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**Karuk Community Health Clinic**

64236 Second Avenue  
Post Office Box 316  
Happy Camp, CA 96039  
Phone: (530) 493-5257  
Fax: (530) 493-5270

# Karuk Tribe



**Karuk Dental Clinic**

64236 Second Avenue  
Post Office Box 1016  
Happy Camp, CA 96039  
Phone: (530) 493-2201  
Fax: (530) 493-5364

**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322  
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

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## Contact Information Sheet

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_



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**CHECK DISTRIBUTION FORM**

Employee Name: \_\_\_\_\_

Method of distributing Payroll and other checks:

- US Mail
- Pick up at Office
- Direct Deposit (Additional Form Required)

If choice is US Mail address you would like checks mailed to:

\_\_\_\_\_

Designated representative(s) who may pick up checks at this office for me:

Payroll Checks: \_\_\_\_\_

Other Checks: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*\* In the absence of this completed form all checks will be mailed to the address provided on the Contact Information Sheet.

# 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 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 \$350 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 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.

**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 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • 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. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "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 . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>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.</b>		<b>2015</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

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

<b>1</b>	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 \$154,950 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2015 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,000 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

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

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



## **PLEASE READ THIS CAREFULLY**

*The information on this form is confidential and is required to process payment data from the Karuk Tribe to the financial institution and/or its agent. Failure to provide the requested information may delay or prevent receipt of payments through the direct deposit program.*

### **Authorization to Recover Funds Deposited in Error:**

By signing this form, you and each joint account holder (if applicable) consent to allow the Karuk Tribe, through the financial institution, to debit the account (upon notice to you and any joint account holders) and to use any other lawful means to recover any salary payments to which you are not entitled.

### **Multiple Direct Deposits:**

Employees may choose up to eight direct deposits. It is the responsibility of the employee to clearly indicate and monitor the priority of his or her direct deposits. Additional sheets may be attached if you will have more than two direct deposits.

### **Cancellation of Direct Deposit:**

Pay will be directly deposited until direct deposit is canceled by the financial institution, the Karuk Tribe, or the employee.

*Cancellation by the Financial Institution:* The financial institution receiving the direct deposits may cancel direct deposit.

The institution must provide you and your payroll office 30 days written notice of the cancellation. The cancellation will not take effect until it is processed by the Karuk Tribe.

*Cancellation by the Karuk Tribe:* Direct deposit will be canceled on the effective date of any of the following:

- Termination of employment (final payroll check **will** be direct deposited, vacation payoffs **will not** be direct deposited)
- Change of financial institution or account information
- Change to ineligible status
- Change to inactive status.

*Cancellation by the Employee:* You may stop participating in direct deposit at any time by notifying your payroll office and completing a new Direct Deposit Enrollment Form. On a new form, check the Cancel box, fill in your name, Social Security number, account number and account type, then sign and date the form under voluntary cancellation. The cancellation will not take effect until it is processed by the Karuk Tribe.

### **Change in Financial Institution:**

To change the financial institution into which you deposit funds, you must first **cancel** your previous deposit (see above), then complete a new enrollment form to start direct deposit with the new financial institution. *A change in financial institution will cause that direct deposit to terminate and it will take at least two payroll periods for the new direct deposit to start.* You should maintain accounts at both financial institutions until the new institution receives your first direct deposit payment. If the account at the first financial institution is not maintained, you may experience a delay in payment until the new authorization takes effect.

### **Your Responsibilities:**

- You are responsible for verifying (with your bank) the accuracy of your bank account number when your enrollment form is completed and for confirming (with your bank) that your net pay deposit is in your account on the first payday when you receive your direct deposit statement. If the information on the statement is incorrect (for example, if the account number to which funds have been deposited is incorrect), you must notify your payroll office immediately.
- You are responsible for verifying that your direct deposit has occurred each payday. Please note that direct deposit is not guaranteed and it is your responsibility to verify the availability of funds in your accounts. (You are responsible for notifying the payroll office if a direct deposit did not occur).
- You are responsible for notifying the payroll office if you change banks or account number. You must complete a new Direct Deposit Enrollment Form and begin the direct deposit process again.
- You must notify your payroll office if your bank account has been closed. You must complete a Direct Deposit Enrollment Form to **cancel** that direct deposit (see above for cancellation instructions). If you wish to continue direct deposit to another account, you must complete a new enrollment form.
- You are responsible for payment of any charges that may be incurred against your account as a result of direct deposit.
- You must repay the Karuk Tribe if an overpayment occurs as the result of direct deposit. Your pay may be delayed as the result of an error in direct deposit, so you must notify your payroll office immediately when you become aware of an error. By signing the Direct Deposit Enrollment Form, you give the Karuk Tribe authorization to retrieve funds from your bank account in order to collect funds to which you were not entitled.

### **Miscellaneous:**

- Direct Deposit normally starts two pay periods after you submit a completed form to the Payroll Office.
- On the first pay period that direct deposit information is loaded into our computer system, you are in a **pre-notification** mode. During this pay period you will receive your normal paycheck **and** a pre-notification deposit statement. This statement will have '0.00' listed as the amount deposited (since direct deposit has not started yet). Please contact the payroll office if you detect an error. (Note: only the last 4 digits of your account number will show on the direct deposit statement.)
- Your funds should be deposited to your account on payday. Please check with your financial institution for more information regarding when your funds will be available to you.
- Once direct deposit starts, you will receive a Direct Deposit Statement of Payments.

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## NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Identification Copies**

Please include copies of identification used for completion of the form I-9.

Most people submit:

**EITHER**

A valid US Passport which satisfies all identification requirements.

**OR**

A valid driver's license or Identification card; **AND**

A social security card, birth certificate, or Tribal ID card.

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## IMPORTANT NOTICE

**To:** Individual Completing Employee Orientation  
**From:** James V. Phelps, Human Resources Director  
**RE:** Form I-9, Employment Eligibility Verification

When a new employee is hired, a form I-9 must be completed and is included in the orientation packet behind this notice. You must have the employee complete Section 1 and you must complete and sign Section 2.

You must review either one item from List A, or an item from both List B and List C if an item from List A is not available. There can be no variance from this. You must also attach copies of the documents verified.

**Failure to properly complete  
this form can result in a fine of up to \$1,000.**



# Instructions for Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**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](http://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.

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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](http://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 reverifications. 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.

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## 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](http://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](http://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.

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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](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto: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](http://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](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto: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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ 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.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

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):

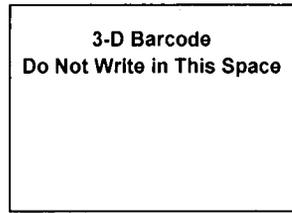
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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):
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**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



*Employer Completes Next Page*



## 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:

List A Identity and 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 (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
Do Not Write in This Space

### 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.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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.

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**Karuk Community Health Clinic**

64236 Second Avenue  
Post Office Box 316  
Happy Camp, CA 96039  
Phone: (530) 493-5257  
Fax: (530) 493-5270

# Karuk Tribe



**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322  
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

**Karuk Dental Clinic**

64236 Second Avenue  
Post Office Box 1016  
Happy Camp, CA 96039  
Phone: (530) 493-2201  
Fax: (530) 493-5364

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## Policy Manuals Acknowledgement

This is to acknowledge my understanding, as a new employee of the Karuk Tribe, that I am entitled to access an approved, current electronic version of the Karuk Tribe's Personnel Policy Manual, Travel and Vehicle Use Manual, and Fiscal Policies and Procedures Manual at any time by accessing the Tribe's website at ([www.karuk.us](http://www.karuk.us)) and then clicking on Forms.

I also acknowledge that the Manuals are available to me, promptly and free of charge, upon request to the Human Resources Department.

I understand that I am responsible for accessing the Manuals, reviewing the policies and procedures contained in them (including At Will, Substance Abuse and Control, Harassment, Conflicts of Interest, and Zero Tolerance), and abiding by them as a condition of my employment with the Karuk Tribe.

I further understand that the Manual(s) do now, and at all times during my employment with the Tribe as an employee, contain the authorized Tribal representation to me as to the continuation and/or termination of my employment, and as to the other terms and conditions of employment referenced in the Manual(s), except for any direction issued by the Tribal Council in their authorized authority.

Any employee, officer or agent of the Karuk Tribe who is found to be in violation of the Karuk Tribe's policies and procedures are subject to disciplinary action, up to and including termination of their employment, and possible civil or criminal penalties.

I also understand that the Manual(s) provide the method(s) for resolution of employment issues and claims raised by me or any other person concerning an adverse employment decision, or action (including but not limited to, termination or layoff from employment) the resolution of which may involve the application or interpretation of the Manual(s).

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**To Be Signed and Dated during Employee Orientation**

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**Karuk Community Health Clinic**

64236 Second Avenue  
Post Office Box 316  
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Phone: (530) 493-5257  
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# Karuk Tribe



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Happy Camp, CA 96039  
Phone: (530) 493-2201  
Fax: (530) 493-5364

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## CONFIDENTIALITY STATEMENT

I \_\_\_\_\_ an individual working with the Karuk Tribe, do hereby affirm that I have read and have been instructed on the Policy on Confidentiality.

I understand and agree that in the performance of my duties, as an employee of the Karuk Tribe, that I must hold personal information in strict confidence and shall not share any personal information with unauthorized individuals who do not have a need to know.

I understand that any breach of confidentiality is a serious offense because it is an irreversible violation, and therefore may result in punitive action and even dismissal.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's or Human Resources Representative

\_\_\_\_\_  
Date



## COMPUTER ACCESS REQUEST FORM

**\*Required Fields – Please make sure this form is COMPLETE!**

<b>*Name &amp; Personal Information</b>			
Last: _____,	First: _____	Middle: _____	Title: _____
Date of Birth: _____, SSN: - -		Home Phone: ( ) Number -	
Home Address:			
City: _____		State: _____	Zip code: -
License #'s (State lic#, DEA, Medicare, etc):			

<b>*Department/Site Location</b> (check one)			<b>* Position</b> (i.e. Billing Clerk)
<input type="checkbox"/> Happy Camp	<input type="checkbox"/> Orleans	<input type="checkbox"/> Yreka	
<input type="checkbox"/> Housing	<input type="checkbox"/> DNR	<input type="checkbox"/> Administration	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other

<b>Office Telephone Number – Extension</b>	
Area Code ( ) Number	Extension

<b>*Type of Service needed.</b> Which Package(s), Program etc. do you need access. (3p Billing AR Pat Registration etc) or <u>Access Same As</u> (another person, if you are unsure of which package(s) to select).
<input type="checkbox"/> RPMS HIPAA Training Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> E-MAIL
<input type="checkbox"/> DOMAIN (all computer systems)

<b>Special Instructions or Additional Comments.</b> (Changes to current access, such as adding or taking away keys)

<b>*Date Needed</b> and level of importance (high-today, medium-within 3 days, low-within 1 week)

### \*Signatures

Requestor \_\_\_\_\_ \*\*Supervisor \_\_\_\_\_  
Type or print Name Type or print Name

### \*\*Must have supervisors approval

The Computer Access Request Form (CARF) requesting employee access to the Karuk Tribe of California computer system will be filled out and signed by the employee's supervisor. The supervisor will determine the files or systems that the user needs access to and annotate those needs on this form. By signing this form, the employee is agreeing to abide by all tribal policies, rules, and regulations concerning system access that apply to the position..

All employees requesting access to the Health Program, must complete Health Orientation prior to access being given, including but not limited to HIPAA Privacy and Security.

# Karuk Tribe Organization Chart

## Last Updated: 01/29/2015

Tribal Membership

Tribal Council  
(Comprised of Nine Members)

Russell Attebery, Chairman  
Robert Super, Vice Chairman

KCDC Board of Directors  
Karen Derry, Operations Manager, Deanna Miller, CFO

KCDC Programs & Staff  
(Head Start, Naa Vura Yee Shiip, Computer Center, Fire)

KTHA Housing Committee  
Erin Hillman, Executive Director

KTHA Programs & Staff

Contract Compliance  
Sammi Offield

Language Program  
(Vacant)

Construction, Maintenance & Automotive  
Fred Burcell

Tribal Enrollment  
Robert Attebery

Finance Department  
Laura Mayton

Human Resources  
James Phelps

Land Management  
Scott Quinn

Department of Natural Resources  
Leaf Hillman

Water Quality, Fisheries, Air Quality, Watershed, Cultural Resources Programs & Staff

People's Center  
Carolyn Smith

Self Governance  
Jaclyn Goodwin

TANF/NEW Program  
Lester Alford

Low Income Assistance Program (LIAP)  
Vacant

TERO, Childcare, & Adult Vocational Training  
Dion Wood

Tribal Court, CASA, Child & Family Services  
April Attebury

Health & Human Services Programs (See 2nd Diagram)  
Raul Recarey

Department of Transportation & Planning  
Sandi Tripp

Emergency Preparedness  
Thomas Fielden

Education Program  
Alma Bickford

Grant Writers  
Thomas Waddell, Emma Lee Johnson



# Karuk Tribe Organization Chart

## Health & Human Services Programs

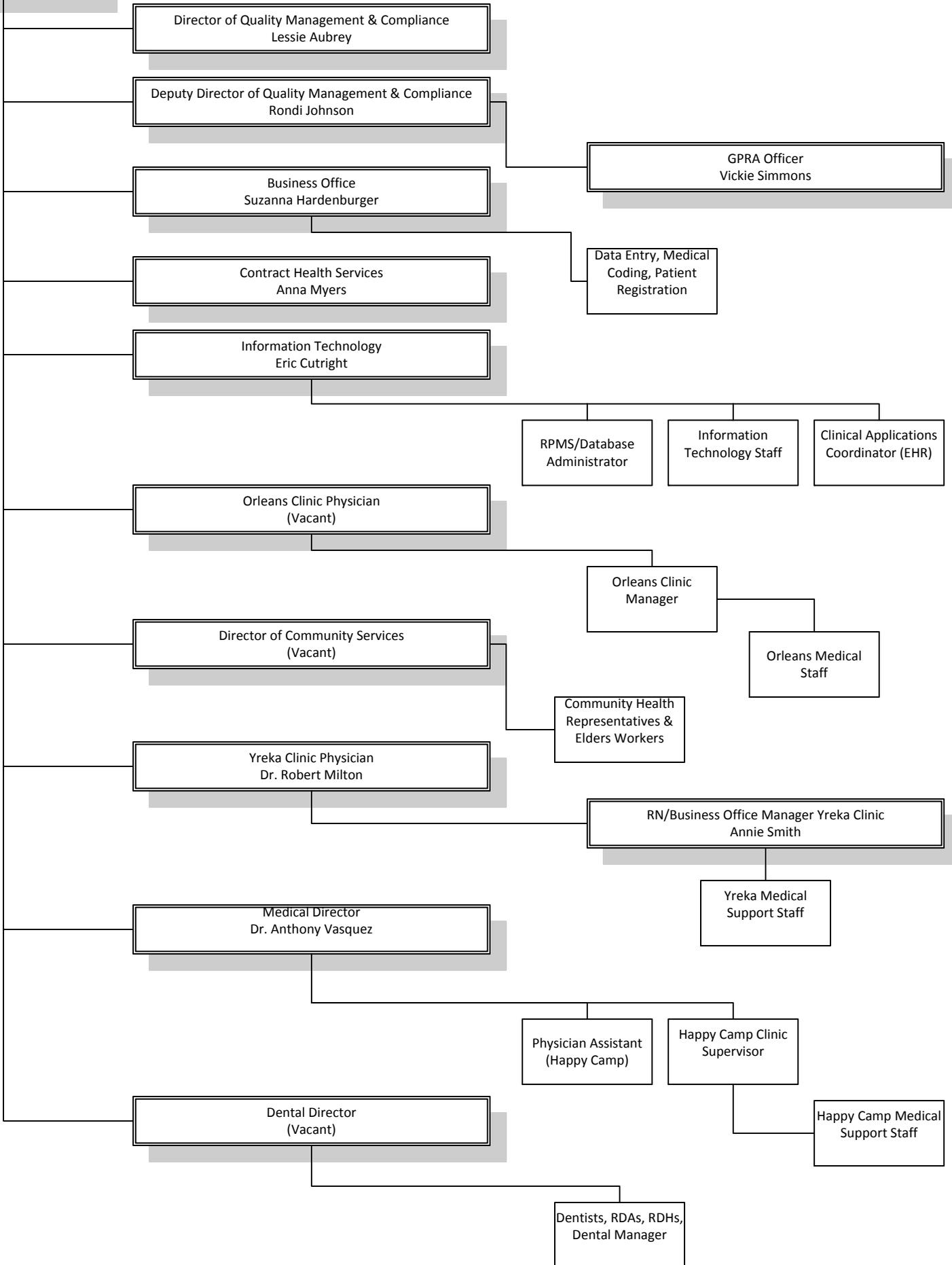
Last Updated: 01/29/2015

Tribal Membership

Tribal Council  
(Comprised of Nine Members)

Russell Attebery, Chairman  
Robert Super, Vice Chairman

Chief Executive Officer of HHS  
Raul Recarey



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**Karuk Community Health Clinic**

64236 Second Avenue  
Post Office Box 316  
Happy Camp, CA 96039  
Phone: (530) 493-5257  
Fax: (530) 493-5270

**Karuk Tribe**



**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322  
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

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**Karuk Dental Clinic**

64236 Second Avenue  
Post Office Box 1016  
Happy Camp, CA 96039  
Phone: (530) 493-2201  
Fax: (530) 493-5364

**2015  
Holiday Schedule**

*New Year's Day; Thursday, January 1<sup>st</sup>*

*Martin Luther King Jr.'s Birthday; Monday January 19<sup>th</sup>*

*Ka'timûin Káruk Supáah; Friday, May 22<sup>nd</sup>*

*Memorial Day; Monday, May 25<sup>th</sup>*

*Independence Day; Fourth of July; Observed on Friday July 3<sup>rd</sup>*

*Labor Day; Monday, September 7<sup>th</sup>*

*Native American Day; Friday, September 25<sup>th</sup>*

*Veterans' Day; Wednesday, November 11<sup>th</sup>*

*Thanksgiving; Thursday – Friday, November 26-27<sup>th</sup>*

*Christmas Day; Friday, December 25<sup>th</sup>*

*Personal Day; Near (within 3 months) of your Birthday*

# 2015 Pay Periods/Pay Days

PP Begins	PP Ends	Pay Date
		January 2
		January 16
January 11	January 24	January 30
January 25	February 7	February 13
February 8	February 21	February 27
February 22	March 7	March 13
March 8	March 21	March 27
March 22	April 4	April 10
April 5	April 18	April 24
April 19	May 2	May 8
May 3	May 16	May 21
May 17	May 30	June 5
May 31	June 13	June 19
June 14	June 27	July 2
June 28	July 11	July 17
July 12	July 25	July 31
July 26	August 8	August 14
August 9	August 22	August 28
August 23	September 5	September 11
September 6	September 19	September 24
September 20	October 3	October 9
October 4	October 17	October 23
October 18	October 31	November 6
November 1	November 14	November 20
November 15	November 28	December 4
November 29	December 12	December 18
December 13	December 26	December 31

\*\* All pay periods begin on Sunday at 12:01 AM and end on Saturday at 12:00 AM. Time sheets are due by 5:00 PM the Monday following the close of the pay period. Time sheets that are not submitted on time will not be processed until the following week.

## FIRE EMERGENCIES

- FIRE IS FAST:** Can go from a small fire to raging inferno in only 3 minutes.
- FIRE IS HOT:** Heat rises - Temperature can be 90 degrees at the floor and 600 degrees at eye level.
- SMOKE CAN KILL:** Fire can produce thick black smoke and can contain toxic gases such as carbon monoxide.
- R RESCUE** patients – stay low, check doors, stay calm.
- A ALARM** (sound alarm) – pull alarm have someone call the fire department.
- C CONTAIN** the fire – close doors and windows.
- E EXTINGUISH** – smother, use fire extinguisher, water only if Class A fire.

## USING A FIRE EXTINGUISHER

- P PULL** the pin between the two handles.
- A AIM** at the base of the fire (spraying directly at fire can spread it).
- S SQUEEZE** handles together.
- S SWEEP** from side to side - evenly applying spray to base of fire.

## WHAT TO DO IF A PERSON'S CLOTHING IS ON FIRE

- STOP** Don't allow a person to run.
- DROP** Put them on the floor.
- ROLL** Cover with blanket if possible and roll back and forth.

## BE AWARE

Where are the closest fire extinguishers to your office? The lunch room? The Front Office?  
What is the evacuation route you should take? Who is responsible for notifying the fire department?

## ELECTRICAL SAFETY

*Voltage:* Electrical pressure which moves electrical current (amperage).  
*Conductors:* Materials that allow flow of electric current (water, metals).  
*Insulators:* Materials that impede flow of electrical current (rubber, glass).  
*Grounding:* Electricity moves to the earth when it “leaks out” of the system.

*Electrical Shock:* How much voltage and current are involved?  
Your body’s resistance?  
The pathway of the current?  
How long does the shock last?

*Other Dangers:* Fire from overheating of equipment and conductors.  
Electrical sparks (arcs) - fire or injury.  
Severe burns from heat passing through the body.

*Safety Measures:* Electric cords - replace if insulation cracked, rubbed off or torn, if appears damaged or heats up in use, keep away from water - don’t run under rugs, through doorways, windows or holes in walls.

- ⊗ Pull on the plug not on the cord to remove from the wall.
- ⊗ Do not break off “third” prong to fit grounded plug into a two slot outlet.
- ⊗ Do not overload with multiple adapters.
- ⊗ Extension cords - do not attach with tacks or pins not plugged into second cord.

## ELECTRICAL EMERGENCIES

Killing the power - Use knuckle to flip breaker switch.

If a cord or piece of equipment feels hot, sparks or burns - Check for damage, repair before reuse.

Rescuing a shock victim - Don’t touch, turn off power, if rescue needed - Use non conducting surface - Give First Aid - ABC’s

Electrical Fires - Call Fire Department - Use ABC extinguishers.

Power Outage - Know location of lighted exits.

## HAZARD COMMUNICATION - MATERIAL SAFETY DATA SHEETS

EMPLOYEES HAVE THE RIGHT TO KNOW ABOUT POTENTIAL CHEMICAL HAZARDS IN THE WORKPLACE

*Chemicals* - different forms - Liquids - Solids - Gases - Vapors - Fumes - Mists

### HAZARD COMMUNICATION PLAN

*Karuk Tribe:* Maintains a list of hazardous materials kept on site.  
Material Safety Data Sheets - Kept on site for each Hazardous Material.  
Listed contact person – Clinic Supervisor.  
Protective Labels - on hazardous materials.

*MSDS:* Supplier/manufacturer provides information.  
Information available during working hours.  
Includes information including:

- Chemical and common name
- Manufacture name, address, emergency phone number
- Any hazardous ingredients
- Safe Exposure Levels - Threshold Limit Values
- Physical information (appearance, odor, boiling point, etc.)
- Fire and explosion information (flash point, extinguishing)
- Chemical reactions with other materials

How to deal with spills and leaks:

- Special clean up techniques
- Personal protective equipment used during clean up
- How to dispose of material properly

Health hazards of the material:

- Symptoms of overdose
- Medical conditions that can be aggravated by exposure
- Can chemical cause cancer
- First-aid and emergency procedures

PLEASE NOTE THAT THERE IS NOT A STANDARD FORMAT FOR THE MATERIAL SAFETY DATA SHEETS

MSDS - FOLDER IS IN THE DENTAL DEPARTMENT

COPY OF HAZARDOUS COMMUNICATION PLAN IS AVAILABLE WITH THE CLINIC MANAGER

## Online Orientation Materials

The following documents are available by clicking on Personnel and then Personnel Forms from the [www.karuk.us/](http://www.karuk.us/) website to be viewed and accessed as needed for future reference. **A hard copy is not issued in an effort to reduce the amount of paper consumed in employee orientation packets.**

If you will not have access to the internet through your worksite you may access the internet at the Computer Center or make arrangements for a hard copy to be issued.

### Policies & Procedures

- Personnel Policy Manual (PDF) Most recently amended 05/23/2013
- Travel and Vehicle Use Policy Manual (PDF) Most recently amended 9/29/2011
- Fiscal Policies and Procedures Manual (PDF) Most recently amended 11/20/2014
- Land Use Compliance Policy (PDF) Approved 5/20/2011
- Tribal Constitution (PDF) Revised 7/19/2008
- Resolution Procedures (PDF)

### Benefits and Payroll Forms

- 401(k) Complete Packet (PDF)
- 401(k) Loan Application (PDF)
- Anthem Blue Cross Enrollment Form (Medical) (PDF)
- Guardian Enrollment Form (Vision/Dental/Life Insurance) (PDF)
- Guardian Coverage Summaries Brochure (PDF)
- Direct Deposit Enrollment Form (MS Word)
- Request For Leave (MS Excel)
- Request for Medical Leave (PDF)
- 2015 Timesheets (MS Excel) \*NEW\*
- 2015 Holidays (PDF) \*NEW\*
- 2015 Meeting Dates (MS Word) \*NEW\*
- 2015 Pay Periods and Pay Dates (PDF)

### Miscellaneous Forms & Documents

- Agenda Request Form (PDF)
- Authorization to Submit Proposal (MS Excel)
- Complaint Form Health (PDF)
- Complaint Form (PDF)
- Computer Access Request Form (MS Word)
- Contract Procurement Policy (MS Word)
- Employment Application (Rev. 20141006)
- Employee Evaluation Forms (RTF)
- Employee Disciplinary Report (MS Excel)
- IT Dept. Work Order (MS Word)
- KT Resolution Template (MS Word) (Updated 10/25/2012)
- KT Travel Advance Request (MS Excel)
- Maintenance Work Request (PDF)
- Mileage Request (MS Excel)
- Obtaining Employee ID Cards (MS Word)
- Procurement Documentation Form (MS Excel) (Updated 10/25/2012)
- Purchase Requisition (MS Excel)
- Request for Contract (MS Excel) (Updated 10/25/2012)
- Request for Resolution (MS Excel)
- State (CA) Auditor's Report (PDF)
- Vehicle Incident Report (PDF)
- Vehicle Usage Log (MS Excel)
- Vehicle Usage Sheets Info (MS Word)
- Workers Comp Claim Form (PDF)

Enrollment Department Forms & Documents

- [Instructions for Obtaining Tribal ID Cards \(PDF\)](#)
- [Karuk Questionnaire \(expanded\) \(PDF\)](#)
- [Karuk Tribal Membership or Descendancy Application \(PDF\)](#)

LIAP Department Forms & Documents

- [2014/2015 LIAP Application \(PDF\)](#)

Historical Tribal Informational Documents

- [History of Health Services for American Indians \(PDF\)](#)
- [History of Health Services for California Indians \(PDF\)](#)
- [Karok – By William Bright \(PDF\)](#)
- [Tribal Government Profile and Summary \(PDF\)](#)