

Work-Study Employment Packet Checklist

Please submit the documents listed below to the Campus Work-Study Coordinator.

Documents Needed for ALL Federal, NVCC, and International Work-Study Students:

- Work-Study Agreement (NVCC Form 125-175).
- Employment Eligibility Verification Form I-9.
- Acceptable documentation for the I-9 form as noted on page 2 of the I-9 form.
- Federal Income Tax Withholding Form W-4.
- State Income Tax Withholding (Form VA-4 for Virginia).
- Personnel Information Form (NVCC Form 105-077).
- Summary of the Policy on Alcohol and Other Drugs (NVCC Form 105-141).
- Child Support Enforcement (NVCC Form 105-117).
- Workplace Harassment DHRM Policy (NVCC Form 105-049).
- Employee Direct Deposit Authorization (NVCC Form 105-027).
- Voided check or documentation from bank verifying routing number and account number.
- Background Check Notification and Release (NVCC Form 105-098).
- Information Technology Security Awareness Agreement.
- Information Technology Employee and Contractor Acceptable Use Agreement (NVCC Form 105-078).
- Information Technology Employee and Contractor Ethics Agreement (NVCC Form 105-011).
- FERPA Non-Disclosure Agreement for Work-Study Students.
- Work-Study Student Rights and Responsibilities Form.
- VCCS Employment Certification and Notice of Part-Time Hours Form.

For Students being Hired on a F1 Student Visa:

- Unexpired foreign passport.*
- Unexpired I-20 form.*
- Unexpired I-94 form indicating the F1 status.*

* It is possible for F1 students to use these documents for "List A" in Section 2 of the I-9 form. Please see the I-9 form for more information and the complete list of acceptable documentation. The I-9 form should not be completed until the student is offered a job by the supervisor. Students may contact the International Student Office for more information about obtaining an SSN if they do not already have one. The student's SSN should be entered on the I-9 form since the college participates in E-Verify.

Work-Study Agreement

Section A: To be completed by the Work-Study Student:

Student's Name: _____ Student ID#: _____ Aid Year: _____

Agreement is for: Fall & Spring Fall Only Spring Only Summer Only Work-Study Award: \$ _____

Student's Email to Send Background Check to: _____ Student's Phone #: _____

Have you participated in the Work-Study Program at NOVA within the last 12 months? Yes No

If not, then a complete [work-study employment packet](#) must be submitted with this form to the Campus Work-Study Coordinator.

Rehires who were terminated in HCM or who did not work during the past month must submit the following documents to be rehired:

- Work-Study Agreement I-9 Form with original, unexpired documentation Notification and Release
 W-4 and State Tax Withholding Forms Direct Deposit Form and bank documentation Personnel Information Form

Rehires who were not terminated and who have worked during the past month only need to submit a new work-study agreement.

Student's Signature: _____ Date: _____

Your signature indicates acknowledgment and acceptance of all Work-Study Program policies including the policies listed in the addendum.

All policies, procedures, job listings, forms and contact information for Campus Work-Study Coordinators are online at www.nvcc.edu/workstudy.

Section B: To be completed by the Work-Study Supervisor:

Supervisor's Name: _____ Supervisor's NOVA ID#: _____

Name of Supervisor's Office: _____ Supervisor's Phone #: _____

Intercampus Mail Address: _____ Supervisor's Email: _____

Supervisor's Budget Code (Fund, Department, Campus, and Account Code): _____

Earnings above the maximum approved award for each applicable semester will be charged to the supervisor's department.

Will the student need an NVCC LAN account/employee email for IT access beyond submitting time in HCM? Yes No

If a LAN account is needed the student must complete IT Security Awareness Training, Additional IT Access requires a [105-045 Form](#).

Has this student worked in your office before? Yes No If not, then **Job-X** must be used to complete the hiring process.

5-Digit Job ID from Job-X Position Description: _____ (List the Job ID from the original Job-X position description for rehires).

Supervisor's Signature: _____ Date: _____

Your signature indicates acknowledgment and acceptance of all Work-Study Program policies including the policies listed in the addendum.

Average # of Hours per Week: _____ = (Total Work-Study Award Amount) ÷ (Number of Weeks Left in the Applicable Semester)

Enter the expected work schedule agreed upon for the semester:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Scheduled Work Hours								

After Section A and B are completed, the student must return this form to the Campus Work-Study Coordinator.

Section C: To be completed by the Campus Work-Study Coordinator:

Campus Work-Study Coordinator's Name: _____ Campus: _____

W-S Type: Federal Work-Study FWS Community Service NVCC Work-Study International Work-Study

Is this a transfer to a new supervisor/department? Yes / No If so, please provide all the info for the new supervisor on this form.

Hourly Rate: \$16 per hour during the first year of work-study employment \$17 per hour starting in the fall after two full semesters of employment

\$18 per hour first year of employment with local non-profit \$19 per hour second year of employment with local non-profit

Campus Work-Study Coordinator's Signature: _____ Date: _____

This form should be processed by Human Resources only if it is received directly from the CFAO Work-Study Coordinator.

Work-Study Policies Addendum

Before students can start working each semester they must:

- 1) Complete the work-study agreement and the employment packet/rehire documents (if applicable as noted on the work-study agreement).
- 2) Accept the work-study awards posted on their MyNOVA accounts for the semester(s) they want to work.
- 3) Enroll in at least 6 [eligible credits](#) for the semester they want to work (consortium, non-credit, and dual-enrollment courses do not count).
- 4) Wait until the first day they were approved to work as indicated in the email sent by the CFAO Work-Study Coordinator.
- 5) The supervisor must receive an email from the CFAO Work-Study Coordinator for the applicable semester that indicates the start date, the amount of the work-study award, and the number of hours that the student may work during the semester.
- 6) If the student is being hired by the supervisor for the first time, the supervisor must receive a confirmation email from Human Resources indicating the student's employment was processed by HR. You may email dataops@nvcc.edu if this confirmation is not received within five business days after the CFAO Work-Study Coordinator emails you to confirm that the student was approved by the Financial Aid Office.

Students must stop working when any of the following situations occur:

- Their enrollment drops below 6 eligible credits required for their degree or certificate during the semester they were approved to work.
- They fail to meet the [Satisfactory Academic Progress \(SAP\) requirements](#).
- They are notified by the supervisor or the Financial Aid Office that they must stop working.
- Students must stop working by the end of the semester they were approved to work or when they have earned their full work-study award for a semester (whichever occurs first). The only exception is for students who were approved for a Fall & Spring work-study award (as shown on MyNOVA); these students may continue working after the fall semester ends if they registered for at least six eligible credits for the following spring semester and if they continue to meet the SAP requirements after fall grades post. Any unearned portion of a fall semester work-study award can be earned during the spring semester if students remain eligible.
- Students are not allowed to earn more than their fall semester work-study awards during the fall semester. Any unearned portion of a Fall/Spring work-study award cannot be earned after the end of the spring semester. A new work-study agreement must be completed and approved for the summer term in order for the student to work during the summer. The CFAO Work-Study Coordinator will email the supervisor if a summer work-study agreement is approved.
- If a summer work-study student earns the full "Summer 1" work-study award before the end of June, the student must stop working at that point. Any unearned "Summer 1" work-study award and "Summer 2" work-study award can then be earned in July when students are allowed to resume working and throughout the rest of the summer semester until the last day of the summer work-study program.

A supervisor's department budget may be charged if:

- A student's earnings exceed the student's approved work-study award during the applicable semester. Please keep track of earnings!
- The supervisor allows a student to start working before the student is eligible to start working.
- The supervisor allows a student to continue working after the student is no longer eligible. Please see the requirements listed above.
- A student continues working after the student's work-study agreement ends.
- Timesheets are approved after the work-study agreement has ended and it is too late to charge the wages to the work-study program.

General Policies:

- Work-study students are not allowed to work more than 20 hours per week.
- A student cannot have any other paid position at NVCC while participating in the work-study program (including a P-14 position, student-hire position, faculty/staff position, stipend, or a special assignment).
- Data Ops should submit manager self-service for supervisors.
- Supervisors may email Benefits@nvcc.edu in order to get timesheets approved before they have access to HCM.
- All work must occur on NOVA premises or at official sites designated in writing by the College Financial Aid Office.
- Work hours cannot conflict with class time and students must clock out for personal time, to eat, or to study.
- Students may not work from home or in any other instance where they cannot be supervised.
- All work-study awards are contingent on the student's continued eligibility, funding, and approval by HR and the CFAO.
- Job-X must be used to hire new work-study students and to hire work-study students who are transferring from another department.
- Students should submit their hours in the HCM system at the end of each day they work to help ensure hours are accurately reported.
- If the supervisor approves the timesheet after the [date due in payroll](#), the student will not be paid until the next pay-date.
- If a student stops working for any reason, the supervisor must immediately report this to the Work-Study Coordinator and the supervisor must terminate the student if he or she will not resume working by the beginning of the next pay period. Supervisors must submit a [105-021 Form](#) to terminate students. If there are issues submitting the form the supervisor should reach out to employeerelations@nvcc.edu for assistance.
- To convert a work-study student to a Student-Hire or P-14 employee, the supervisor must submit the [125-300 Form](#) to the Campus Work-Study Coordinator if the student participated in the work-study program within the past 12 months. HR also requires the EWP to be submitted in NATS and a competitive search to be performed to convert a student to a P-14 on a permanent basis. Please work with your campus HR Consultants and Campus Work-Study Coordinator to convert a work-study student to a P-14.
- More information and additional policies are provided in the [Work-Study Handbook](#) and at www.nvcc.edu/workstudy.

If you have questions or concerns regarding the Work-Study Program, please contact your [Campus Work-Study Coordinator](#).



Instructions for Form I-9, Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

Anti-Discrimination Notice: Employers must allow all employees to choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information entered in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or **Supplement B, Reverification and Rehire**. Employees do NOT need to prove their citizenship, immigration status, or national origin when establishing their employment authorization for Form I-9 or E-Verify. Requesting such proof or any specific document from employees based on their citizenship, immigration status, or national origin, may be illegal. Similarly, discriminating against employees in hiring, firing, recruitment, or referral for a fee, based on citizenship, immigration status, or national origin may be illegal. Employers should not reject acceptable documentation due to a future expiration date. For more information on how to avoid discrimination or how to report it, contact the Immigrant and Employee Rights Section in the Department of Justice's Civil Rights Division at www.justice.gov/ier.

Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. 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 the verification of the identity and employment authorization of each new employee (both U.S. citizen and noncitizen) hired after November 27, 2011.

Definitions

Employee: A person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "employee" does not include individuals who do not receive any form of remuneration (e.g., volunteers), independent contractors, or those engaged in certain casual domestic employment.

Employer: A person or entity, including an agent or anyone acting directly or indirectly in the interest thereof, who engages the services or labor of an employee to be performed in the United States for wages or other remuneration. This includes recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Authorized Representative: Any person an employer designates to complete and sign Form I-9 on the employer's behalf. Employers are liable for any statutory and regulatory violations made in connection with the form or the verification process, including any violations committed by any individual designated to act on the employer's behalf.

Preparer and/or Translator: Any individual who helps the employee complete or translates **Section 1** for the employee.

General Instructions

Form I-9 consists of:

- **Section 1:** Employee Information and Attestation
- **Section 2:** Employer Review and Verification
- Lists of Acceptable Documents
- Supplement A, Preparer and/or Translator Certification for Section 1
- Supplement B, Reverification and Rehire (formerly Section 3)

EMPLOYEES

Employees must complete and sign **Section 1** of Form I-9 no later than the first day of employment (i.e., the date the employee begins performing labor or services in the United States in return for wages or other remuneration). Employees may complete **Section 1** before the first day of employment, but cannot complete the form before acceptance of an offer of employment.

EMPLOYERS

Employers in the United States, except Puerto Rico, must complete the English-language version of Form I-9. Only employers located in Puerto Rico may complete the Spanish-language version of Form I-9 instead of the English-language version. Any employer may use the Spanish-language form and instructions as a translation tool.

All employers must:

- Make the instructions for Form I-9 and Lists of Acceptable Documents available to the employee when completing the Form I-9 and when requesting that the employee present documentation to complete Supplement B, Reverification and Rehire. See page 5 for more information.
- Ensure that the employee completes **Section 1**.
- Complete **Section 2** within three business days after the employee's first day of employment. If you hire an individual for less than three business days, complete **Section 2** no later than the first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Leave a field blank if it does not apply and allow employees to leave fields blank in **Section 1**, where appropriate.
- Retain completed forms. You are not required to retain or store the page(s) containing the Lists of Acceptable Documents or the instructions for Form I-9. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Additional guidance about how to complete Form I-9 may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on [I-9 Central](#).

Section 1: Employee Information and Attestation

Step 1: Employee completes Section 1 no later than the first day of employment.

- All employees must provide their current legal name, complete address, and date of birth. If other fields do not apply, leave them blank.
- When completing the name fields, enter your current legal name and any last names you previously used, including any hyphens or punctuation. If you only have one name, enter it in the Last Name field and then enter "Unknown" in the First Name field.
- Providing your 9-digit Social Security number in the Social Security number field is voluntary, unless your employer participates in E-Verify. See page 5 for instructions related to E-Verify. Do not enter an Individual Taxpayer Identification Number (ITIN) as your Social Security number.

Step 2: Attest to your citizenship or immigration status.

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual 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:** An individual 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.

Conditional residents should select this status. Asylees and refugees should NOT select this status; they should instead select "A noncitizen authorized to work." If you select "lawful permanent resident," enter your 7- to 9-digit USCIS Number (A-Number) in the space provided.

- 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work:** An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the documentation evidencing your employment authorization. If your employment authorization documentation has been automatically extended by the issuing authority, enter the expiration date of the automatic extension in this space.

- Refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other noncitizens authorized to work whose employment authorization does not have an expiration date, should enter N/A in the Expiration Date field.

Employees who select "a noncitizen authorized to work" must enter **one** of the following to complete **Section 1**:

- (1) **USCIS Number/A-Number** (7 to 9 digits);
- (2) **Form I-94 Admission Number** (11 digits); or
- (3) **Foreign Passport Number and the Country of Issuance**

Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Step 3: Sign and enter the date you signed Section 1. Do NOT back-date this field.

Step 4: Preparer and/or translator completes a Preparer and/or Translator Certification, if applicable.

If a preparer and/or translator assists an employee in completing Section 1, that person must complete a Certification area on Supplement A, Preparer and/or Translator Certification for Section 1, located on Page 3 of Form I-9. There is no limit to the number of preparers and/or translators an employee may use. Each preparer and/or translator must complete and sign a separate Certification area. Employers must ensure that they retain any additional pages with the employee's completed Form I-9. If the employee does not use a preparer or translator, employers are not required to provide or retain Supplement A.

Step 5: Present Form I-9 Documentation

Within three business days after your first day of employment, you, the employee, must present to your employer original, acceptable, and unexpired documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before the Thursday of that week. However, if you were hired to work for less than three business days, you must present documentation no later than the first day of employment.

Choose which documentation to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which documentation you may present from the Lists of Acceptable Documents. You may present either: 1.) one selection from List A or 2.) a combination of one selection from List B and one selection from List C. In certain cases, you may also present an acceptable receipt for List A, B, or C documents. For more information on receipts, refer to the M-274.

- List A documentations show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.
- List B documentation shows identity only and List C documentation shows employment authorization only. If you present acceptable List B and List C documentation, you should not be asked to present List A documentation. Guidance is available in the M-274 if you are under the age of 18 or have a disability (special placement) and cannot provide List B documentation.

Your employer must physically examine the documentation you present to complete Form I-9, or examine them consistent with an alternative procedure authorized by the Secretary of DHS. If your documentation reasonably appears to be genuine and to relate to you, your employer must accept the documentation. If your documentation does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documentation. Your employer may choose to make copies of your documentation, but must return the original(s) to you. Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Section 2: Employer Review and Verification

Before completing **Section 2**, you, the employer, should review **Section 1**. If you find any errors or missing information in **Section 1**, the employee must correct the error, and then initial and date the correction.

You may designate an authorized representative to act on your behalf to complete **Section 2**.

You or your authorized representative must complete **Section 2** by physically examining evidence of the employee's identity and employment authorization within three business days after the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete **Section 2** on or before the Thursday of that week. However, if the individual will work for less than three business days, **Section 2** must be completed no later than the first day of employment.

Step 1: Enter information from the documentation the employee presents.

You, the employer or authorized representative, must either physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the original, acceptable, and unexpired documentation the employee presents from the Lists of Acceptable Documents to complete the applicable document fields in **Section 2**. You cannot specify which documentation an employee may present from these Lists of Acceptable Documents. A document is acceptable if it reasonably appears to be genuine and to relate to the person presenting it. Photocopies, except for certified copies of birth certificates, are not acceptable for Form I-9. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

You may use common abbreviations for states, document titles, or issuing authorities, such as: "DL" for driver's license, and "SSA" for Social Security Administration. Refer to the M-274 for abbreviation suggestions.

List A documentation shows both identity and employment authorization.

- Enter the required information from the List A documentation in the first set of document entry fields in the List A column. Some List A documentation consists of a combination of documents that must be presented together to be considered acceptable List A documentation. If the employee presents a combination of documents for List A, use the second and third sets of document entry fields in the List A column. Use the Additional Information space, as necessary, for additional documents. When entering document information in this space, ensure you record all available document information, such as the document title, issuing authority, document number and expiration date.
- If an employee presents acceptable List A documentation, do not ask the employee to present List B and List C documentation.

List B documentation shows identity only, and List C documentation shows employment authorization only.

- If an employee presents acceptable List B and List C documentation, enter the required information from the documentation under each corresponding column and do not ask the employee to present List A documentation.
- If an employee under the age of 18 or with disabilities (special placement) cannot provide List B documentation, see the M-274 for guidance.

In certain cases, the employee may present an acceptable receipt for List A, B, or C documentation. For more information on receipts, refer to the Lists of Acceptable Documents and the M-274.

Photocopies

- You may make photocopies of the documentation examined but must return the original documentation to the employee.
- You must retain any photocopies you make with Form I-9 in case of an inspection by DHS, the Department of Labor, or the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

Step 2: Enter additional information, if necessary.

Use the Additional Information field to record any additional information required to complete **Section 2**, or any updates that are necessary once **Section 2** is complete. Initial and date each additional notation. See the M-274 for more information. Such notations include, but are not limited to:

- Those required by DHS, such as extensions of employment authorization or a document's expiration date.
- Replacement document information if a receipt was previously presented.
- Additional documentation that may be presented by certain nonimmigrant employees.

You may also enter optional information, such as termination dates, form retention dates, and E-Verify case numbers, if applicable.

Step 3: Select the box in the Additional Information area if you used an alternate procedure for document examination authorized by the Secretary of DHS.

You must select this box if you used an alternative procedure authorized by DHS to examine the documents. You may refer to the M-274 for guidance on implementing alternative procedures for document examination approved by the Secretary of DHS.

Step 4: Complete the employer certification.

Employers or their authorized representatives, if applicable, must complete all applicable fields in this area, and sign and date where indicated.

Reverification and Rehire

To reverify an employee's work authorization or document an employee's rehire, use Supplement B, Reverification and Rehire (formerly Section 3). Employers need only complete and retain the supplement page when employment authorization reverification is required. Employers may choose to document a rehire on the supplement as well. Enter the employee's name at the top of each supplement page you use. In the New Name field, record any change the employee reports at the time of reverification or rehire. Use a new section of the supplement for each instance of a reverification or rehire, sign and date that section when completed, and attach it to the employee's completed Form I-9. Use additional supplement pages as necessary. Use the Additional Information fields if the employee's documentation presented for reverification requires future updates.

Reverifications

When reverification is required, you must reverify the employee by the earlier of the employment authorization expiration date stated in Section 1 (if any), or the expiration date of the List A or List C employment authorization documentation recorded in Section 2. Employers should complete any subsequent reverifications, if required, by the expiration date of the List A or List C documentation entered during the employee's most recent reverification.

For reverification, employees must present acceptable documentation from either List A or List C showing their continuing authorization to work in the United States. You must allow employees to choose which acceptable documentation to present for reverification. Employees are not required to show the same type of document they presented previously. Enter the documentation information in the appropriate fields provided.

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card).

Reverification does not apply to List B documentation. Reverification may not apply to certain noncitizens. See the M-274 for more information about when reverification may not be required.

Rehires

If you rehire an employee within three years from the date the employee's Form I-9 was first completed, you may complete the supplement and attach it to the employee's previously completed Form I-9. If the employee remains employment-authorized, as indicated on the previously completed Form I-9, record the date of rehire and any name changes. If the employee's employment authorization or List A or C documents have expired, you must reverify the employee as described above.

Alternatively, you may complete a new Form I-9 for rehired employees. You must complete a new Form I-9 for any employee you rehired more than three years after you originally completed a Form I-9 for that employee.

Employee and Employer Instructions Related E-Verify

E-Verify uses Form I-9 information to confirm employees' employment eligibility. For more information, go to www.e-verify.gov or contact us at www.e-verify.gov/contact-us.

For employees of employers who participate in E-Verify:

- You must provide your Social Security number in the Social Security number field in **Section 1**.
 - If you have applied for, but have not yet received, your Social Security number, you should leave the field blank until you receive the number. Update this field once you receive it, and initial and date the notation.
 - If you can present acceptable identity and employment authorization documentation to complete Form I-9, you may begin working while waiting to receive your Social Security number.
- Providing your email address and telephone number in **Section 1** will allow you to receive notifications associated with your E-Verify case.
- If you present a List B document to your employer, it must contain a photograph.

For E-Verify employers:

- Ensure employees enter their Social Security number in **Section 1**.
- You must only accept List B documentation that contains a photograph. This applies to individuals under the age of 18 and individuals with disabilities.
- You must retain photocopies of certain documentation.

What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any other 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 "DHS Privacy Notice" below.

USCIS Forms and Information

Employers may photocopy or print blank Forms I-9. To ensure you are using the latest version of this form and corresponding instructions, visit the USCIS website at www.uscis.gov/i-9. You may order paper forms at www.uscis.gov/forms/forms-by-mail or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

For additional guidance about Form I-9, employers and employees should refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or USCIS' Form I-9 website at www.uscis.gov/i-9-central.

You can obtain information about Form I-9 by e-mailing USCIS at I9Central@uscis.dhs.gov. Employers may call 1-888-464-4218 or 1-877-875-6028 (TTY). Employees may call the USCIS employee hotline at 1-888-897-7781 or 1-877-875-6028 (TTY).

Retaining Completed Forms I-9

An employer must retain Form I-9, including any supplement pages, on which the employee and employer (or authorized representative) entered data, as well as any photocopies made of the documentation the employee presented, for as long as the employee works for the employer. When employment ends, the employer must retain the individual's Form I-9 and all attachments for one year from the date employment ends, or three years after the first day of employment, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is three years after the first day of employment.

Completed Forms I-9 and all accompanying documents should be stored in a safe and secure location. Employers should ensure that the information employees provide on Form I-9 is used only as stated in the DHS Privacy Notice below.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR section 274a.2. Employers creating, modifying, or storing Form I-9 electronically are encouraged to review these and any other relevant standards for electronic signature, and the indexing, security, and documentation of electronic Form I-9 data.

Penalties

Employers may be subject to penalties if Form I-9 is not properly completed or for employment discrimination occurring during the employment eligibility verification process. See 8 U.S.C. section 1324a and section 1324b, 8 CFR section 274a.10 and 28 CFR Part 44. Individuals may also be prosecuted for knowingly and willfully entering false information, or for presenting fraudulent documentation, to complete Form I-9.

Employees: By signing **Section 1** of this form, employees attest under penalty of perjury (28 U.S.C. section 1746) that the information they provided, along with the citizenship or immigration status they select, and all information and documentation they provide to their employer, is true and correct, and they are aware that they may face penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties or removal proceedings, and may adversely affect an employee's ability to seek future immigration benefits.

Employers: By signing **Sections 2 and 3**, as applicable, employers attest under penalty of perjury (28 U.S.C. section 1746) that they have physically examined the documentation presented by the employee, that the documentation reasonably appears to be genuine and to relate to the employee named, that to the best of their knowledge the employee is authorized to work in the United States, that the information they enter in **Section 2** is complete, true, and correct to the best of their knowledge, and that they are aware that they may face civil or criminal penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing Form I-9.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify the identity and employment authorization of their employees. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of individuals who are not authorized to work in the United States. This form is completed by both the employer and the employee and is ultimately retained by the employer.

DISCLOSURE: The information employees provide is voluntary. However, failure to provide the requested information, and acceptable documentation evidencing identity and authorization to work in the United States, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized 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 individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

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 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; 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 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

105-077 Personnel Information Form

The information in this form is needed for the College's personnel records. Please fill out all applicable items and print legibly to avoid delays with payroll and processing. For personnel data changes, e-mail completed forms to DataOps@nvcc.edu

Print Legal Name: First Name and Middle Initial	Last name	Employee ID Number (current employees only)
Birthdate (MM/DD/YYYY)	Gender	County of residence
Street Address	Apt	
City	State	ZIP + 4 (<i>zip4.usps.com</i>)
Home Phone	Cell Phone	Personal E-mail Address

RACE/ETHNICITY

This institution does not discriminate with regard to race, color, age, religion, sex, national origin, or disability. The information requested below is for records the College provides to federal/state authorities on equal opportunity for education or employment.

- Caucasian (includes Arabs)
- Black (Jamaicans, Bahamians, and other Caribbean or African, but not Hispanic or Arab, descent)
- Hispanic (Spanish surname, Mexican, Puerto Rican, Cuban, Central or South American, etc.)
- Asian or Asian-American (including Pakistani, East Indian, and Pacific Islander)
- Native American (American Indian, Alaskan native)
- Two or more

DISABLED: Yes No If yes, please explain: _____

CITIZENSHIP STATUS: Native to USA Naturalized Alien Permanent Alien Temporary

Country of Birth: _____

U.S. MILITARY SERVICE: Active Retired Other: _____

MARITAL STATUS: Married Single Divorced Widow

EDUCATION

- Less than high school
- Associate or junior college degree
- Master's degree
- Professional (MD,JD, BD)
- High school graduate/GED
- Bachelor's degree
- Advanced certificate, specialist degree, or 24 graduate hours beyond Master's
- Doctorate (Ph.D., Ed.D., D.A.)

Field of highest degree	College Name	City	State
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PRIOR VIRGINIA STATE SERVICE (check one)

- No prior state service
- Prior state service
- Current state employee

Virginia State Service includes **salaried** employment only (full and part-time Classified and/or Teaching, Professional, and Administrative Faculty). Wage employment (Adjunct, Hourly, Student, or Work Study) is not included as state service.

Current or Previous State Agency: _____ Dates of Service: _____

EMERGENCY CONTACT INFORMATION

Full Name	Phone 1	Phone 2	
Address	City	State	ZIP + 4 (<i>zip4.usps.com</i>)

I hereby certify that all entries are true and complete.

Employee signature	Date
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Summary of the Commonwealth of Virginia's Policy on Alcohol and Other Drugs

The Commonwealth of Virginia's Policy 1.05 on Alcohol and Other Drugs states that the following acts by employees are prohibited:

1. The unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol and other drugs on the workplace or while on official duty representing the Commonwealth of Virginia;
2. Impairment while performing job duties from the use of alcohol, marijuana or other drugs, (except the use of drugs for legitimate medical purposes);
3. Action which results in the criminal conviction for: a violation of any criminal drug law, based upon conduct occurring either on or off the workplace, and/or a conviction of any alcoholic beverage control law, cannabis oil, marijuana, or other law which governs driving while intoxicated, based upon conduct occurring on the workplace;
4. Failure to report to their supervisors and Human Resources that they have been convicted of any offense, as defined in Item III above, within five calendar days of the conviction.

Policy 1.05 is applicable to all employees in Executive Branch agencies, including the Governor's Office, Office of the Lieutenant Governor, and the Office of the Attorney General. The workplace consists of any state owned or leased property or any alternative work site where state employees are performing official duties.

Any employee who commits any prohibited act under this policy shall be subject to the full range of disciplinary actions, including discharge, and may be required to participate satisfactorily in an appropriate rehabilitation program.

A copy of the entire Commonwealth of Virginia's Policy on Alcohol and Other Drugs may be obtained from agency human resources or via the DHRM website.

Employees may also be subject to supplemental policies implemented by their Agency.

CERTIFICATE OF RECEIPT

Your signature below indicates your receipt of this policy summary of Policy 1.05, Alcohol and Other Drugs. Your signature is intended only to acknowledge receipt, it does not imply agreement or disagreement with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy was provided to you.

Employee's name (print) _____

Signature _____ Date _____

Child Support Enforcement

The 1993 Session of the Virginia General Assembly enacted legislation intended to further the efforts of the Department of Social Services' Division of Child Support Enforcement in locating working parents who are delinquent in child support payments. The Virginia Employment Commission (VEC) was given the role of collecting information on all newly hired employees and forwarding it to the Department of Social Services.

All Virginia employers are required to report new hires to the VEC within 35 days from the date of hire and ask the employee if he or she is under an income withholding order for child support. If the answer is no, no further action is required. If the answer is yes, then Human Resources is required to call Child Support Enforcement.

When Human Resources receives a copy of the withholding order from either the employee or Child Support Enforcement, withholding will begin. The Division of Child Support Enforcement will notify Human Resources of the need to enroll any dependent child in health insurance offered by Northern Virginia Community College.

Please check one of the spaces below, sign and date the form, and return it to Human Resources with your other forms required for employment.

_____ **I am not** under an income withholding order for child support.

_____ **I am under** an income withholding order for child support.

Employee's Name _____	_____	_____
	Print	SSN
_____	_____	_____
Position/Title	Division/Campus	Office Telephone
_____	_____	_____
	Signature	Date

For Human Resources Use Only.

Contacted Child Support Enforcement _____
Date

Copy of Child Support Order Received _____
Date

Workplace Harassment DHRM Policy #2.30

OBJECTIVE – It is the Commonwealth’s objective to provide a work environment conducive to the performance of job duties and free from intimidation or coercion in any form. The Governor’s Executive Order on Equal Employment Opportunity sets forth the Commonwealth’s dedication to upholding a stringent policy against all forms of discrimination. Workplace harassment, as defined herein, is a form of discrimination and is prohibited.

I. EMPLOYEES TO WHOM POLICY APPLIES [REVISED 05/02] – This policy applies to all positions covered under the Virginia Personnel Act to include full- and part-time classified, restricted, and “776” employees. This policy also applies to applicants for employment, excepted employees, and wage employees. (See section 1.1 of Policy 2.20, Types of Employment.)

II. DEFINITION OF WORKPLACE HARASSMENT

- A. Workplace Harassment: Any unwelcome verbal, written, or physical conduct that either denigrates or shows hostility or aversion towards a person on the basis of race, color, national origin, age, sex, religion, disability, marital status, or pregnancy that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an employee’s work performance; or (3) affects an employee’s employment opportunities or compensation.
- B. Sexual Harassment: Any unwelcome sexual advance, request for sexual favors, or verbal, written, or physical conduct of a sexual nature by a manager, supervisor, co-workers, or non-employee (third party).

III. PROHIBITED CONDUCT

- A. The Commonwealth strictly forbids harassment of any employee, applicant for employment, vendor, contractor, or volunteer, on the basis of an individual’s race, color, national origin, age, sex, religion, disability, marital status, or pregnancy.
- B. The Commonwealth will not tolerate any form of retaliation directed against an employee or third party who either complains about harassment or who participates in any investigation concerning harassment.

IV. REPORTING ALLEGATIONS OF WORKPLACE HARASSMENT

- A. Employees and applicants for State positions are encouraged to report – Agencies should encourage employees and applicants for employment within those agencies to report incidents involving alleged workplace harassment to the agency human resource director, the agency head, their supervisors, or other individuals designated to receive such reports, except that in no instance should an employee or applicant alleging workplace harassment be required to report such allegation to the alleged harasser.
- B. State procedures for employees and applicants for employment to address workplace harassment – Employees and applicants for employment seeking to redress workplace harassment may follow the State Employees’ Discrimination Complaint Procedure which is administered by the Department of Human Resource Management’s Office of Equal Employment Services.
- C. Additional State procedures for employees to address workplace harassment – Eligible employees may use the grievance procedure for state employees, which is administered by the Department of Employment Dispute Resolution, to redress workplace harassment.
- D. Federal procedure for addressing workplace harassment – Employees (and applicants for State employment) seeking to redress workplace harassment also may file a complaint with the United States Equal Employment Opportunity Commission.
- E. Assurance against retaliation – Employees and third parties who make complaints of workplace harassment, or provide information related

to such complaints, will be protected against retaliation. If retaliation occurs, the employee(s) should report the retaliation through the harassment complaint procedure.

V. AGENCY RESPONSIBILITIES

Agencies must communicate this policy to their employees and third parties as applicable, including:

- A. educating their employees about the types of behavior that can be considered workplace harassment, and
- B. explaining procedures established for filing workplace harassment complaints.

Agency managers and supervisors are required to:

- C. stop any workplace harassment of which they are aware, whether or not a complaint has been made,
- D. express strong disapproval of all forms of workplace harassment;
- E. stop any acts that they see that may be considered workplace harassment, and take appropriate steps to intervene;
- F. take immediate action to prevent retaliation towards the complaining party or any participant in an investigation; and
- G. take immediate action to eliminate any hostile work environment where there has been a complaint of workplace harassment.

VI. VIOLATIONS

- A. Engaging in Harassment – any employee who engages in conduct determined to be harassment, or who encourages such conduct by others, shall be subject to corrective action under Policy 1.60, Standards of Conduct, which may include discharge from employment.
- B. Allowing Harassment to Continue/Failure to Respond – Managers and/or supervisors who allow workplace harassment to continue or fail to take appropriate corrective action upon becoming aware of the harassment may be considered a party to the offense, even though they may not have engaged in such behavior and should be subject to disciplinary action under Policy 1.60, Standards of Conduct, including demotion or discharge.

VII. AUTHORITY AND INTERPRETATION

- A. This policy is issued by the Department of Human Resource Management pursuant to the authority provided in Chapter 10, Title 2.2, of the Code of Virginia. This policy supersedes Policy 2.15, Sexual Harassment, issued September 16, 1993.
- B. The Director of the Department of Human Resource Management is responsible for official interpretation of this policy, in accordance with section 2.2-1201(13) of the Code of Virginia. Questions regarding the application of this policy should be directed to the Department of Human Resource Management’s Office of Compensation and Policy or the Office of Equal Employment Services.

My signature below attests that I have received a copy of the Department of Human Resource Management policy on Workplace Harassment, and the Agency has also reviewed this policy with me.

Name

Signature

Date

Directions for Completion of COVA Direct Deposit Form

Completed by employee:

- 1.) A separate form must be completed for each account
- 2.) All required fields must be completed:
 - a. Agency Name – you must include any other agency you are currently employed with if changing destination of your NET pay
 - b. Employee Name
 - c. Employee Number
 - d. Employee Address
 - e. Current Account Number – see 3 and 4 below
 - f. Financial Institution Name
 - g. Routing Number – also see 5 below; employees are responsible for providing correct information on this form for both routing and account numbers
 - h. Account Type
 - i. New or Change – use New only if this is the initial request for this account number and nothing is changing
 - j. Amount – only one account number is permitted for NET pay to include payments received for work done at other agencies as well; fixed amounts may be sent to up to three additional accounts per type (checking OR savings) for a total of seven splits (3 fixed amounts to checking, 3 fixed amounts to savings, 1 net amount to either checking or savings)
- 3.) Current account number is required if changing from this account to another
- 4.) Current account number is required if making a change in the dollar amount going to this account
- 5.) Documentation is required to verify routing and account numbers; i.e., voided check, account identification card, direct deposit instructions provided by the bank – please note that this does not replace COVA form
- 6.) Sign and date the form – electronic signatures are not acceptable
- 7.) Do not share this form electronically
- 8.) Submit completed form to your agency HR or Payroll office for processing

Agency Use:

- 1.) Agency is responsible for validating legitimacy of request and must complete the Agency Use section to document
- 2.) Do not share this form electronically
- 3.) Agency payroll staff are responsible for correctly entering information provided on the form in a timely manner. All data entry should be reviewed for accuracy.

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION Agency Name: _____

(Any change in the NET direct deposit accounts must be reported to ALL agencies that you are actively employed with. Please list them below.)

I am also employed by: _____; and _____

Name (First, Middle Initial, Last)	Employee Number
Street Address	City, State and Zip

Current Account Number (If changing direct deposit information, the account number where funds were deposited prior to the change you are requesting is **required**)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial Institution Name (Required even if institution is not changing)

Routing Number (Required even if institution is not changing)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Type **Checking** **Savings**

New OR **Change** **Amount (Check one) :** **NET** OR **Fixed Amount, \$** _____

Account Number (Attach voided check or other confirmation of account number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorization and Signature (required for processing)

I authorize my employer to deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my accounts) as indicated. I am responsible for ensuring the accuracy of the account information provided on this form and I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. **I understand that the net amount of each payment I receive from the Commonwealth must be deposited to the same account.** I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

_____ _____

Employee Signature Date

For Agency Use:

Request confirmed with EE by (check at least one): _____ form personally delivered by EE; _____ Confirmed with EE by phone; _____ EE state badge or driver's license verified; _____ Other (please describe _____)

Form received and verified by: _____ Title: _____ Date: ____/____/____

CIPPS Updated by: _____ Date: ____/____/____ Reviewed by: _____ Date ____/____/____

Checking deduction numbers: fixed 159, 163, 167 Net checking 169 Savings deduction numbers: fixed 160, 164, 168 Net savings 170

Notification and Release

CAC Code: N083

All full-time or part-time candidates for employment with Northern Virginia Community College (NOVA) are required to successfully complete a background investigation. Passing this background check is a condition of employment and **NO RECOMMENDED CANDIDATE MAY BEGIN WORKING UNTIL THE RESULTS OF THE CHECK ARE CONFIRMED BY HUMAN RESOURCES.**

Please complete the requested information on the form below and submit it to the Human Resources Office at NOVA. The College's standard background check includes a seven-year history of: statewide criminal screening (VA), county criminal screening (outside VA), sexual offender index check, social security verification, and residential history. Some financial or security sensitive positions may require more in-depth reviews which include but are not limited to: civil records, credit reports, and/or motor vehicle records. The results and specific details of this investigation will be kept strictly confidential in the Human Resources Office.

RELEASE

I understand and agree that all information furnished in my application and all attachments may be verified by NOVA or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give NOVA all information relative to such verification and hereby release such individuals, organizations, and NOVA from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed that NOVA may seek to obtain a consumer report and/or investigative report that will include personal information, including but not limited to educational history, work references, driving record, and criminal convictions in order to assist NOVA in making certain employment decisions. I further acknowledge notification by NOVA that reports may be provided to NOVA by other firms subcontracted for that purpose. I, my heirs, assigns, and legal representatives hereby release and fully discharge NOVA and the respective officers, directors, employees, agents of the College, including subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. **NOVA agrees to inform me if an employment decision has been influenced by information contained in a consumer report made at its request by Applicant Insight. I may obtain a free copy of the report within 60 days by calling Applicant Insight toll-free at 800-771-7703.** NOVA will also make available to me "A Summary of Your Rights Under The Fair Credit Reporting Act."

You may return the signed/completed document via:

Fax: 703-323-3155 (preferred method) or U.S. mail to: NOVA – Human Resources, 4001 Wakefield Chapel Road, Annandale, VA 22003

Please write legibly.

Name _____ Date of Birth ____/____/____
(First, Middle, Last) (Mo./Day/Yr.)

Maiden Name or "AKA" _____ Dates Used From ____/____/____ to ____/____/____
(First, Middle, Last) (Mo./Day/Yr.) (Mo./Day/Yr.)

Social Security # _____ Driver's License # _____ State _____

Current Address:

_____ Dates Occupied From ____/____/____ to ____/____/____
Street City, State, Zip (Mo./Day/Yr.) (Mo./Day/Yr.)

To be completed by hiring supervisor:

Job Classification (please check one) Faculty Adjunct Faculty Staff P-14 Student Other _____

Campus (please check one) Alexandria Annandale Loudoun Manassas Medical Education Campus Woodbridge

Printed Name of Hiring Supervisor: _____ Phone Number: _____

The information contained in this application with Northern Virginia Community College is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by the College may disqualify me from employment regardless of time of discovery. I also consent that you may contact references, former employers, and educational institutions listed regarding these documents.

Applicant Signature (required)

Date

Information Technology Security Awareness Agreement



Information Security is Everyone's Business

Best Practices for IT Security at NOVA

The key to successful information security is you. Studies show that most breaches of computer security are the result of something a computer user did or failed to do. Taking the steps necessary to ensure information security is everyone's responsibility at NOVA. Following the best practices outlined in this handout is a first step in making information secure.

1. **Use cryptic passwords that can't be easily guessed and protect your passwords.**

Faculty, staff, and contractors have access to IT systems at NOVA and through the Virginia Community College System (VCCS). To request IT accounts, you need to have your supervisor submit an online 105-045e Access Request. You can find the link to this form on the Forms site of the NOVA web site.

Once you have received your accounts, you need to create and use secure passwords for both your NOVA and VCCS systems. Your NOVA and VCCS usernames and passwords are different.

a. **NOVA password requirements:**

- **MUST NOT contain all or part of the user's account**
- **MUST be at least 8 characters in length**
- **MUST contain characters from 3 of the following four categories:**
 1. English uppercase characters (A through Z)
 2. English lowercase characters (a through z)
 3. Base number (0 through 9)
 4. **(NOVA only):** Non-alphanumeric Characters (e.g., !, \$, #, %)
- Do not use real words.
- Do not use family names or place names.
- NOVA requires password change every 180 days.

b. **VCCS password requirements:**

- **MUST NOT contain all or part of the user's account**
- **MUST be at least 8 characters in length but not more than 32**
- **MUST contain a combination of the following:**
 1. At least one English uppercase character (A through Z)
 2. At least one English lowercase character (a through z)
 3. At least one base number (0 through 9)
 4. At least one special character (e.g. ` ~ ! @ # \$ % & ^ * () _ + { } [] - \ / ? : ,)
- Do not use real words.
- Do not use family names or place names.
- Password changes should be made regularly.

Once you have established a secure password, keep your password secret. Do not share your password with others. Do not write down your password and keep it near the computer.

2. **Secure your area, files and portable equipment before leaving them unattended.**

- Be sure to log off your PC when you leave for the day.
- Store your disks, CD's, DVD's, and other document storage devices securely.
- Safeguard sensitive hard copies. Do not leave them in an open area for others to see.

3. **Make sure your computer is protected with anti-virus and all security patches and updates.**

- Test all new software and new CD's, DVD's with virus scanning programs.
- Be sure to use the most recent versions of virus scanning programs.
- Don't download software offered on outside bulletin boards.
- Read all IT Help Desk email notices about virus protection and security tips.
- Recognize symptoms of a possible virus:

Information Technology Security Awareness Agreement

- Recognize symptoms of a possible virus:
 - Files disappear or replicate
 - Mystery file appears
 - Data is transformed or corrupted
 - Disk space fills up
 - Memory capacity is reduced
 - Computer slows down or locks up
 - Unusual system messages appear
 - Hard drive crashes
 - Stop using the computer with the possible virus.
 - Write down what happened, what files you were using, and what functions you just executed when you identified a possible virus.
 - **Report the possible virus incident to the IT Help Desk at 703-426-4141.**
 - After a virus is removed from your system, be alert to any sign of reinfection.
4. **Make backup copies of data you do not want to lose and store the copies very securely.**
- Back up your essential files and updated programs; maintain up-to-date documentation.
 - Save data files to your network drive and not on your PC hard drive.
5. **Don't save sensitive information on portable devices, such as laptops, memory sticks, PDAs, iPods, data phone, CDs/DVDs.**
- Do not store lists with sensitive information on the Web.
 - Lock printed materials with sensitive data in drawers or cabinets when you leave at night.
 - When done with printed sensitive material, shred them.
6. **Practice safe emailing.**
- Don't open attachments to your email from someone you do not know.
 - Don't open attachments to your email without using a virus scanning program.
 - Phishing emails may look legitimate but be aware that the NOVA IT Help Desk will never ask for your personal information, logon or password information through an email. NEVER provide personal information when requested through an email. Always check with the IT Helpdesk should you question the legitimacy of an email.
7. **Be responsible when using the Internet.**
- Don't provide personal or sensitive information to Internet sites, surveys, or forms unless you are using a trusted, secure website.
 - Don't cut and paste link from questionable message into your Web browser.
8. **Don't install unknown or suspicious programs on your computer.**
- This avoids giving others a "back door" access to your computer without your knowledge.
9. **Prevent illegal duplication of proprietary software.**
- Observe the license terms of proprietary software.
 - Never make or use illegal duplicates of software or documentation.
 - Don't have illegal software in your possession.
10. **Penalties for breaking the law are steep.**
- Compensatory damages levied against NOVA can be up to \$100,000 per unauthorized copy.
 - Under certain circumstances, individuals can be sentenced to up to five years in prison and fined \$250,000.
11. **Protect against Spyware/Adware.**
- Make sure the programs (especially Freeware) you install don't contain adware (read license agreement, check publisher's web site, use search engine on program name and keywords "adware or spyware").
 - Install a pop-up blocker to prevent adware and spyware pop-ups.
 - Don't unwittingly install adware or software. Only click "yes" in response to internet generated installation dialog boxes, if you know and trust the publisher and want the software.

Note: Hacking/Cracking and other Malicious Activities

Information Technology Security Awareness Agreement

- The Virginia Computer Crimes Act (Code of Virginia § 18.2) imposes misdemeanor and felony violations for the unauthorized viewing, copying, alteration or destruction of computer data, software or programs.

Penalties for breaking the law:

- 18.2-152.3. COMPUTER fraud; punishable as Class 1 misdemeanor or Class 5 felony, 18.2-152.4. COMPUTER trespass; punishable as Class 1 misdemeanor or Class 6 felony, 18.2-152.5. COMPUTER invasion of privacy; punishable as Class 3 misdemeanor, 18.2-152.6. Theft of COMPUTER services; punishable as Class 1 misdemeanor, 18.2-152.7. Personal trespass by COMPUTER; punishable as Class 1 misdemeanor or Class 3 felony.

College and Campus Resources

- ➔ For questions or account creation, contact the IT Help Desk by phone at 703-426-4141

Information Technology Employee and Contractor Acceptable Use Agreement

As an employee or contractor of Northern Virginia Community College (NVCC) and the Virginia Community College System (VCCS) and a user of their local and shared computer systems, I understand and agree to abide by the terms of the following Information Technology Employee and Contractor Acceptable Use Agreement. These terms govern my access to and use of the information technology applications, services, and resources of NVCC and VCCS, and the information they generate and maintain.

I will have access to the following systems given to all employees: NVCC Network Access, NVCC e-mail, NVCC Network Storage, eNova Virtual Web Classroom and Meeting Space, NovaConnect Student Information System, Canvas, **Remote Access**, and the NVCC online Human Resources system. NVCC and VCCS have granted this access to me in order for me to perform my job at NVCC. I will not knowingly permit use of my logon identification, password, workstation identification, user identification, file protection keys or production read/write keys, digital certificates, or 2-factor authentication mechanisms for any purpose other than what is required to perform authorized employment functions. I will not disclose information concerning any access control mechanism (e.g., logon and password) unless authorized to do so by my supervisor. I will not use any access mechanism that NVCC and VCCS have not assigned to me.

I agree to create or change my password when notified and to complete required information technology security awareness training annually as a condition of maintaining my access to NVCC and VCCS systems. I will follow all of the security procedures of NVCC and VCCS computer systems as they are communicated to me and protect the data contained in them. **I will not respond to phishing or other attempts to steal logons and passwords or introduce malware into NVCC or VCCS systems, and will use care when opening attachments.**

I will treat all student and personnel information maintained on the NVCC and VCCS computer systems as strictly confidential and will not release information to any unauthorized person.

Computer software, databases, and electronic documents are protected by copyright law. A copyright is a work of authorship in a tangible medium. Copyright owners have the sole right to reproduce their work, prepare derivatives or adaptations of it, distribute it by sale, rent, license lease, or lending, and/or to perform or display it. Users must either have an express or implied license to use copyrighted material or data, or be able to prove fair use. Users of college computers are responsible for understanding how copyright law applies to their electronic transactions. They may not violate the copyright protection of any information, software, or data with which they come into contact through the college computing resources. Downloading or distributing copyrighted materials such as documents, movies, music, etc., without the permission of the rightful owner may be considered copyright infringement, which is illegal under federal and state copyright law. Use of the College's network resources to commit acts of copyright infringement may be subject to prosecution and disciplinary action. The penalties for infringing on copyright law can be found under the U.S. Copyright Act, 17 U.S.C. §§ 501–518 (http://www.copyright.gov/title_17/92chap5.html) and in the U.S. Copyright Office's summary of the Digital Millennium Copyright Act (<http://www.copyright.gov/legislation/dmca.pdf>).

I will not use peer-to-peer file sharing programs such as LimeWire, KaZaA, Gnutella, Morpheus, BitTorrent, or similar programs on any college computer and will not download or share files in violation of that material's copyright protection.

I agree to abide by all applicable state, federal, VCCS, and college policies, procedures, and standards that relate to the Virginia Department of Human Resource Management Policy 1.75—Use of Electronic Communications and Social Media, the VCCS Information Security Standard, and the Information Technology Acceptable Use Standard. These include, but are not limited to:

- Attempting to gain access to information owned by the College or by its authorized users without the permission of the owners of that information;
- Accessing, downloading, printing, or storing information with sexually explicit content as prohibited by law or policy;
- Downloading or transmitting fraudulent, threatening, obscene, intimidating, defamatory, harassing, discriminatory, or otherwise unlawful messages or images;

Information Technology Employee and Contractor Acceptable Use Agreement

- Installing or downloading computer software, programs, or executable files contrary to policy;
- Uploading or downloading copyrighted materials or proprietary agency information contrary to policy;
- Sending e-mail using another's identity, an assumed name, or anonymously;
- Attempting to intercept or read messages not intended for them;
- Intentionally developing or experimenting with malicious programs (viruses, worms, spy-ware, keystroke loggers, phishing software, Trojan horses, etc.) on any college-owned computer;
- Knowingly propagating malicious programs;
- Changing administrator rights on any college-owned computer, or the equivalent on non-Microsoft Windows based systems;
- Using college computing resources to support any commercial venture or for personal financial gain.

I will follow any special rules that are posted or communicated by responsible staff members whenever I use college computing laboratories, classrooms, and computers in the Learning Resource Centers. I shall do nothing intentionally that degrades or disrupts the computer systems or interferes with systems and equipment that support the work of others. Problems with college computing resources should be reported to the staff in charge or to the Information Technology Help Desk.

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the Information Security Officer and/or management of my college.

I understand that I must use only those computer resources that I have the authority to use. I must not provide false or misleading information to gain access to computing resources. NVCC or the VCCS may regard these actions as criminal acts and may treat them accordingly. I must not use NVCC or VCCS IT resources to gain unauthorized access to computing resources of other institutions, organizations, individuals, etc.

NVCC and the VCCS reserve the right (with or without cause) to monitor, access, and disclose all data created, sent, received, processed, or stored on NVCC or VCCS systems to ensure compliance with NVCC and VCCS policies, and federal, state, or local regulations. College or System Office officials will have the right to review and/or confiscate (as needed) any equipment (Commonwealth of Virginia owned or personal) connected to a COV owned device or network.

I understand that the NVCC information security office at NVCC's IT Support Services or other designated college or VCCS IT security officials reserve the right, without notice, to limit or restrict any individual's computer access and to inspect, remove, or otherwise alter any data, file, or system resource that may undermine any NVCC or VCCS information technology resources.

I understand that it is my responsibility, and a condition of employment, to read and abide by this agreement, even if I do not agree with it. If I have any questions about the Information Technology Acceptable Use Agreement or any other information technology policy, I understand that I need to contact the College Information Security Officer, the Vice President for IET & College Computing, or another appropriate college official.

Approved by the Administrative Council 11/16/10.

Information Technology Employee and Contractor Ethics Agreement

Access to the Virginia Community College System's (VCCS) local and wide-area computer systems imposes certain responsibilities and obligations upon the user and is a privilege granted, subject to VCCS policies as well as state, local, and federal law. The College is committed to advancing ethical and responsible use of all computing resources and will not tolerate illegal, improper, or irresponsible use.

I understand that I may be granted access to the VCCS's computer systems as a necessary privilege so that I may be able to perform authorized job functions, and as such, I have the responsibility to use the systems in an ethical, professional and legal manner. In exchange for the privileges granted me, I agree to abide by the following standards:

1. To take every reasonable precaution to prevent unauthorized access to any passwords, user identifications, logon identifications or other information that may be used to access the systems.
2. To treat all confidential information within the systems as such.
3. To limit access to information contained in or obtained from the systems to persons authorized such information, and to use that information only in the performance of my duties.
4. To respect the facilities and equipment and to prevent their abuse.
5. To abide by any and all restrictions imposed by the College on access mechanisms to and from, as well as use of, resources outside VCCNet. Specifically, I understand that any Internet protocol (IP) addresses issued to me are to be employed for official use to carry out the educational mission of the College.
6. To use the Internet and the College's electronic communication systems in compliance with Policy 1.75 of the Department of Human Resources Management (DHRM) Policies and Procedures Manual.
7. To report any incidents of non-compliance with the terms of this agreement to the administration of Northern Virginia Community College.

I understand that the VCCNet Administration or appropriate designated College officials consider any violation of the procedures and standards to be a serious offense and reserve the right to copy and examine any files or information resident on VCCS computer systems allegedly related to unacceptable use.

As part of its commitment to advancing the awareness of the principles of good practice in IT security, NOVA provides its faculty, staff, and contractors with training materials that detail best practice.

I have received the Northern Virginia Community College Information Technology Security Awareness, Employee and Contractor Acceptable Use Agreement, and Employee and Contractor Ethics Agreement handouts and understand it is my responsibility to become knowledgeable of their contents as a user of College information technology resources.

Failure to sign, date, and submit the form confirming your agreement to follow policy and procedure to the Information Technology Support Services department after receiving your NVCC network or VCCS Application access will result in your network access authorization being terminated.

By using the College computing resources, I agree to abide by the terms of these agreements and understand that if I should violate these agreements I will be subject to disciplinary action.

By signing below, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to them. I further acknowledge that should I violate these agreements, I will be subjected to disciplinary action.

NVCC Employee or Contractor Name (print)

Date

NVCC Campus or Location

Department/Office

NVCC Employee or Contractor Name (signature)

Student Records (FERPA): Employee Agreement

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student's records. As an employee and/or student employee of Northern Virginia Community College, it is important for you to familiarize yourself with some of the basic provisions of FERPA.

By virtue of your employment with Northern Virginia Community College you may have access to education records about current and former students, the unauthorized disclosure of which is prohibited by federal law and NOVA policy. You must not disclose information from a student record unless your position specifically requires you to do so. You should avoid acquiring student records or other information that you do not need to do your job and you should never exchange information about students that you may have learned while doing your job. Any and all information obtained in the workplace must be kept confidential.

Certain information is designated as directory information and may be released without the student's consent. Release of any other information normally requires the student's written consent.

When can a college disclose information from a student's records without consent?

- Directory information
- To a college official with a legitimate need for access
- To the parent of a student under 21 who violates drug/alcohol policy regardless of dependency
- To another college which the student attends or seeks to attend
- If the student poses a threat to self or others
- To the parents of a tax-dependent student of any age (campus registrar must approve documentation)

Directory information:

- Student's name
- Current enrollment status
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- Major field of study
- Dates of attendance (not individual)

Currently enrolled students may withhold disclosure of directory information under FERPA.

This does not prevent disclosure to NOVA personnel with a legitimate educational interest or in response to a lawfully issued subpoena.

I understand that by virtue of my employment at Northern Virginia Community College, I may have access to education records and personally identifiable information about current and former students, the unauthorized disclosure of which is prohibited by the College's Student Records Policy by the Family Educational Rights and Privacy Act of 1974 (FERPA). I have read and understand the College's Student Records Policy. I understand that my disclosure of education records to any unauthorized person could subject the College and me to legal liability and could result in disciplinary action.

Name: _____ EMPID/Student Number: _____

Signature: _____ Date: _____

Work-Study Student Rights and Responsibilities

The Work-Study Program requires that you receive the information contained in this document. This is an extended list of your rights and responsibilities as a participant in the work-study program and supplements the information and policies contained in the *Work-Study Handbook* and your Work-Study Agreement Addendum. If you have any questions or do not understand any item, please ask your Campus Work-Study Coordinator.

Please read this form carefully and initial each item.

As a work-study student, I understand and agree that

I have read the entire *Work-Study Handbook* posted at www.nvcc.edu/workstudy and the addendum to my Work-Study Agreement (NVCC Form 125-175) and I agree to abide by all work-study program policies.

My work-study award must be earned by working. It is not a grant. I can only be paid for hours that I have worked, and I understand that my award is to be earned throughout the award period. Even to make up hours from previous weeks, I am not allowed to work more than 20 hours per week.

I will notify my supervisor and stop working immediately if my enrollment at NOVA drops below 6 credits for any reason (including dropping or withdrawing from classes or deciding to audit a course). I understand that I must be enrolled in at least 6 eligible credits to participate in the work-study program, and I will stop working on the day my enrollment falls below 6 eligible credits.

The amount of my work-study award that was offered is the maximum amount that I can earn during the period of the award. I will not work in excess of my award. I will also not work before or after my eligibility ends.

I must stop working on or before the last day of final exams of the semester I was approved to work. The only exception to this policy is if I was approved for a Fall and Spring work-study award. In this case, I may continue working after the Fall semester ends **ONLY** if:

- I am registered for at least 6 eligible credits for the upcoming Spring semester,
- I continue to meet the Satisfactory Academic Progress requirements after Fall semester grades post,
- I have a Fall/Spring work-study award posted on NOVAConnect, and
- My supervisor received an email from the College Work-Study Coordinator indicating that I was approved for a Fall and Spring work-study award.

I will immediately stop working if any of the following situations occur:

- If my enrollment drops below 6 eligible credits during the semester I was approved to work (enrollment in Summer 1 and Summer 2 must equal at least 6 eligible credits for Summer work-study).
- If I fail to meet the Satisfactory Academic Progress (SAP) requirements.
- If I have earned my full work-study award listed on NOVAConnect for the applicable semester.
- If I am notified by my supervisor or the Financial Aid Office that I must stop working.
- On the last day of final exams of the semester I was approved to work (with the exception of Fall/Spring work-study students who meet the requirements listed in the section above).

I will not earn more than the Fall portion of my work-study award during the Fall semester. However, I understand that any unearned portion of my Fall semester work-study award and my Spring semester work-study award can be earned during the Spring semester. A new Summer Work-Study Agreement must be approved in order to work during the Summer semester.

I can select only work-study jobs listed on the NOVA work-study website, www.nvcc.edu/workstudy.

I will dress appropriately for work at my job site and act in a manner that reflects positively on my employer and NOVA.

I will always notify my supervisor before I'm scheduled to work if I will be late or if I cannot report to work as scheduled. Repeated tardiness or failure to show up to work as scheduled may result in termination.

If I am approved for Summer work-study, I will not earn more than my Summer 1 work-study award before the end of June. However, any remaining portion of a Summer 1 work-study award and the Summer 2 work-study award can be earned in July through the last day of the Summer work-study program.

If I do not earn my full Fall/Spring work-study award by the end of the Spring semester, or if I do not earn my full Summer work-study award by the end of the Summer work-study program, any unearned portion will be cancelled; it cannot be earned later and it will not be converted to another type of financial aid.

During my interview with my prospective work-study supervisor, I will ask questions about job duties, responsibilities, and expectations. I will also discuss my availability and any other relevant matters or other commitments that could influence my job performance or my ability to work a particular schedule that may be agreed upon by me and the prospective work-study supervisor.

I understand that I am not allowed to work while I am scheduled to be in class, nor am I allowed to study while on the job, use my cell phone, or any social media.

I understand that once I have accepted a work-study job I am expected to remain at this job site for the duration of my Work-Study Agreement. Reassignment to another position before the Work-Study Agreement has ended will be considered only in extenuating circumstances and approval will be at the discretion of the Financial Aid Office.

I will not have any other paid position at NOVA while participating in the work-study program. I also understand that I can have only one work-study job at any given time.

Except for students who work with local non-profit organizations and earn an extra \$2 per hour over the base rate, first year work-study students are paid \$15 per hour; after at least two full semesters of participation in the work-study program, the hourly rate is increased to \$16 per hour. I understand that all pay adjustments are done only at the beginning of the Fall semester.

I understand that I must submit my timesheet and it must be approved by my supervisor by the date due in Payroll as indicated on the Payroll Calendar. If my timesheet is submitted or approved after the date it is due in Payroll, it is considered late and I will not be paid until the pay date for the following pay period.

Timesheets that are filled out incorrectly will not be processed and will be returned to the work-study student. The work-study student must then resubmit the timesheet; this may delay the receipt of payment for the period.

Intentional falsification of timesheets will be reported for disciplinary action and may result in termination of employment and suspension from NOVA.

I will regularly check my NOVA student email account since this will be the primary method of communication used to convey important information about the work-study program.

Work-study earnings are taxable income. At the end of the calendar year, I will receive a W2 from NOVA. It will show the amount of my earnings and the amount of federal, state, and local taxes withheld, if any. This information will also be sent to federal, state, and local tax agencies. If I am required to file a tax return, I must include these earnings.

If a problem develops on the job, the first point of contact should be my supervisor. If the problem cannot be resolved, I should contact the Campus Work-Study Coordinator.

To be completed by the work-study student: I hereby acknowledge that I understand and agree to abide by all the work-study program policies listed at www.nvcc.edu/workstudy and contained in the Work-Study Handbook, my Work-Study Agreement, and this Work-Study Student Rights and Responsibilities Form.

Student Name _____ Student ID # _____

Student Signature _____ Date _____

VCCS EMPLOYMENT CERTIFICATION AND NOTICE OF PART-TIME HOURS

The Virginia Community College System (“VCCS”) is required to comply with the Commonwealth of Virginia’s (“Commonwealth”) mandate under the 2013 Amendment to Virginia Code § 4-7.01 of the Manpower Control Program that limits how many hours part-time employees and instructors may work or teach. Accordingly, you are hereby notified and asked to acknowledge the following as a condition of your employment:

- I. I acknowledge that my position is part-time (e.g., wage and/or adjunct faculty instructor, etc.)_____ (initial).

- II. I acknowledge that the Commonwealth and Chancellor’s Directive limit the employment of part-time employees to an average of 29 hours per week (averaged over a year). Adjunct faculty instructors may not teach more than 24 credit hours per measurement year (or 32 credit hours when summer term is included) and are limited to teaching 8 credit hours in the summer; 12 hours in the fall; and 12 hours in the spring_____ (initial).

- III. I acknowledge that the year measurement period for all part-time employees shall start on May 1st through April 30th for each year going forward._____ (initial).

- IV. I acknowledge that the Commonwealth and Chancellor’s Directive consider the VCCS “one” employer (this includes the System Office and all community colleges within the System) for the purpose of this disclosure _____ (initial).

- V. I am currently employed at the following VCCS institution(s) and in the following positions (please list all):

- VI. I acknowledge that if I obtain any future employment within the VCCS in a part-time or full-time position that I will notify my current supervisor, copying Human Resources, in writing within one (1) week or seven (7) business days _____ (initial).

- VII. I acknowledge that I may be subject to the full range of disciplinary actions, including discharge or termination, for the intentional failure to notify or for any willful misrepresentations related to my employment status (as set forth herein) _____ (initial).

Your initials above and signature below certify your acceptance and knowledge of the foregoing terms.

Name: _____

Signature: _____

Date: _____