Please read the following policies and documents, then sign all acknowledgements and complete all forms in the second packet and return to your department office as soon as possible. Original signatures are required for forms I-9, W-4 and AR4EC (Arkansas State Income Tax Withholding).

Thank you,

Human Resources
UNIVERSITY OF CENTRAL ARKANSAS

Statement of Mission and Purpose

The University of Central Arkansas (UCA), a state-wide comprehensive university, seeks to deliver the best undergraduate education in Arkansas as well as excellent graduate programs in selected disciplines. The University offers a variety of undergraduate and graduate programs in the liberal and fine arts, in the basic sciences, and in technical and professional fields in addition to its historical emphasis in the field of education. UCA strives to maintain the highest academic quality and to ensure that its curriculum remains current and responsive to the needs of those it serves. The University’s mission is expressed in its commitment to the personal, social, and intellectual growth of its students; its support for the advancement of knowledge; and its service to the community as a public institution.

The University implements its mission through its emphasis on certain central purposes:

- To deliver excellent curricula in general education, in degree programs at the undergraduate and graduate levels, and in continuing education.
- To support its programs with personnel of the highest quality and with optimal resources and facilities.
- To create a campus community that supports students in their personal, social, and intellectual growth.
- To enhance interaction and understanding among diverse groups and to cultivate global perspectives.
- To foster learning and the advancement of knowledge through research and other scholarly and creative activities.
- To serve the public in ways appropriate to the mission and resources of the University.
Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit www.justice.gov/crt/about/osc.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term “employer” means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An “employee” is 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 those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employees may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (_jobs) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at https://www.uscis.gov/sites/default/files/files/form/i-9.pdf. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.
The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274) and on USCIS' Form I-9 website, I-9 Central.

**Completing Section I: Employee Information and Attestation**

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

**Entering Your Employee Information**

**Last Name (Family Name):** Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. Examples of correctly entered last names include De La Cruz, O'Neil, Garcia Lopez, Smith-Johnson, Nguyen. If you only have one name, enter it in this field, then enter “Unknown” in the First Name field. You may not enter “Unknown” in both the Last Name field and the First Name field.

**First Name (Given Name):** Enter your full legal first name. Your first name is your given name. Some examples of correctly entered first names include Jessica, John-Paul, Tae Young, D'Shaun, Mai. If you only have one name, enter it in the Last Name field, then enter “Unknown” in this field. You may not enter “Unknown” in both the First Name field and the Last Name field.

**Middle Initial:** Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

**Other Last Names Used:** Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

**Address (Street Name and Number):** Enter the street name and number of your current residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as “3 miles southwest of Anytown post office near water tower.”

**Apartment:** Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

**City or Town:** Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

**State:** Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

**ZIP Code:** Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

**Date of Birth:** Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

**U.S. Social Security Number:** Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.
Employee's E-mail Address (Optional): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site.dom. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (Optional): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

**Attesting 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.


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. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

   If you select “lawful permanent resident,” enter your 7- to 9-digit Alien Registration Number (A-Number), including the “A,” or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the “A” prefix.

4. An alien authorized to work: An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

   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 document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

   Aliens authorized to work must enter one of the following to complete Section 1:
   1. Alien Registration Number (A-Number)/USCIS Number; or
   2. Form I-94 Admission Number; or
   3. Foreign Passport Number and the Country of Issuance

   Your employer may not ask you to present the document from which you supplied this information.

**Alien Registration Number/USCIS Number:** Enter your 7- to 9-digit Alien Registration Number (A-Number), including the “A,” or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the “A” prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

**Form I-94 Admission Number:** Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

**Foreign Passport Number:** Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

**Country of Issuance:** If you entered your Foreign Passport Number, enter your Foreign Passport’s Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.
Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe 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, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for Completing the Preparer and/or Translator Certification below.

- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter “minor under age 18” in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.

- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter “Special Placement” in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

Completing the Preparer and/or Translator Certification

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked I did not use a Preparer or Translator. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked “A preparer(s) and/or translator(s) assisted the employee in completing Section 1”, then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. Form I-9 Supplement, Section 1 Preparer and/or Translator Certification can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.
Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.

Today’s Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name (Family Name): Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (Given Name): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (Street Name and Number): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as “3 miles southwest of Anytown post office near water tower.” If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator’s residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator’s residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

Presenting Form I-9 Documents

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the end of the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) 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 documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.
Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the end of the employee’s first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee’s first day of employment. For example, if an employee begins employment on Monday, you must review the employee’s documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the end of the first day of employment.

Entering Employee Information from Section 1

This area, titled, “Employee Info from Section 1” contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.
Entering Documents the Employee Presents

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word “Receipt” followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) or I-9 Central for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at www.dhs.gov/e-verify. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee’s document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.
**List A - Identity and Employment Authorization:** If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

**Document Title:** If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

<table>
<thead>
<tr>
<th>Full name of List A Document</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Passport</td>
<td>U.S. Passport</td>
</tr>
<tr>
<td>U.S. Passport Card</td>
<td>U.S. Passport Card</td>
</tr>
<tr>
<td>Permanent Resident Card (Form I-551)</td>
<td>Perm. Resident Card (Form I-551)</td>
</tr>
<tr>
<td>Alien Registration Receipt Card (Form I-551)</td>
<td>Alien Reg. Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>Foreign passport containing a temporary I-551 stamp</td>
<td>1. Foreign Passport</td>
</tr>
<tr>
<td>Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)</td>
<td>2. Temporary I-551 Stamp</td>
</tr>
<tr>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status</td>
<td>1. Foreign Passport, work-authorized non-immigrant</td>
</tr>
<tr>
<td></td>
<td>2. Form I-94/I-94A</td>
</tr>
<tr>
<td></td>
<td>3. &quot;Form I-20&quot; or &quot;Form DS-2019&quot;</td>
</tr>
<tr>
<td>Note: In limited circumstances, certain J-1 students may be required to present a letter from the Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.</td>
<td></td>
</tr>
<tr>
<td>Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A</td>
<td>1. FSM Passport with Form I-94</td>
</tr>
<tr>
<td></td>
<td>2. Form I-94/I-94A</td>
</tr>
<tr>
<td>Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I-94A</td>
<td>1. RMI Passport with Form I-94</td>
</tr>
<tr>
<td></td>
<td>2. Form I-94/I-94A</td>
</tr>
<tr>
<td>Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph</td>
<td>Receipt: Form I-94/I-94A w/I-551 stamp, photo</td>
</tr>
<tr>
<td>Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp</td>
<td>Receipt: Form I-94/I-94A w/refugee stamp</td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)</td>
<td>Receipt replacement Perm. Res. Card (Form I-551)</td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)</td>
<td>Receipt replacement EAD (Form I-766)</td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status</td>
<td>1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant</td>
</tr>
<tr>
<td></td>
<td>2. Receipt: Replacement Form I-94/I-94A</td>
</tr>
<tr>
<td></td>
<td>3. Form I-20 or Form DS-2019, if presented</td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A</td>
<td>1. Receipt: Replacement FSM Passport with Form I-94</td>
</tr>
<tr>
<td></td>
<td>2. Receipt: Replacement Form I-94/I-94A</td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A</td>
<td>1. Receipt: Replacement RMI Passport with Form I-94</td>
</tr>
<tr>
<td></td>
<td>2. Receipt: Replacement Form I-94/I-94A</td>
</tr>
</tbody>
</table>

**Issuing Authority:** Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.
**Document Number:** Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as “D/S” (which means, “duration of status”). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

**List B - Identity:** If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an individual under age 18 or certain employees with disabilities in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. No entries should be made in the List A column. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

**Document Title:** If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

<table>
<thead>
<tr>
<th>Full name of List B Document</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's license issued by a State or outlying possession of the United States</td>
<td>Driver's license issued by state/territory</td>
</tr>
<tr>
<td>ID card issued by a State or outlying possession of the United States</td>
<td>ID card issued by state/territory</td>
</tr>
<tr>
<td>ID card issued by federal, state, or local government agencies or entities</td>
<td>Government ID</td>
</tr>
<tr>
<td>School ID card with photograph</td>
<td>School ID</td>
</tr>
<tr>
<td>Voter's registration card</td>
<td>Voter registration card</td>
</tr>
<tr>
<td>U.S. Military card</td>
<td>U.S. Military card</td>
</tr>
<tr>
<td>U.S. Military draft record</td>
<td>U.S. Military draft record</td>
</tr>
<tr>
<td>Military dependent's ID card</td>
<td>Military dependent's ID card</td>
</tr>
<tr>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td>USCG Merchant Mariner card</td>
</tr>
<tr>
<td>Native American tribal document</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>Driver's license issued by a Canadian government authority</td>
<td>Canadian driver's license</td>
</tr>
<tr>
<td>School record (for persons under age 18 who are unable to present a document listed above)</td>
<td>School record (under age 18)</td>
</tr>
<tr>
<td>Report card (for persons under age 18 who are unable to present a document listed above)</td>
<td>Report Card (under age 18)</td>
</tr>
<tr>
<td>Clinic record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Clinic record (under age 18)</td>
</tr>
<tr>
<td>Doctor record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Doctor record (under age 18)</td>
</tr>
<tr>
<td>Hospital record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Hospital record (under age 18)</td>
</tr>
<tr>
<td>Day-care record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Day-care record (under age 18)</td>
</tr>
<tr>
<td>Nursery school record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Nursery school record (under age 18)</td>
</tr>
<tr>
<td>Full name of List B Document</td>
<td>Abbreviations</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Individual under age 18 endorsement by parent or guardian</td>
<td>Individual under Age 18</td>
</tr>
<tr>
<td>Special placement endorsement for persons with disabilities</td>
<td>Special Placement</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States</td>
<td>Receipt: Replacement driver's license</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States</td>
<td>Receipt: Replacement ID card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities</td>
<td>Receipt: Replacement Gov't ID</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged School ID card with photograph</td>
<td>Receipt: Replacement School ID</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Voter's registration card</td>
<td>Receipt: Replacement Voter reg. card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged U.S. Military card</td>
<td>Receipt: Replacement U.S. Military card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card</td>
<td>Receipt: Replacement U.S. Military dep. card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record</td>
<td>Receipt: Replacement Military draft record</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card</td>
<td>Receipt: Replacement Merchant Mariner card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority</td>
<td>Receipt: Replacement Canadian DL</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Native American tribal document</td>
<td>Receipt: Replacement Native American tribal doc</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement School record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Report card (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Clinic record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Doctor record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Hospital record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Day-care record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Nursery school record (under age 18)</td>
</tr>
</tbody>
</table>

**Issuing Authority:** Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

**Document Number:** Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.
List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. No entries should be made in the List A column.

**Document Title:** If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C #8 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #8 documentation.

<table>
<thead>
<tr>
<th>Full name of List C Document</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Account Number card without restrictions</td>
<td>(Unrestricted) Social Security Card</td>
</tr>
<tr>
<td>Certification of Birth Abroad (Form FS-545)</td>
<td>Form FS-545</td>
</tr>
<tr>
<td>Certification of Report of Birth (Form DS-1350)</td>
<td>Form DS-1350</td>
</tr>
<tr>
<td>Original or certified copy of a U.S. birth certificate bearing an official seal</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Native American tribal document</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>U.S. Citizen ID Card (From I-187)</td>
<td>Form I-197</td>
</tr>
<tr>
<td>Identification Card for use of Resident Citizen in the United States (Form I-179)</td>
<td>Form I-179</td>
</tr>
<tr>
<td>Employment authorization document issued by DHS (List C #8)</td>
<td>Employment Auth. document (DHS) List C #8</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions</td>
<td>Receipt: Replacement Unrestricted SS Card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal</td>
<td>Receipt: Replacement Birth Certificate</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document</td>
<td>Receipt: Replacement Native American Tribal Doc.</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS</td>
<td>Receipt: Replacement Employment Auth. Doc. (DHS)</td>
</tr>
</tbody>
</table>

**Issuing Authority:** Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

**Document Number:** Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

**Additional Information:** Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process.
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.
Entering Information in the Employer Certification

Employee's First Day of Employment: Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

Signature of Employer or Authorized Representative: Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe 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 this form.

Today's Date: The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Title of Employer or Authorized Representative: Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

Last Name of the Employer or Authorized Representative: Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

First Name of the Employer or Authorized Representative: Enter the full legal first name of the person who physically examines the employee’s original documents, completes, and signs Section 2. First name refers to the given name.

Employer's Business or Organization Name: Enter the name of the employer's business or organization in this field.

Employer's Business or Organization Address (Street Name and Number): Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

City or Town: Enter the city or town for the employer’s business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.

State: Enter the two-character abbreviation of the state for the employer’s business or organization address.

ZIP Code: Enter the 5-digit ZIP code for the employer’s business or organization address.

Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee’s name has changed, record the new name in Block A.

Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered “N/A” in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.
For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee’s previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee’s rehire date, any name changes if applicable, and sign and date the form.

- If the previously executed Form I-9 indicates that the employee’s employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.

- If you already used Section 3 of the employee’s previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee’s new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe 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 this form.
Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the “USCIS Privacy Act Statement” below.

USCIS Forms and Information

For 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-9Central.

You can also obtain information about Form I-9 by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the Handbook for Employers, or the instructions to Form I-9 from the USCIS website at https://www.uscis.gov/i-9. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at http://get.adobe.com/reader/. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a fast, free, internet-based system that allows businesses to determine the eligibility of their employees to work in the United States, can be obtained from the USCIS website at http://www.uscis.gov/e-verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, 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 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.
USCIS Privacy Act Statement


PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Providing the information collected by this form is voluntary. However an employer should not continue to employ an individual without a completed form. Failure of the employer to prepare and/or ensure proper completion of this form for each employee hired in the United States after November 6, 1986 or in the Commonwealth of the Mariana Islands after November 27, 2011, may subject the employer to civil and/or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer must retain this form for the required period and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, when completing the form manually, and 26 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
PERFORMANCE EVALUATION

You will be on 90 days probation beginning on the date of your employment.

At the end of the 90-day period, you will meet with your supervisor and it will be determined at that time to continue your employment with the University or to extend your probationary period.

Your standards/duties should be set no later than the 90-day period.

If you have questions regarding this issue, or any other issue, please see your supervisor or contact the Office of Human Resources.

*Applies to classified employees only.
UCA Direct Deposit Policy
Effective 3/1/10, Revised 10/19/11, 4/18/12

For those employees not on Direct Deposit or using the Pay Card, beginning with the March 31, 2010, pay day Human Resources (HR) will no longer disburse pay checks to the hiring department. Instead, HR will mail the employee’s check to the current mailing address (MA) that is listed in the employee’s MyUCA account. This is a self-service account maintained by the employee. Please check your MyUCA account to ensure your correct address is listed.

In accordance with Arkansas Code 21-5-109, as a condition of employment, a person hired or appointed to a position in any agency in state government on or after August 12, 2005 shall be required to accept payment of salary or wages by electronic warrants transfer.

In order to provide UCA employees with the most efficient and reliable way to obtain their wages UCA has chosen to implement this state policy requiring direct deposit as a condition of employment for employees hired on or after March 1, 2010.

- All full-time employees hired on or after March 1, 2010, will be required to complete a direct deposit authorization during the orientation process.

- All part-time employees, graduate assistants and student employees hired on or after March 1, 2010, will be required to complete direct deposit authorization when their initial hiring packet is completed.

- Employees may direct the payroll deposit into as many as three (3) bank accounts by designating either flat dollar amounts or percentages, as long as they total 100% of the net payroll amount.

  Notice: Only personal checking and/or savings accounts will be accepted. Requests to deposit to Business accounts will not be processed.

- A copy of the direct deposit form may be printed from the Human Resources website, www.uca.edu/hr by selecting the Internal Forms link, then look under Payroll – General Payroll Forms for the direct deposit form.

- If the employee does not have a bank account UCA offers a bank-issued payroll card. The Payroll Card packet may be printed from the the Human Resources website, www.uca.edu/hr by selecting the Internal Forms link, then look under Payroll – General Payroll Forms for the Payroll Card packet. (See footnote below)

The setting up of either the direct deposit or the bank-issued payroll card requires UCA to pre-note the information to the employee’s bank. A check will be issued to you while your account is in the pre-note status and mailed to the current mailing address listed on your MyUCA account.

- Note: Employees that sign up for the bank-issued payroll card must complete pages 1-3 and submit them, along with a copy of an acceptable photo ID (see list on enrollment form), to Human Resources. The remaining packet contains information provided by the bank that you are required to read and retain.
ARKANSAS STATE VEHICLE SAFETY PROGRAM
DRIVING SAFETY TIPS
AUGUST 2000

Observe Speed Limits and Traffic Laws- Allow sufficient time to reach your destination without violating speed limits or traffic laws.

Seat Belts- Each driver and front seat passenger in any motor vehicle operated on a street or highway in this state is required by law to wear a properly adjusted and fastened seat belt.

Cellular Phones- The use of cellular phones by the driver while the vehicle is in motion is strongly discouraged. Even with "hands free" equipment, conversing on the phone takes your attention away from driving, making you less likely to notice hazardous situations.

Backing Crashes- Most backing accidents are preventable. Whenever possible, park your vehicle where backing is not required. Know what is beside and behind your vehicle before you begin to back. Back slowly and check both sides as well as the rear as you back. Continue to look to the rear until the vehicle has come to a complete stop.

Intersection Crashes- When approaching and entering intersections, be prepared to avoid crashes that other drivers may cause. Take precautions to allow for the lack of skill or improper driving habits of other drivers. Potentially dangerous acts include speeding, improper turn movements, and failure to yield the right of way.

Weather Related Crashes- Rain, snow, fog, sleet or icy pavement increase the hazards of driving. Slow down and be especially alert when driving in adverse conditions.

Passing Crashes- When you pass another vehicle, look in all directions, check your blind spots, and use your signal. As a general rule, only pass one vehicle at a time.

Front End Crashes- By maintaining a safe following distance at all times, the driver can prevent front-end collisions in spite of abrupt or unexpected stops of the vehicle ahead. Observe the "two second rule" by following the vehicle ahead at a distance that spans at least two seconds. The following distance should be increased when driving in adverse conditions.

Security- State vehicles should be locked whenever they are unoccupied.

Engines- The engine of a State vehicle should always be turned off before the driver exits the vehicle.
EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The University of Central Arkansas is an Equal Opportunity Employer, and therefore does not discriminate on the basis of race, color, religion, national origin, sex, age or disability.

All Human Resources actions including hiring, promotion, transfer, lay-off and termination as well as all benefits are administered without regard to race, color, religion, national origin, sex, gender, age or disability. The University is an at-will employer consistent with Arkansas Law.

Questions regarding the University’s Equal Employment practices can be directed to:

Director of Human Resources
University of Central Arkansas
Conway, AR 72035
(501) 450-3181

OR

University Equal Employment Officer
University of Central Arkansas
Conway, AR 72035
(501) 450-3170
FAMILY MEDICAL LEAVE  
(March 2009)

Family Medical Leave (FML) provides eligible employees with up to twelve (12) workweeks of leave time during a rolling twelve (12) month period. The rolling (12) month period is measured backward from the date an employee uses any (FML) leave. During qualified FML, employees may maintain their benefits coverage and the University will continue to contribute the employer’s portion of benefits expenses toward coverage. In general, employees also retain their right to return to the same position or an equivalent position as the one held prior to taking leave.

To be eligible for FML, an employee must have been employed by the State for a minimum of twelve (12) months and have worked a minimum of 1,250 hours during the twelve (12) month period immediately preceding the beginning of the leave. In most cases, FML is applied upon request by the employee. However, the University may designate certain leave as FML and will notify the employee of that decision.

FML may be used for:
- the birth or adoption of a child (during the first 12 months following the event),
- the care of an immediate family member with a serious or ongoing health condition,
- a personal medical condition which is serious or ongoing.

FML is applied concurrently with other leave that may be available. When accrued sick or vacation leave is available, employees must use the time before moving into unpaid leave status. Leave is used in the following order:
- earned sick leave
- earned vacation leave
- earned compensatory leave
- leave without pay

In maternity leave, an employee may elect to use unpaid leave without exhausting accrued paid leave.

Whenever possible, employees must notify the University at least thirty (30) days in advance of the anticipated FML. In cases in which the event cannot be foreseen, employees must notify the University as soon as practical, typically within 24 hours of the event.

Additionally, when scheduling medical treatments or related activities, employee should work with their supervisors to attempt to schedule times that will fit the employee’s needs and least interrupt operations of the department.

Application for FML is made using the FML request forms available through each department and through Human Resources. The application does require information from a physician or other qualified health care provider regarding the necessity for leave. However, information on the specific medical condition may remain confidential. In cases in which the University designates leave as FML, the employee will receive written notification of that decision.
The University of Central Arkansas Sexual Harassment Policy is as follows:

Sexual harassment by any faculty member, staff member, or student is a violation of both law and university policy and will not be tolerated at the University of Central Arkansas. Sexual harassment of employees is prohibited under Section 703 of Title VII of the Civil Rights Act of 1964 and sexual harassment of students may constitute discrimination under Title IX of the Education Amendments of 1972.

The university considers sexual harassment a very serious issue and shall subject the offender to dismissal or other sanctions following the university's investigation and substantiation of the complaint and compliance with due process requirements.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature when:

1. submission to such conduct is either explicitly or implicitly made a condition of an individual's employment with the university or a factor in the educational program of a student;

2. submission to or rejection of such conduct by an individual is used as the basis for an employment or academic decision affecting such individual;

3. such conduct has the purpose or effect of unreasonably interfering with an individual's right to achieve an educational objective or to work in an environment free of intimidation, hostility or threats stemming from acts or language of a sexual nature.

NOTE: Other forms of harassment based upon race, religion, national origin, sex, or age may have the same impact as sexual harassment. In the absence of other policies addressing these specific issues, the university encourages the use of the steps and procedures in this policy in reporting other types of harassment and will generally conduct investigations of those complaints in the same manner.

Although sexual harassment most frequently occurs when there is an authority differential between the persons involved (e.g. faculty member and student, supervisor and staff member), it may also occur between persons of the same status (e.g. faculty and faculty, student and student, staff and staff). Both men and women may be victims of sexual harassment and sexual harassment may occur between individuals of the same gender.

Because of the unique situations which exist between students, faculty, supervisors, and staff, relationships in the workplace and on campus should at all times remain professional. In particular, due to the professional power differential between faculty and students, faculty are encouraged to remain professional in all relationships with students.

Sexual harassment may create a hostile, abusive, demeaning, offensive or intimidating environment. It may be manifested by verbal and/or physical actions, including gestures and other symbolic conduct. Sexual harassment is not always be obvious and overt; it can also be subtle and covert. A person who consents to sexual advances may nevertheless be a victim of sexual harassment if those sexual advances were unwelcome. Previously welcomed advances may become unwelcome. Examples of sexual harassment may include, but are not limited to, the following:

- non-sexual slurs about one's gender
- contrived work or study assignments and assigning more onerous or unpleasant tasks predominately to employees or students of one gender
- repeated unwanted touching, patting or pinching
- repeated inappropriate social invitations or requests for sexual favors
- repeated unwanted discussions of sexual matters
- use of sexual jokes, stories, analogies or images which are not related to the subject of the class or work situation
- touching, fondling or deliberate brushing against another person
- ogling, leering or prolonged stares at another's body
- display or use of sexual graffiti or sexually-explicit pictures or objects
- sexually suggestive jokes, comments, e-mails, or other written or oral communications

Individuals who are aware of or have experienced an incident of sexual harassment should promptly report the matter to one of the university officials designated to receive these complaints. No person shall be subject to restraints, interference or reprisal for action taken in good faith to report or to seek advice in matters of sexual harassment.

In the course of a complaint investigation the university will attempt to maintain confidentiality for all parties involved. However, there can be no guarantee of confidentiality and anonymity based upon the course and scope of the complaint investigation.

A grievant whose complaint is found to be both false and to have been made with malicious intent will be subject to disciplinary action which may include, but is not limited to, demotion, transfer, suspension, expulsion or termination of employment.

**PROCEDURES FOR SEXUAL HARASSMENT CLAIMS**

Employees or students of the university who believe they have been subjected to sexual harassment are encouraged to use the following procedures to resolve their complaint.

The university will make every effort to adhere to the prescribed time frames of the informal and formal resolution processes. However, in the event that individuals involved are unavailable or of other unanticipated occurrences, the Affirmative Action officer, with the concurrence of the president, may adjust the time frames. Any changes will be immediately communicated to the complainant and respondent by the Affirmative Action officer and where possible their needs will be accommodated.

**INFORMAL INVESTIGATION AND RESOLUTION**

1. Individuals who believe they have been subjected to sexual harassment (complainant) should report the incident promptly to their immediate supervisor or academic dean or to a departmental supervisor higher up in the chain of command or directly to the Affirmative Action officer, legal counsel or assistant vice president for human resources.

The person to whom the complaint is made shall immediately contact the Affirmative Action officer, legal counsel or assistant vice president for human resources. One or more of these administrators will determine the course of the informal investigation and resolution. The department involved and/or the supervisor to whom the complaint was made may be asked to assist in the informal investigation.

2. If, following investigation, an informal resolution of the matter which is satisfactory to the complainant, the person against whom the complaint is made (respondent) and the university (represented by the Affirmative Action officer, the legal counsel or assistant vice president for human resources) is reached, it shall be considered closed and all parties involved shall be so advised in writing by the Affirmative Action officer, legal counsel or assistant vice president for human resources. If a satisfactory resolution has not been reached within ten (10) working days from the date of the complaint, the complainant, university or respondent may initiate formal complaint/investigation procedures.
FORMAL INVESTIGATION AND RESOLUTION

1. If the sexual harassment complaint has not been resolved through informal procedures and the complainant, university or respondent wish to pursue the matter further, he/she must file a written complaint. The written complaint must be filed with the Affirmative Action officer, legal counsel or assistant vice president for human resources within twenty (20) working days of the termination of the informal procedures. The complainant and respondent shall be entitled to have, at the individual's own expense, an advisor, who may or may not be an attorney, to assist in preparing the formal complaint.

2. The Affirmative Action officer will notify the parties involved of the sexual harassment complaint, provide copies of the complaint and advise the parties of the procedures for a formal investigation and hearing within three (3) working days of receipt of the formal written complaint. The respondent will then be given five (5) working days to respond in writing to the complaint.

3. Within ten (10) working days of receipt of the formal written complaint the Affirmative Action officer shall refer the complaint and the respondent's response, if any, to the Sexual Harassment Complaint Committee.

4. Within five (5) working days of the Committee's receipt of the complaint, the Committee will meet separately with the complainant and the respondent. The purpose of these preliminary meetings is to inform the Committee about the case, to insure the complainant and respondent are fully aware of their procedural rights and to decide upon the nature of the investigation. Throughout the proceedings the respondent and complainant shall have the right to be accompanied by an advisor, who may or may not be an attorney. Attorneys will not be provided at university expense. The legal counsel may be present but shall act only in an advisory capacity to the Committee.

5. Within five (5) working days of the conclusion of the Committee's preliminary meetings with the complainant and respondent the Sexual Harassment Complaint Committee will hold a formal meeting on the matter. Strict judicial rules of evidence shall not be applied. The committee members may receive any evidence they consider to be relevant.

6. The respondent and complainant, and their advisors, shall have the right to be present at any time testimony is presented and to be provided copies of all evidence considered by the Committee. Neither the respondent nor complainant shall have the right to cross-examine witnesses. Advisors shall not have the right to address or question committee members or witnesses.

7. A written record of the minutes of the proceedings and recommendations of the Committee shall be presented to the president within five (5) working days of the Committee's final meeting.

8. A copy of the minutes and recommendations of the Committee shall be presented to both the complainant and the respondent at the time they are forwarded to the president.

9. Within ten (10) working days of receipt of the Committee's recommendation, the president shall make a final decision concerning what action if any, to take including disciplinary action after considering the recommendation of the Committee, and will notify the complainant and respondent.

Sexual Harassment Complaint Committee:

1. Charge: To serve as the formal committee conducting investigations and making recommendations according to the guidelines of the University of Central Arkansas Sexual Harassment Policy.

2. Procedure: The operating procedures of the committee will be consistent with the formal investigation and resolution process as described in the policy.
3. Membership: The Affirmative Action officer, who will serve as the non-voting chair, the director of the counseling center as a voting member and six (6) voting members, randomly drawn from appropriate categories from a twenty-four (24) person membership pool.

The Faculty Senate, the Staff Senate and the Student Government Association will each select eight (8) members (four (4) male and four (4) female) for the membership pool. A new pool will be established each September and new members will be selected throughout the year as necessary to replace members who separate from the university or who are otherwise unable to serve.

Upon receipt of a written complaint, the chair will arrange for the complainant and the respondent to draw members for the committee from the corresponding pools. The complainant will first draw one member, next the respondent will draw one member and the chair will draw two members each from the appropriate categories.

For example, if the complainant is a student and the respondent is a tenure-track faculty member, the complainant will draw one member from the student pool, the respondent will draw one (1) member from the faculty pool and the chair will draw two (2) members from the student pool and two (2) members from the faculty pool. If the complainant and respondent are both staff members, each will draw (1) member from the staff pool and the chair will draw four members from the staff pool.


5. Reporting: To the president.
UNIVERSITY OF CENTRAL ARKANSAS
DRUG-FREE WORKPLACE POLICY

Drug abuse and use in the workplace are subjects of immediate concern in our society. The problems created by drug abuse are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of all employees, the public at large, and result in damage to state property. Therefore, it is the policy of the State of Arkansas that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in a state agency’s workplace is prohibited. Any employees violating the policy will be subject to discipline up to and including termination. The specifics of this policy are as follows:

1. State agencies will not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way transfers controlled substances to another person or sells or manufactures a controlled substance while on the job or on agency premises will be subject to discipline up to and including termination.

2. The term “controlled substance” means any drug listed in 21 U.S.C. Section 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include, but are not limited to, Heroin, Marijuana, Cocaine, PCP, and “Crack”. They also include “legal drugs” which are not prescribed by a licensed physician.

3. Each employee is required by law to inform the agency within five (5) days after he or she is convicted of violation of any federal or state criminal drug statute where such violation occurred on the agency’s premises. A conviction means a finding of guilt (including a plea of nolo contendre) or the imposition of a sentence by a judge or jury in any federal court, state court or other court of competent jurisdiction.

4. The University of Central Arkansas is required to notify the Federal Funding Agency of the conviction of any employee for drug use or abuse who is employed in a position utilizing federal funds or a federal grant within ten (10) days of receiving notice of the conviction from the employee or otherwise receiving actual notice.

5. If an employee is convicted of violating any criminal drug statute while in the workplace, he or she will be subject to discipline up to and including termination. Alternatively, the agency may require the employee to successfully finish a drug program sponsored by an approved private or governmental institution.

6. Abiding by the Drug-Free Workplace Policy is considered a condition of employment for all state employees.

7. This policy is intended to comply with the rules published by the federal office of Management and Budget on January 31, 1989, in the Federal Register, implementing the Drug-Free Workplace Act of 1988 and the Governor’s Executive order 89-2 dated March 30, 1989.
STUDENT RIGHT TO KNOW INFORMATION

The federal government requires that certain information be provided to incoming and current University students, prospective students, parents, and current and prospective employees of the University. This information, which comes under the Student Right To Know Act, can be found on UCA’s website. Individuals can go to the UCA website www.uca.edu. Students can access the website information from their personal computer or from any computer lab on campus. Requests can be made to the University department responsible for the information, or to the Dean of Students Office located in Student Health Center, Room 210. Student information available on the UCA website includes:

Family Education Rights and Privacy Act- includes information about students’ educational records, students’ rights to inspect and review records, and procedures for challenging students’ records.

Available Financial Assistance and Direct Loan Deferments for Performed Services- includes information about University, federal and private financial assistance programs; how to make application for aid; eligibility requirements; rights and responsibilities of students who receive aid; and terms for repayment. Also includes information about terms and conditions of deferments for service in the Peace Corps, Domestic Volunteer Service Act, and comparable volunteer service programs.

General Institutional Information- includes information about general registration and other fees, room and board fees, withdrawal and refund policy, requirements for return of Title IV grants or loans, academic programs, academic planning and assessment, University accreditation, disability support services, student handbook, campus directory, international and study abroad programs, and voter registration.

Graduation Rate Information- includes information about four, five, and six year graduation rates at UCA; and how UCA compares with other Arkansas 4-year public institution averages.

Campus Security Report- includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by the University of Central Arkansas; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act require that institutions of higher education publicly disclose an annual security report. This information is published annually by the University of Central Arkansas and is available in the UCA student Handbook, in the publication “Safety, Security, & Health” available at the offices of the UCA Police Department and the Office of Human Resources, or by accessing the Police Department website at www.ucapd.com. This information is also available upon request by contacting the UCA Police Department at (501) 450-3111.

Athletic Program Participation Rates & Financial Support Data- includes information about varsity teams that compete in intercollegiate athletics, and number of participants for each team; institutional revenues and expenses associated with University athletics; and graduation rates of UCA athletes (by selected sports).
UNIVERSITY OF CENTRAL ARKANSAS
SUMMARY OF EMPLOYEE BENEFITS RATES – 2017
http://uca.edu/hr/

Medical Insurance – United Health Care with annual deductible

<table>
<thead>
<tr>
<th>PPO Plan – Plan 1</th>
<th>Consumer Driven Health Plan – Plan 2</th>
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</thead>
<tbody>
<tr>
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<td>9-Month</td>
</tr>
<tr>
<td>Employee</td>
<td>$51.00</td>
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<tr>
<td>Employee/Spouse</td>
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<td>Employee/Children</td>
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<td>Family</td>
<td>$432.98</td>
</tr>
<tr>
<td>Special Family*</td>
<td>$202.06</td>
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</tbody>
</table>

*Both employees work full time at UCA.

Plan 1 - $1,500 deductible-UCA covers $500 of the deductible. See Gap Insurance below.

Plan 2 - $2000 deductible – (not eligible for HSA if enrolled in Medicare)

Visit www.myuhc.com for a complete listing of network physicians.

Gap Plan – (available with either health plan)

<table>
<thead>
<tr>
<th>12-Month</th>
<th>9-Month</th>
</tr>
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<tbody>
<tr>
<td>Employee</td>
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<tr>
<td>Employee +1</td>
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<td>Family</td>
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</tbody>
</table>

UCA reimburses the last $500 applied to the health insurance deductible for hospital stays, outpatient test and surgeries.

Retirement Options – Arkansas Teacher Retirement available for vested members only.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>EMPLOYEE CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIAA</td>
<td>6% of Gross Salary</td>
</tr>
<tr>
<td>Defined Contribution Plan</td>
<td>(4 year vesting plan)</td>
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<table>
<thead>
<tr>
<th>PLAN</th>
<th>EMPLOYEE CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Teacher Retirement System</td>
<td>6% of Gross Salary</td>
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<tr>
<td>Defined Benefit Plan</td>
<td>(5 year vesting plan)</td>
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**Dental Insurance** – Blue Advantage of Arkansas with $50 annual deductible

<table>
<thead>
<tr>
<th>BASE</th>
<th>ENHANCED</th>
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</thead>
<tbody>
<tr>
<td>12-Month</td>
<td>9-Month</td>
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<tr>
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<td>Employee/Spouse</td>
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<td>Family</td>
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<tr>
<td>Special Family*</td>
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</table>

*Both employees work full time at UCA.

**Basic Life Insurance** – US Able Life

No charge to emp. Equal to base annual salary rounded to the next thousand with $25000 minimum.

**Optional Life Insurance** – US Able Life

You may select 1, 2, or 3 times your annual salary. Rates are age-based and per $1000 of coverage.

<table>
<thead>
<tr>
<th>12-Month</th>
<th>9-Month</th>
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<tbody>
<tr>
<td>Under 35</td>
<td>$0.091</td>
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<tr>
<td>35-39</td>
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<tr>
<td>40-44</td>
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<tr>
<td>45-49</td>
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<td>60-64</td>
<td>$0.813</td>
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<td>65-69</td>
<td>$1.150</td>
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<tr>
<td>70-74</td>
<td>$2.100</td>
</tr>
<tr>
<td>75+</td>
<td>$3.810</td>
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</tbody>
</table>

**Long Term Disability** – US Able Life

No charge to employee. One year pre-existing conditions and a 180 day elimination period.

**Cafeteria Plan** – DATAPATH

Flexible spending accounts are available for employees that choose the HSA health plan.

**Supplemental Products** – Allstate & Superior Vision

An ALLSTATE representative will contact you about supplemental products. Insurance premiums may also be pre-taxed. Please ask a representative for more details. See Superior Vision premiums on back page.

Coverage for Life Insurance, Long Term Disability, Cafeteria Plan, and Supplemental products begins on the first of the month following 90 days of full time benefits eligible employment.
**TIAA VESTING SCHEDULE**

<table>
<thead>
<tr>
<th>UNIVERSITY’S PORTION VESTED</th>
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<tbody>
<tr>
<td>0 through year 2</td>
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<tr>
<td>Completion of year 2 through year 3</td>
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<td>Completion of year 3 through year 4</td>
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<tr>
<td>Completion of 4 years</td>
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Employee’s contributions are automatically vested  
For nine-month faculty, a year is defined as a COMPLETE academic year  

For more information visit:  
www1.tiaa-cref.org/tcm/uca/

**ATRS VESTING SCHEDULE**

Five years of creditable service.  
For more information visit:  
www.atrs.state.ar.us

<table>
<thead>
<tr>
<th><strong>Vision Plan – Superior Vision</strong></th>
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<tbody>
<tr>
<td><strong>Purple Plan</strong></td>
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<td><strong>Gray Plan</strong></td>
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<tr>
<td><strong>Single</strong></td>
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<tr>
<td>12-Month</td>
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<tr>
<td>$8.94</td>
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<td>$12.90</td>
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<td>$22.86</td>
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**Student Health Center** - $10 payment plus cost of supplies used (if any).  
**HPER Center** – Free access for employees, membership fee for family members.  
**Tuition Remission** – 80% discount for undergraduate classes for employee, spouse and dependent children.  
80% discount for graduate classes for employee and spouse.
CONTINUATION OF GROUP HEALTH COVERAGE NOTICE

“VERY IMPORTANT NOTICE”

To Employee, Spouse, and Dependent Children:

A federal law (Public Law 99-272, Title X) known as COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985 as amended) required that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation coverage”) at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. This summary of rights should be reviewed by both you and your spouse (if applicable), retained with other benefits documents, and referred to in the event that any action is required on your part.

If you are an employee of: University of Central Arkansas

Covered by its group health plan, you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the covered spouse of an employee, you have the right to choose continuation coverage for yourself if you lose group health coverage for any of the following four reasons:

1) The death of the employee;
2) The termination of the employee’s employment (for reasons other than gross misconduct) or a reduction in the employee’s hours of employment;
3) Parents’ divorce or legal separation;
4) The employee becomes entitled to Medicare.

In the case of a covered depended child of an employee, he or she has the right to continuation coverage if group health coverage is lost for any of the following five reasons:

1) The death of the employee;
2) The termination of the employee’s employment (for reasons other than gross misconduct) or a reduction in the employee’s hours of employment;
3) Parents’ divorce or legal separation;
4) Employee becomes entitled to Medicare; or
5) The dependent ceases to be a “dependent child” under the terms of the group health plan.

You also have a right to elect continuation coverage if you are covered under the plan as a retiree or spouse or child of a retiree, and lose coverage within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code. Under the law, the employee or a family member has the responsibility to inform University of Central Arkansas of a divorce, legal separation, or a child losing dependent status under the plan. This notification must be made within 60 days of the date of the qualifying event, which would cause a loss of coverage.

The notice must be in writing, and should be sent to:

Office of Human Resources
Wingo Hall, Suite 106
201 Donaghey Ave.
Conway, AR 72035
(501) 450-3181

When The University of Central Arkansas is notified that one of these events has happened,
it will in turn notify you that you have the right to choose continuation coverage. Under the law, you have 60 days from the later of the date you would lose coverage or from the date of the notice to elect continuation coverage. If and when you make this election, coverage will become effective on the day after coverage would otherwise be terminated.

If you do not choose continuation coverage, your group health insurance coverage will terminate in accordance with the provisions outlined in your benefits handbook or other applicable plan documents.

If you choose continuation coverage, your coverage will be identical to the coverage provided under the plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lose group health coverage because of a termination of employment or a reduction in hours. In that case, the required continuation coverage period is 18 months (an extension to 29 months is available under certain circumstances to disabled persons). However, the law also provides that your continuation coverage may be terminated for any of the following reasons:

1) The employer/former employer no longer provides group health coverage to any of its employees;
2) The premium for continuation coverage is not paid in a timely manner;
3) You first become, after electing COBRA continuation coverage, covered under any other group health plan (as an employee or otherwise) which does not contain any exclusion or limitation with respect to any pre-existing condition;
4) You first become, after electing COBRA continuation coverage, entitled to Medicare.

NOTE: A qualified beneficiary who is determined under Title II or XVI of the Social Security Act, to have been disabled as of the date of termination of employment or reduction in hours, or within 60 days of COBRA coverage, may be eligible to continue coverage for an additional 11 months (29 months total). You must notify the employer within 60 days of the determination of disability by the Social Security Administration and prior to the end of the 18-month continuation period. The employer can charge up to 150% of the applicable premium during the 11 month extension. The disabled individual must notify the employer within 30 days of any final determination that he or she is no longer disabled. If the coverage is extended to a total of 29 months extended coverage will cease upon a final determination that the Qualified Beneficiary is no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. However, you will have to pay the group rate premium plus a 2% administrative fee for your continuation coverage. The law also requires that, at the end of the 18-month, 29-month, or 36-month continuation coverage period, you must be allowed to enroll in an individual conversion health plan provided under the current group health plan, if the plan provides a conversion privilege.

If you have any questions about this, please contact the office shown below. Also, if you have changed marital status, or you, your spouse, or any eligible covered dependent have changed address, please notify in writing, the person or office shown below:

Office of Human Resources
Wingo Hall, Suite 106
201 Donaghey Ave.
Conway, AR 72035
(501) 450-3181

If any covered child is at a different address, please notify the Office of Human Resources in writing, so that a separate notice may be sent.
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.  

1 Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Rhonda Roberts at rhondar@uca.edu or 450-5052

1 An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
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</thead>
<tbody>
<tr>
<td>University of Central Arkansas</td>
<td>71-600-1828</td>
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</tbody>
</table>
Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to regular full-time employee of the Plan Sponsor who is scheduled to work at his or her job at least 30 hours per week:

With respect to dependents:

We do offer coverage. Eligible dependents are:

The Participant’s legal spouse or a dependent child of the Participant or the Participant’s spouse.

The term child includes any of the following:

a. A natural child
b. A step child
c. A legally adopted child
d. A child placed for adoption
e. A child who legal guardianship has been awarded to the Participant or the Participant’s spouse.

The definition of Dependent is subject to the following conditions and limitations:

a. A Dependent includes any dependent child under 26 years of age.
b. The Participant must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions
c. A Dependent also includes a child for whom health care coverage is required through a “Qualified Medical Child Support Order” or other court or administrative order. We are responsible for determining if an order meets the criteria of a Qualified Medical Child Support Order
d. A Dependent does not include anyone who is also enrolled as a Participant. No one can be a Dependent of more than one Participant.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.