] No Change
- [ ] Checking - Attach a voided check.
- [ ] Saving

**PAYROLL SECONDARY ACCOUNT(S): If you have more than two secondary accounts, please complete an additional form.**

| Bank Name: |   | [ ] Start Direct Deposit  - [ ] Change  - [ ] Cancel  - [ ] No Change
| Routing #: |   | [ ] Checking - Attach a voided check.  - [ ] Saving
| Account #: |   | Dollar Amount: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |

Bank Name: [ ] [ ] [ ] [ ] [ ]
Routing #: [ ] [ ] [ ] [ ] [ ]
Account #: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Dollar Amount: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

**Employee's Signature:** [ ] [ ] Date: [ ] [ ]

---

**To be completed by the State Agency Payroll Department.**

State Agency: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Phone #: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

**Payroll Representative’s Signature:** [ ] [ ] Date: [ ] [ ]

---

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.
WV PAY CARD FORM INSTRUCTIONS

In order to process a WV Pay Card request, the following employee information must be provided:

1. First and Last Name
2. EPICS Number (This can be provided by your State Agency Payroll Department.)
3. Social Security Number
4. Home Phone Number
5. Mailing Address (This address must match the address on file in EPICS.)
6. Date of Birth
7. Employee's Signature and Date

Once the information above has been provided, forward request to your State Agency Payroll Department for completion.

To complete a WV Pay Card request, the State Agency Payroll Department must do the following:

1. Provide the State Agency Name
2. Provide Phone Number
3. Review the form and make sure it has been completed properly.
4. Sign and Date the form.

Once the information above has been completed, forward the form to the West Virginia State Auditor's Office, ePayments Division.
WV Pay Card Form
West Virginia State Auditor’s Office, ePayments Division - 1900 Kanawha Blvd., E., State Capitol, Bldg. 1, Room W-121, Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your request. The information below will be used by Citi to verify identification in order to be in compliance with the USA Patriot Act and the OFAC verification.

**EMPLOYEE INFORMATION**

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<th>First Name</th>
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<th>Date of Birth</th>
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I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to my WV Paycard as indicated, and to initiate debit entries as adjustments for credit entries made in error. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee’s Signature: ___________________________ Date: __________

---

**To be completed by the State Agency Payroll Department.**

<table>
<thead>
<tr>
<th>State Agency</th>
<th>Phone #</th>
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</table>

I hereby certify that I am a payroll representative of the herein named agency and being so authorized I do certify the information listed and attached has been received from the named employee.

Payroll Representative’s Signature: ___________________________ Date: __________
Important 403(b) Retirement Notice
Fairmont State University and Pierpont Community & Technical College

IRS requires notification to all employees who receive W-2 forms that a 403(b) retirement plan is offered at both our institutions.

403(b) Universal Availability Rule

As part of the WV Higher Education Policy Commission both our institutions provide a 403(b) Tax Deferred Retirement Savings Plan, and an after-tax Roth403(b) Retirement Savings Plan to all eligible employees.

Eligibility

Generally all employees receiving W-2 wages from either FSU or Pierpont are eligible to participate.

Contributions

IRS defines the contribution maximum contribution limits. A minimum contribution of $200 per calendar year is required. Employees are 100% vested in their accounts. Both companies have various investment options.

Enrollment and Changes

Eligible employees may begin participation in the 403(b) at any time. Employees must complete both a vendor’s enrollment application to open an account and a Salary Reduction Agreement to elect the contribution amount. Employees may change or stop the contribution amount at any time during the year.

Available Vendors for the 403(b) Retirement Plan
Great-West Retirement Services 403(b) plan only
TIAA-CREF offers both a 403(b) and a Roth403(b)

Contact Information

FSU Benefits Office, Fairmont WV (304) 367-4113 for forms and information

Enroll online with either company:
Great-West Retirement Services www.gwrs.com or 1-800-537-2033
TIAA-CREF www.tiaa-cref.org or 1-800-842-2776 or 1-800-842-2552

Updated 10.1.12
STREET MAINTENANCE CHARGE

EXEMPTION CLAIM FORM

City of Fairmont
200 Jackson Street, Suite 301
Fairmont, WV 26554
PH: 304-366-6211
FAX: 304-366-0228
web: fairmontwv.gov

DO NOT MAIL THIS FORM

Date:

See instructions on the reverse side of this form ▶

1. Employee Information

Full Name:

Mailing Address:

Phone: SSN:

2. Exemption Claimed:

Make remittance to another municipality for services based on employment.

Resident of City of Fairmont and paid on City Services' Bill or other documentation proving domicile is provided.

Business Owner and paid on City Services' Bill.

Non-resident employee but work exclusively outside of Fairmont's corporate limits.

Check One Box

(Provide documentation)

(Provide documentation)

(Provide documentation)

3. Employee Statement:

I hereby request that the Employer designated above not withhold the Street Maintenance Charge because of the exemption claimed above. This exemption is valid for each period for which the charges accrue, until my circumstances change. I have provided the Employer with adequate documentation to support this request for exemption. Further, I agree to notify the Employer designated above immediately upon the foregoing statement being no longer accurate (due to change in employment, location of employment, location of residence or otherwise). Under penalty of perjury, I declare that the foregoing statement is true, correct, and complete to the best of my knowledge.

EMPLOYEE'S SIGNATURE DATE:

Employer Statement:

I am authorized and designated by the Employer named herein to review and confirm this Form and I have reasonable familiarity with the Employee who signed above. Upon such review, I have no reason to believe that any statement made in this Form is untrue or misleading in any respect.

EMPLOYER'S SIGNATURE DATE:

Form SMC-05
(Rev 07/11)